

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

Interim Final

Date of Report December 5, 2019

Auditor Information

Name: Barbara King

Email: Barbannkam@aol.com

Company Name: B.A.K. Correctional Consulting

Mailing Address: 1145 Eastland Ave

City, State, Zip: Akron, Ohio 44305

Telephone: 330-618-7456

Date of Facility Visit: August 13-16, 2019

Agency Information

Name of Agency:

Alameda County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: 1401 Lakeside Drive, 12th Floor

City, State, Zip: Oakland, California 94612

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.alamedacountysheriff.org

Agency Chief Executive Officer

Name: Gregory J. Ahern, Sheriff

Email: gahern@acgov.org

Telephone: 510-272-6869

Agency-Wide PREA Coordinator

Name: David Bonnell, Lieutenant

Email: dbonnell@acgov.org

Telephone: 925-551-6569

PREA Coordinator Reports to:

Sheriff

Number of Compliance Managers who report to the PREA Coordinator

1

Facility Information

Name of Facility: Santa Rita Jail

Physical Address: 5325 Broder Boulevard

City, State, Zip: Dublin, California 94568

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.alamedacountysheriff.org

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

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

ACA

NCCHC

CALEA

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

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: 2016-2018 Board of State and Community Corrections (BSCC) Biennial Inspection June 2018; American Correction Association (ACA) Reaccreditation awarded January 2017; Prison Rape Elimination Act (PREA) audit August 2016

Warden/Jail Administrator/Sheriff/Director

Name: Derrick C. Hesselein

Email: dhesselein@acgov.org

Telephone: 925-551-6550

Facility PREA Compliance Manager

Name: Michelle Costeiu

Email: mcosteiu@acgov.org

Telephone: 625-551-6941

Facility Health Service Administrator N/A

Name: Jennifer Diaz

Email: Jennifer.diaz@wellpath.us

Telephone: 625-551-6704

Facility Characteristics

| | | |
|---|---|--|
| Designated Facility Capacity: | 3,717 | |
| Current Population of Facility: | 2,404 (first day of audit) | |
| Average daily population for the past 12 months: | 2,040 | |
| Has the facility been over capacity at any point in the past 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Which population(s) does the facility hold? | <input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males | |
| Age range of population: | 18-86 | |
| Average length of stay or time under supervision: | not provided | |
| Facility security levels/inmate custody levels: | Maximum, medium, minimum | |
| Number of inmates admitted to facility during the past 12 months: | 31,301 | |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 2,145 | |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 1,126 | |
| Does the facility hold youthful inmates? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates) | Click or tap here to enter text. <input checked="" type="checkbox"/> N/A | |
| Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| <p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p> | <input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A | |
| Number of staff currently employed by the facility who may have contact with inmates: | 500 | |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 114 | |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 90 | |

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| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 180 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 254 |
| Physical Plant | |
| <p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p> | 21 |
| <p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p> | 99 |
| Number of single cell housing units: | 19 |
| Number of multiple occupancy cell housing units: | 45 |
| Number of open bay/dorm housing units: | 35 |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 301 |
| In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical and Mental Health Services and Forensic Medical Exams | |
| Are medical services provided on-site? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Are mental health services provided on-site? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| Where are sexual assault forensic medical exams provided? Select all that apply. | <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) |
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Investigations

Criminal Investigations

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

Administrative Investigations

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| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? | 500 |
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|---|--|
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | <input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity |
|---|--|

| | |
|--|---|
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations) | <input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A |
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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.

The Prison Rape Elimination Act (PREA) Audit of the Santa Rita Jail in Dublin, California, a facility under the operation of the Alameda County Sheriff's Office was conducted on August 13-16, 2019 by certified Department of Justice PREA Auditor Barbara King. The audit process began with communication between the agency's PREA Coordinator and the Auditor in February 2019. The Auditor continued communication through emails and conference calls with the PREA Coordinator and PREA Compliance Manager throughout the audit process. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. The audit timeframe was August 2018 – July 2019.

The Auditor provided PREA Audit Notifications posters in English and Spanish on June 26, 2019 to be posted throughout the facility, especially all areas accessible to the inmates. The facility provided notification to the Auditor that the audit notices had been posted throughout the facility on July 18, 2019. The postings were observed during the audit tour posted throughout the facility.

On July 10, 2019, about four weeks prior to the audit, the Auditor received a notification the PREA Pre-Audit Questionnaire (PAQ) was available for review on the On-line Audit System (OAS). The facility's PAQ and information included relevant policies and procedures and supporting documentation to demonstrate compliance per standard. This included facility's policies and procedures; inmate handbook; employee handbook; memoranda of understanding (MOU) with community resources; and copies of the local PREA information including posters and pamphlet. After the review of the PAQ and supporting documentation, the Auditor emailed the facility on August 8, 2019 requesting further documentation for clarification and review on various standards and copies of full policies. Some of this information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

The main policies that provide facility direction for PREA:

Alameda County Sheriff's Office General Orders:

- 1.23 Prison Rape Elimination Act (PREA)
- 5.24 Collection of Evidence

Alameda County Sheriff's Office Detention and Corrections Policy and Procedures (PP):

- 11.03 Inmate Searches – Strip, Visual, and Pat Searches
- 10.23 Housing Unit Deputy Supervising Inmates of the Opposite Gender
- 12.01 Intake Classification
- 12.03 Classification PREA Requirements
- 12.05 Classification Records
- 13.07 Sexual Assaults / Sexual Abuse in Custody
- 16.01 Disciplinary Procedure
- 16.03 Inmate Grievance Procedure

Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health Policy and Procedure (AFBH):

- B-21.d Prison Rape Elimination Act (PREA)

CFMG/CMGC Adult Corrections Policy and Procedure Manual:

- B04 Rape and Sexual Assault Detention and Prevention

The Auditor reviewed the facility's PREA information on the Alameda County Sheriff's Office website prior to the audit; www.alamedacountysheriff.org/dc_prea. The website has a page dedicated to PREA. The website information includes general information of PREA, zero tolerance, reporting information, annual statistic reports from 2007 through 2018, and previous PREA reports for both jail facilities, Santa Rita Jail and Glenn E. Dyer Detention Facility. The reporting options provided to the public includes reporting to any deputy or civilian staff at the facility, to a third party, attorney or advocate, calling the Highland Hospital Sexual Assault Hotline, and filing a report online. Reports made online can be submitted with a contact name or anonymously based on the link that is selected. It states all reports will be confidential as the circumstances allowed.

Prior to the onsite visit, the Auditor contacted the PREA Coordinator and PREA Compliance Manager to discuss the audit process and set a tentative daily agenda and schedule for the on-site audit. Also, on July, 18, 2019, the Auditor requested the following information be provided the first day of the audit: daily population report (use Monday before the audit); staff roster to include all departments (include title, shift, and rosters during the audits); inmate roster by housing unit and alpha listing; list of staff who perform risk assessments; list of medical/mental health staff; list of contractors and volunteers available during the PREA audit; list of inmates with a PREA classification (identified through risk screening); list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates; list of disabled (deaf, hard of hearing, blind, low vision, low cognitive skills) inmates; list of limited English proficient inmates; list of allegations with investigation outcomes; list of first responders (first notified of an allegation); list of how allegations were reported, and list of grievances related to PREA. The facility provided this information to the Auditor the evening prior to the audit. This information was utilized to establish interviews schedules for the random selection of inmates and staff to be interviewed; random and specialized interviews.

Upon arrival on the first day of the audit, the Auditor met with agency and facility staff for the entry briefing. In attendance were:

- Dennis Houghtelling Assistant Sheriff
- Tom Madigan Commander, Detention and Corrections (D&C)
- Don Mattison Captain, Detention and Corrections
- Derrick Hesselein Captain/Facility Commanding Officer, Santa Rita Jail
- Jeremy Hammon Lieutenant, Personnel
- David Bonnell Lieutenant/PREA Coordinator, Accreditation
- Gustavo Mora Lieutenant, Classification
- Justin McComas Lieutenant, Watch Commander B
- Michelle Costeiu Sergeant/PREA Compliance Manager, Accreditation
- Jon Rudolph Deputy, Administration
- Steve Kidwell Deputy, Accreditation
- Larry Barbier Deputy, Accreditation
- Tom Silveira Sheriff's Technician
- Keegan Sanchez Sheriff's Technician
- Napoleon Terrell Sheriff's Technician
- Cheryl Leines Sheriff's Technician
- Ellen Dunn Manager, Alameda County Behavioral Health Care Services
- Jen Diaz Administrator, Wellpath Medical
- Holvis Delgadillo Assistant Administrator, Wellpath Medical
- Megan Waggoner Lead Sexual Assault Advocate, Tri Valley Haven
- Robin Weiss District Manager, Aramark Food Services
- Renee Garcia Manager, Aramark Food Services

Brief introductions were made and the detailed schedule for the audit was covered. The Auditor provided an overview of the on-site audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to ascertain whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, additional on-site documentation review, and conducting both staff and inmate interviews. It was shared that the Auditor received a correspondence from an inmate and an email and phone call from a staff member prior to the on-site audit. The issues within the inmate letter were not PREA related and the issues were shared with the facility administration. The staff member concerns were based on staffing. The staff member shared staff are not able to make hourly rounds due to extra duty responsibilities and he did not feel staff coverage is adequate and a second officer is needed on the floor of each housing unit. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would provide an out briefing with any identified facility staff at the close of each day to review the day's activities and prepare for the next audit day. Key facility staff during the audit included the PREA Coordinator, PREA Compliance Manager, Captain/Facility Commanding Officer, and the Accreditation Office staff. The facility has a PREA Compliance Team consisting of PREA Coordinator, PREA Compliance Manager, and the staff of the Accreditation office.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

A facility tour was conducted over the four days of the audit, with the majority of the facility tour on the first day. The housing units, program areas, service areas, food service, control center, medical, and booking/intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of the service and program areas and housing units including bathrooms, officers post sight lines, and camera locations. The Auditor spoke to random staff and inmates regarding PREA education,

reporting methods, response to an allegation, and facility practices. Review of the housing unit logbooks was conducted to verify immediate/ higher level staff unannounced rounds.

During the tour, the Auditor identified cross gender viewing concerns within the facility: the ADA bathrooms in multiple housing units allow cross-gender viewing of toilets and the control room staff member can view into the corner showers in the housing units through the camera monitoring system. It was recommended that the hallway isolation cell window be frosted a few inches to ensure no cross-gender viewing from staff walking through the hallway. Blind spots were identified in the following areas: in the chapel blind spots are the corners behind the alter wall on each end; in the Chapel classroom blind spot are in the right-hand front corner area; the multi-purpose rooms in each housing unit have a blind corner opposite the corner of the door; the kitchen blind spots are in the sculleries and the dry storage area in the corners and between shelving units. The facility placed mirrors in the chapel altar area and in the classroom that eliminated the blind spots during the on-site audit. The facility began the installation of mirrors in each housing unit multipurpose rooms during the audit and the kitchen. The Auditor brought to the attention of the PREA Coordinator and PREA Compliance Manager the number of beds/bunks that were not visible due to tents being made from the blankets/towels/sheets. This was addressed through a training bulletin to staff.

All required facility staff and inmate interviews were conducted onsite during the four-day audit. The inmate interviews were held in the dayroom or office within each housing unit that afforded privacy for the interviews during the tour of that housing unit. The Auditor utilized the PREA Auditor Handbook table for inmate interviews for determination of interviews to be held at the facility. Inmate interviews were based on the inmate population size of 1,001-2,500 inmates; a requirement of 40 inmate interviews with at least 20 from the target groups and 20 random interviews. Sixty-one (61) formal inmate interviews were conducted and thirty-three (33) inmates were informally interviewed during the facility tours, (4% of the 2,404-inmate population). The random interviews were selected by the Auditor from the housing rosters and designated lists of inmates provided by the facility. Random inmate interviews from different housing units (33), Disabled (5), Limited English Proficient (3), LGBTI (7), Inmate Who Reported Sexual Abuse (7), and Who Disclosed Sexual Victimization (6) were interviewed. Four inmates refused an interview. Interviews were not conducted for youthful offenders and inmates placed in segregation housing for risk. The facility does not house youthful offenders. There were no inmates placed or housed in segregation housing for risk of sexual victimization during the audit period noted by the facility. The inmates interviewed acknowledged they had been screened during the intake process, the majority noted PREA education was provided, and they knew methods to report. Inmates also indicated they felt safe at the facility, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting.

Staff interviews were held in the administrative conference room for specialty interviews and within an office in the housing unit for security staff which afforded privacy for the staff interviews. A total of forty (40) formal staff interviews was conducted and an additional fourteen (14) informal staff interviews were also conducted during the facility tours (10.8% of 500 staff who have contact with inmates). Staff was randomly selected from each of the two (2) shift rosters and different departments within the facility (10). Additionally, specialized interviews conducted were the Agency Head (1), Facility Commanding/Captain (1), PREA Coordinator (1), PREA Manager (1), Intermediate-Higher Level Staff (3), Cross Gender Searches (1), Medical and Mental Health (2), Human Resources (1), SAFE/SANE (1), Volunteers/Contractors (4), Investigator (1), Staff Who Perform Risk Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (2), Staff Who Monitor for Retaliation (2), First Responders (4), and Intake staff (2). An interview with a Contract Administrator was not held, the facility does not contract to house inmates with another agency. Also, interviews for Program Staff for Youthful Offenders and Line Staff that Supervise Youthful Offenders were not conducted, the facility does not house youthful offenders. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations. An interview was held with a Sexual Assault Response and Recovery Team (SARRT) consultant from Alameda County Health System Highland Hospital regarding the Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Response Team (SART) services provided at the hospital. The Auditor also interviewed the Lead Sexual Assault Advocate from the Tri-Valley Haven service agency that provides emotional support services and crisis counseling for inmates.

There were one hundred-seven (107) allegations reported of sexual abuse, sexual misconduct, and sexual harassment during the audit period (August 2018- July 2019), seven (7) of those allegations were noted they were not PREA related. Of the one hundred (100) PREA reported allegations; ninety-eight (98) alleged allegations occurred and were reported at the facility and two (2) allegations occurred at other facilities and were reported at the facility. The two (2) allegations reported at the facility that occurred at another facility, one (1) was determined unfounded and one (1) case is still open. Of the ninety-eight (98) PREA allegations reported and allegedly occurred at the facility seventeen (17) were staff on inmate allegations and eighty-one (81) inmate on inmate allegations. The staff on inmate allegations were eight (8) staff on inmate sexual harassment, two (2) staff on inmate sexual misconduct, and seven (7) staff on inmate sexual abuse. The administrative findings of the staff on inmate of sexual abuse were four (4) unfounded, one (1) unsubstantiated, and two (2) are still open. The administrative findings of the staff on inmate of sexual harassment were seven (7) unfounded and one (1) still open. The administrative findings of the staff on inmate of sexual misconduct were two (2) unfounded. The inmate on inmate allegations were forty-six (46) inmate on inmate sexual harassment, eleven (11) inmate on inmate sexual misconduct, and twenty-four (24) inmate on inmate sexual abuse. The administrative findings of the inmate on inmate of sexual abuse were fifteen (15) unfounded, two (2) unsubstantiated, four (4) substantiated, and three (3) are still open. The administrative findings of the inmate on inmate of sexual harassment were twenty-

two (22) unfounded, twelve (12) unsubstantiated, six (6) substantiated, and six (6) still open. The administrative findings of the inmate on inmate of sexual misconduct were four (4) unfounded, four (4) unsubstantiated, two (2) substantiated, and one (1) still open. All the cases that were sexual abuse or sexual misconduct were referred for criminal investigations by the agency's investigators. A detail review of sixteen (16) cases with the investigator was conducted by the Auditor. Upon reviewing allegations with the PREA Coordinator, PREA Compliance Manager, and Investigator; it was determined the facility is over reporting incidents that are not PREA related.

An exit meeting was conducted by the Auditor at the completion of the onsite audit, in attendance were:

- Richard Lucia Undersheriff
- Tom Madigan Commander, Detention and Corrections (D&C)
- Derrick Hesselein Captain/Facility Commanding Officer
- David Bonnell Lieutenant/PREA Coordinator, Accreditation
- Gustavo Mora Lieutenant, Classification
- Michelle Costeiu Sergeant/PREA Compliance Manager, Accreditation

The Auditor shared with those in attendance the appreciation of the hospitality received and for the professionalism provided by all staff during the visit. The Auditor shared with the facility staff feedback from the inmate population; the inmates stated they felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared that the facility staff was professional and well trained in their PREA knowledge and responsibilities. While the Auditor could not give the facility a final finding, a preliminary finding including the details of the ten (10) outstanding standards was shared. The Auditor discussed the compliance concerns with the outstanding standards and documentation required to meet compliance on each of the standards. The post-audit process was discussed including documentation submittal and the timeframes for compliance. The Auditor thanked the Undersheriff, Captain/Facility Commanding Officer, PREA Coordinator, PREA Compliance Manager, and the staff of the Santa Rita Jail and Alameda County Sheriff's Office for their hard work and commitment to the Prison Rape Elimination Act.

The outstanding standards at the end of the on-site audit were:

- Standard 115.15 Cross Gender Viewing: There is cross gender viewing access into the ADA bathrooms and the housing units corner showers.
- Standard 115.17 Hiring and Promotional Decisions: The facility is not asking the three administrative adjudication questions about previous misconduct in written applications or interviews and written self-evaluations conducted as part of the reviews of current employees. Sheriff technicians transferred into the facility are not asked or complete the PREA questions to address the three administrative questions before assignment to the facility.
- Standard 115.22 Policies to Ensure Referrals of Allegations for Investigation: The agency policy is not available on the website. There is direction for reporting, however the standard required the agency policy to be posted.
- Standard 115.33 Inmate Education: Inmates are not provided information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Inmate Handbook and PREA pamphlet is not provided to the inmate.
- Standard 115.35 Specialized Training Medical and Mental Health: Health care staff must have specialized training for sexual abuse; and it must be documented.
- Standard 115.41 Screening for Risk of Victimization and Abusiveness: The facility is not conducting reassessments on inmates when warranted by referral, request, and incident of sexual abuse. The facility is not conducting reassessments on inmates with a length of stay longer than 30 days.
- Standard 115.42 Use of Screening Information: The facility places transgender inmates in protective custody or administrative separation for housing. They are not considering each case on a case-by-case basis with review of housing and program placement based on the transgender needs. The agency practice assigns inmates to a male or female facility on the basis of anatomy alone, as supported through agency policy. Transgender inmates are not given the opportunity to shower without other inmates. The showers allow visibility by other inmates looking over the door into the shower and the doors would not cover the breast area.
- Standard 115.43 Protective Custody: The policy notes that a review will occur within 72 hours which does not meet standard language of 24 hours. The facility is holding transgender and other specialized holding inmates in involuntary administrative separation.

- Standard 115.67 Agency Protection Against Retaliation: Retaliation monitoring has not been occurring on the reported allegations.
- Standard 115.81 Medical and Mental Health Screening, History of Sexual Abuse: Inmates that reported sexual victimization at intake are not seen by medical or mental within 14 days.

The Auditor, PREA Coordinator, PREA Compliance Manager discussed methods for achieving compliance for each standard. The PREA Coordinator and PREA Compliance Manager provided continuous updates to the Auditor with progress of the compliance issues. Documentation of compliance for each outstanding standard was provided to the Auditor through email as each standard compliance was reached from the PREA Compliance Manager. The documentation included updates to the policies and procedures, training records, photos of the viewing barriers to eliminate cross gender viewing, photos of mirrors installed to eliminate blind spots, and other documentation to demonstrate compliance. The final piece of documentation was received by the Auditor on October 9, 2019 to document of compliance practice. The facility achieved compliance with the further documentation provided. The facility met compliance with all the standards.

The auditor based the decision of standard compliance on: data gathering; review of documentation; observations during the tour of the facility; sampling techniques for interviews with staff, inmates, and files; interviews; and the facility's policy and practices.

The initial forty-five days from the day of the onsite audit for the interim or final report was extended upon mutual agreement between the agency and the Auditor, based on the Auditors request. The Auditor had unforeseen circumstances during this time period. The facility provided all the requested information for compliance by the extended date agreed upon. The agency met compliance; a corrective action period was not initiated or warranted.

Facility Characteristics

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

The Santa Rita Jail is a facility under the management of the Alameda County Sheriff's Department. It is the fifth largest jail in the nation. The facility is located on 113 acres in Dublin, California. The facility opened in 1989 that comprises of 928,795 square feet spanning half a mile in length and one fourth mile wide. The facility has a designed facility capacity of 3,717 inmates. The California Board of State and Community Corrections (BSCC) rated capacity for the facility is 3,489. The custody levels of the housed includes maximum, medium, and minimum who are classified as pre-trial and sentenced inmates. The facility also houses United States Marshals inmates. It houses female and male inmates 18 years of age or older. The inmate population was 2,063 on the first day of the audit; 2,281 male and 194 female inmates. Also, 370 were US Marshal inmates. The average daily population for the audit period was 2,404. About forty percent of the inmate population is identified as special handling; classifications other than minimum, medium, and maximum.

The facility has twenty-one (21) buildings within the secure compound that consist of an administration building, service building, and eighteen housing units that can be designated for male or female inmates based on the need. The administration building is in the center of the compound with eight (8) housing units to the left and ten (10) housing units to the right. The administration building (core building) is divided into five sectors. Sector one includes the chapel, muster room, inmate classroom, and administration offices. Sector two includes the inmate gym, staff dining, and the health services. Sector three includes the inmate services offices, muster room, staff locker room, and central control. Sector four includes a line-up room, classification offices, administrative offices, and the California Department of Corrections offices. Sector five includes the intake, transfer and release, records, property and accounting, medical pre-screening, and classifications.

The inmate housing comprises eighteen (18) buildings which have similar floor plans based upon classification, each defined as a housing unit by the facility. Each housing unit has a hallway that is the entrance/exit of the unit and provide entrance into each housing side of the unit and entrance to the recreation yard. Also, in the hallway are multi-purpose room(s) for programming, searches, and appointments. There is also a cell in the hallway utilized for temporary holding of an inmate for movement, behavioral issues, or separation. A kitchen prep area is located off the hallway which is only accessed by a staff member. The outdoor recreation area has a toilet with a partial wall for privacy.

Each housing unit is an individual unit that operates independently, allowing deputies to interact directly and with smaller groups of inmates. Each housing unit has two sides that are two tiered with an open dayroom area with seating, televisions, and phones. There are housing units that are divided into six pods. The pods are separated by solid walls on each side eliminating the view into the other pod and all have shatter proof glass fronts into the multipurpose room. The full front glass allows full visibility into each pod by the deputy and the housing control center. Each housing unit is supervised through direct and indirect supervision. The deputies assigned to the unit provide direct supervision with rounds conducted and indirect supervision is provided through the Sheriff's Technician in the housing control center.

Each housing unit contains a large dayroom used for programming and dining, in which the dorms or celled housing pods surround. Within each housing pod are telephones that are available 24 hours a day, PREA informational posters for reporting and emotional support services, grievance box, video visiting stations, and the PREA Audit Notices. There are two phones within the pod dayroom and six in the large dayroom. The PREA informational posters are located by the phones. One poster instructs the inmates that calls to *89 are not monitored and confidential. The *89 is a direct call to Tri-Valley for emotional support and reporting. Each housing cell has a toilet and sink within the cell and the showers are located off the dayroom. The dorms each have a restroom area containing showers, toilets, and sinks. The showers in the housing unit pods are set back into the wall within the dayroom with appropriate privacy partitions. It was noted during the tour that cross gender viewing may occur for

the ADA toilets and the housing unit corner showers. There are no cameras/video monitoring in individual cells and shower areas.

Each housing unit has a housing control center which is an elevated area in the center of the housing unit with a complete 360 degree viewing capability of both housing unit sides. This post has full control over all doors, water, lights, and telephones. A two-way intercom system with each cell is monitored by this post also. The two-way intercom includes an audible alarm when the inmate pushes the button to speak to the control center from the cell. The housing control center is staffed by a Sheriff's Technician and at least one deputy. The Sheriff's Technician is a civilian position and has no direct physical contact with the inmates, however, provides indirect supervision of the housing area. The housing unit is also staffed with one to three sworn deputies based on the classification of the housing unit. Any required inmate movement within the compound is accommodated through open-air corridors and escort by deputy officers. During the audit, four housing units were closed for ADA renovations.

The eight housing units to the left of the compound contains 96 cells which are divided into six pods, three on each side of the unit. Each pod contains 14-18 cells with an individual dayroom.

Housing Unit 1A: Administrative Separation – 16 single cells
Housing Unit 1B: Administrative Separation – 14 single cells
Housing Unit 1C: Administrative Separation – 18 single cells
Housing Unit 1D: Administrative Separation – 18 single cells
Housing Unit 1E: Administrative Separation – 14 single cells
Housing Unit 1F: Administrative Separation – 16 single cells

Housing Unit 2A: Administrative Separation – 16 single cells
Housing Unit 2B: Administrative Separation – 14 single cells
Housing Unit 2C: Administrative Separation – 18 single cells
Housing Unit 2D: Administrative Separation – 18 single cells
Housing Unit 2E: Administrative Separation – 14 single cells
Housing Unit 2F: Administrative Separation – 16 single cells

Housing Unit 3A: Maximum Security – 1 single cells, 15 double cells
Housing Unit 3B: Maximum Security – 14 double cells
Housing Unit 3C: Maximum Security – 18 double cells
Housing Unit 3D: Maximum Security – 18 double cells
Housing Unit 3E: Maximum Security – 14 double cells
Housing Unit 3F: Maximum Security – 16 double cells

Housing Unit 4A: Maximum Security – 1 single cells, 15 double cells
Housing Unit 4B: Maximum Security – 14 double cells
Housing Unit 4C: Maximum Security – 18 double cells
Housing Unit 4D: Maximum Security – 18 double cells
Housing Unit 4E: Maximum Security – 14 double cells
Housing Unit 4F: Maximum Security – 16 double cells

Housing Unit 6A: Maximum Security – 1 single cells, 15 double cells- gang population
Housing Unit 6B: Maximum Security – 14 double cells- gang population
Housing Unit 6C: Maximum Security – 18 double cells- gang population
Housing Unit 6D: Maximum Security – 18 double cells
Housing Unit 6E: Maximum Security – 14 double cells
Housing Unit 6F: Maximum Security – 16 double cells

Housing Unit 7A: Maximum Security general population – 16 double cells
Housing Unit 7B: Maximum Security general population – 14 double cells
Housing Unit 7C: Maximum Security general population – 18 double cells
Housing Unit 7D: Maximum Security general population – 18 double cells
Housing Unit 7E: Maximum Security general population – 14 double cells
Housing Unit 7F: Maximum Security general population – 16 double cells

Housing Unit 8A: Administrative Separation – 16 single cells – special overflow population
Housing Unit 8B: Administrative Separation – 14 single cells
Housing Unit 8C: Administrative Separation – 18 single cells
Housing Unit 8D: Administrative Separation – 18 single cells
Housing Unit 8E: Administrative Separation – 14 single cells
Housing Unit 8F: Administrative Separation – 16 single cells

Housing Unit 9A: Behavioral Healthcare/Isolation – 16 double cells
Housing Unit 9B: Behavioral Healthcare Minimum – 14 double cells
Housing Unit 9C: Behavioral Healthcare Medium/Maximum – 18 double cells
Housing Unit 9D: Behavioral Healthcare Medium/Maximum – 18 double cells
Housing Unit 9E: Behavioral Healthcare Minimum – 14 double cells
Housing Unit 9F: Behavioral Healthcare Medium/Maximum – 16 double cells

The ten housing units to the right of the compound comprise of one housing unit which is divided into six pods, two housing units of 48 cells in each pod, one housing unit containing three pods and three dorms, and six housing units of six dorms.

Housing Unit 21A: Maximum Separation (step down from admin separation) – 16 double cells - Female
Housing Unit 21B: Maximum Separation (step down from admin separation) – 14 double cells - Female
Housing Unit 21C: Maximum Separation (step down from admin separation) – 18 double cells - Female
Housing Unit 21D: Maximum Separation (step down from admin separation) – 18 double cells
Housing Unit 21E: Maximum Separation (step down from admin separation) – 14 double cells
Housing Unit 21F: Maximum Separation (step down from admin separation) – 16 double cells

Housing Unit 22A: Protective Custody Maximum – 48 double cells
Housing Unit 22B: Protective Custody Maximum/ Behavioral Healthcare Protective Custody– 48 double cells

Housing Unit 23A: 1 single cell, 47 double cells – Closed during the audit
Housing Unit 23B: 48 double cells – Closed during the audit

Housing Unit 24A: Minimum Security – 2 dorms of 20 beds - Female
Housing Unit 24B: Minimum Security – 2 dorms of 18 beds - Female
Housing Unit 24C: Minimum Security – 2 dorms of 18 beds - Female
Housing Unit 24D: Behavioral Healthcare – 18 double cells - Female
Housing Unit 24E: Maximum Separation – 14 single cells - Female
Housing Unit 24F: Administrative Separation – 15 double cells - Female

Housing Unit 25A: Dorm 52 beds – Closed during audit
Housing Unit 25B: Dorm 40 beds – Closed during audit
Housing Unit 25C: Dorm 56 beds – Closed during audit
Housing Unit 25D: Dorm 56 beds – Closed during audit
Housing Unit 25E: Dorm 40 beds – Closed during audit

Housing Unit 31A: Minimum – Dorm 60 beds – inmate workers
Housing Unit 31B: Minimum – Dorm 48 beds – inmate workers
Housing Unit 31C: Minimum – Dorm 56 beds – inmate workers
Housing Unit 31D: Minimum – Dorm 56 beds
Housing Unit 31E: Minimum – Dorm 48 beds
Housing Unit 31F: Minimum – Dorm 58 beds – programs

Housing Unit 32A: Medium – Dorm 40 beds
Housing Unit 32B: Medium – Dorm 40 beds
Housing Unit 32C: Medium – Dorm 40 beds
Housing Unit 32D: Medium – Dorm 40 beds
Housing Unit 32E: Medium – Dorm 40 beds
Housing Unit 32F: Medium – Dorm 38 beds

Housing Unit 33A: Dorm 58 beds – Closed during the audit
Housing Unit 33B: Dorm 48 beds – Closed during the audit
Housing Unit 33C: Dorm 56 beds – Closed during the audit
Housing Unit 33D: Dorm 56 beds – Closed during the audit
Housing Unit 33E: Dorm 48 beds – Closed during the audit
Housing Unit 33F: Dorm 48 beds – Closed during the audit

Housing Unit 34A: Minimum – Dorm 58 beds
Housing Unit 34B: Minimum – Dorm 48 beds
Housing Unit 34C: Minimum – Dorm 56 beds
Housing Unit 34D: Protective Custody Minimum/ Medium – Dorm 56 beds
Housing Unit 34E: Protective Custody Minimum/ Medium – Dorm 48 beds
Housing Unit 34F: Protective Custody Minimum/ Medium – Dorm 58 beds

Housing Unit 35A: Dorm – 50 beds – Closed during the audit
Housing Unit 35B: Dorm – 40 beds – Closed during the audit
Housing Unit 35C: Dorm – 56 beds – Closed during the audit
Housing Unit 35D: Dorm – 56 beds – Closed during the audit
Housing Unit 35E: Dorm – 40 beds – Closed during the audit
Housing Unit 35F: Dorm – 50 beds – Closed during the audit

The Administrative Separation housing is located within a maximum housing units. The inmates housed in this classification are housed one to a cell and are only allowed out of the cell for recreation and personal hygiene needs. The showers in the pods are set back into the wall within the dayroom with appropriate privacy partitions. The procedures only allow one inmate in the dayroom at a time for showering and recreation.

The Behavioral Healthcare Unit also had medical staff 24 hours a day working with the deputies. This housing contains all classifications of inmates and is used as transitional housing for inmates with a variety of health conditions which preclude them from being housed with other inmates or being hospitalized.

The Intake/Release Area is located rear of the facility off the sallyport. Inmates are received and booked into the facility through a centralized booking desk. The area has multi occupancy holding cells and single cells for holding inmates until screened and classified. Each cell has the zero tolerance and reporting information stenciled on the walls. The toilets in the cells have partitions that allow privacy. The cells also have phones. Once screened, the inmate is placed in a general holding area until a housing placement that has the PREA informational video playing.

At the north side of the facility compound contains the service areas; laundry, maintenance, warehouse, central plant, and the kitchen and bakery. In the areas where inmate workers work, laundry and foodservice, there is always staff presence for supervision. The kitchen is an open design that provides supervision visibility. During the tour, there were blind spots noted in the dry storage area and in the scullery area. The area supervision is provided by the kitchen staff and deputies. The kitchen staff are contractors through Aramark. The laundry area is also an open design that full visibility of the area. The laundry workers are supervised by deputies assigned to the area.

There are three control centers on the interior of the facility that monitors cameras both inside and outside the perimeter. There is a total of 78 cameras monitored. The control centers maintain contact with all staff through portable telephones, intercoms, radios, and monitors. Each housing unit control center monitors the cameras within that unit. All housing units have a minimum of two cameras at each end of the hallway. The facility added additional cameras in five housing units based on the population needs about 18 months ago. These units had a camera installed within each pod dayroom and the multipurpose room. The facility is in the planning phase for facility renovations that will include security and video monitoring upgrades which will include an additional 750 cameras. The facility has 500 staff who have contact with inmates. The facility operates on two 12-hour shifts with the day shift hours starting at 5:00 am and 7:00 am and the night shift starting at 5:00 pm and 7:00 pm. The shifts overlap providing 24-hour coverage. The security staffing functions include the supervision of inmates, inmate care, custody, and control. Each shift has one Watch Commander who holds the rank of Lieutenant and three Sergeants who supervise deputies and Sheriff Technicians. Each Sergeant is assigned an area of responsibility: Administrative, Maximum Security, and Minimum/Medium Security. The facility has developed a minimum staffing coverage per

housing unit. The minimum is one or two deputies per housing unit based on the classification of the inmate population in those units and a Sheriff Technician. The units that house inmates who have violent/unpredictable behavior and present a higher danger of assault or units that contain programming require additional security staff to ensure the proper supervision coverage.

Supervisors are required to make unannounced rounds on each shift to all housing areas which are documented on the shift logbooks in the housing unit control center. The logs were reviewed during the tour. Unannounced rounds are completed on each shift. All essential services within the facility are provided by facility staff with the exception of medical, mental health, maintenance, and food services which are provided through contracts. Medical care is contracted to Wellpath. Food Service is contracted with Aramark. Maintenance is provided through the county's building maintenance. The commissary is through TKC holding Group. Education is through Five Keys. Mental Health is provided through Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health.

The facility offers programs for the inmate population which are provided on day and night shifts. The programs are conducted by paid and volunteer civilian staff supervised by deputies assigned to Inmate Services. The inmates are offered the privilege of attending the programs based on behavior and may attend via classroom instruction or individual learning. The following educational and vocational programs are available: Basic Computer Skills, Computer Coding, Independent Studies, General Education Development (GED), Literacy, Adult Secondary Education (ASE), English as a Second Language (ESL), Food Service Serv-Safe, Anger Management, Narcotics Anonymous, Alcoholics Anonymous, Baking, Parenting, and Dads Acquiring and Developing Skills. In addition to the programming, religious services are provided through over 200 religious volunteers of all denominations.

The Alameda County Sheriff's Office operated two jail facilities until June 2019, the Santa Rita Jail and the Glen Dyer Jail. The Glen Dyer Jail was closed in June 2019. The facility housing capacity was 800. When the facility closed, the housing population of 400 inmates were transferred to Santa Rita. Staff were also transferred to Santa Rita Jail.

The Alameda County Sheriff's Office Mission Statement is "Since 1853, the Alameda County Sheriff's Office has protected life and property while providing humane treatment to those in custody. Each day our mission is to demonstrate our: 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."

The facility is managed by a Facility Commanding Officer (Captain) who reports to Detention and Corrections Division Commander.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards:

- 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment, PREA Coordinator
- 115.21 Evidence Protocol and Forensic Medical Examinations
- 115.32 Volunteer and Contractor Training
- 115.34 Specialized Training: Investigations
- 115.51 Inmate Reporting
- 115.53 Inmate Access to Outside Confidential Support Services

Standards Met

Number of Standards Met: 37

List of Standards:

- 115.12 Contracting with other Entities for the Confinement of Inmates
- 115.13 Supervision and Monitoring
- 115.14 Youthful Inmates
- 115.15 Limited to Cross-Gender Viewing and Searches
- 115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient
- 115.17 Hiring and Promotion Decisions
- 115.18 Upgrades to Facilities and Technologies
- 115.22 Policies to Ensure Referrals of Allegations for Investigations
- 115.31 Employee Training
- 115.33 Inmate Education
- 115.35 Specialized Training: Medical and Mental Health Care
- 115.41 Assessment for Risk of Victimization and Abusiveness
- 115.52 Exhaustion of Administrative Remedies
- 115.54 Third Party Reporting
- 115.61 Staff and Agency Reporting Duties
- 115.62 Agency Protective Duties
- 115.63 Reporting to Other Confinement Facilities
- 115.64 Staff First Responder Duties
- 115.65 Coordinated Response
- 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers
- 115.67 Agency Protection Against Retaliation
- 115.68 Post-Allegation Protective Custody
- 115.71 Criminal and Administrative Agency Investigations
- 115.72 Evidentiary Standard for Administrative Investigations
- 115.73 Reporting to Inmates
- 115.76 Disciplinary Sanctions for Staff
- 115.77 Corrective Action for Contractors and Volunteers
- 115.78 Disciplinary Sanctions for Detainees
- 115.81 Medical and Mental Health Assessments, History of Sexual Abuse
- 115.82 Access to Emergency Medical and Mental Health Services
- 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
- 115.86 Sexual Abuse Incident Reviews

- 115.87 Data Collection
- 115.88 Data Review for Corrective Action
- 115.89 Data Storage, Publication, and Destruction
- 115.401 Frequency and Scope of Audits
- 115.403 Audit Contents and Findings

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

Summary of Corrective Action (if any)

The initial forty-five days from the day of the on-site audit for the interim or final report was extended upon mutual agreement between the agency and the Auditor, based on the Auditors request. The Auditor had unforeseen circumstances during this time period. The facility provided all the requested information for compliance by the extended date agreed upon. The agency met compliance; a corrective action period was not initiated or warranted.

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.

The Alameda County Sheriff's Office has a written policy 1.23 Prison Rape Elimination Act (PREA) mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It states: "there is a zero-tolerance policy in effect at all times toward sexual assault, sexual abuse, and sexual harassment of those in our custody." The policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment and includes definitions regarding sexual abuse and sexual harassment. The sanctions for prohibited inmate behaviors are provided in the policy 16.01 Disciplinary Sanctions and in the Inmate Rules and Information Handbook. The Ethics Training Bulletin, policy 1.13 Oath of Office and Code of Ethics, and policy 3.07 Commendations, Discipline, and Personnel Complaints, and PREA training outlines sanctions for staff. Volunteers and contractors found to have participated in prohibited behaviors including disciplinary sanctions, up to and including termination are outlined in the contractor and volunteer training packet and the PREA Overview for Contractors/Volunteers PREA brochure. The agency also developed a plan, Santa Rita Institutional Response Plan, which outlines the responsibilities of agency's staff including deputies, investigators, non-sworn employees, civilian employees, volunteers, medical staff, advocacy groups, and mental health in reporting, investigating, and responding to sexual abuse and sexual harassment. The policy and the Institutional Response Plan are also supplemented by other agency policies, Training Bulletins, and post orders. Through observation of the educational handouts and materials, review of inmate and staff handbooks, and interviews with staff and inmates it was apparent that the Santa Rita Jail is committed to zero tolerance of sexual abuse and sexual harassment. The agency's website also provides the zero-tolerance information and policy 1.23 for staff and the public.

The Compliance Lieutenant is the agency's PREA Coordinator. A review of the agency's table of organization showed the PREA Coordinator reporting to the agency head, the Sheriff. This position as the Compliance Lieutenant also has direct report to the Facility Commanding Officer. Policy 1.23 states the PREA Coordinator has the authority to coordinate, develop, implement, and oversee the agency efforts to comply with the PREA standards. His office supervises the two (2) PREA Managers; one at each of the agency's facilities. The position also provides training and guidance as needed to the compliance staff, updates to administration, conducting the incident reviews, and ensuring agency compliance with the PREA standards. Agency updates and changes are forwarded from his office to the two facilities. The PREA Coordinator was knowledgeable of the PREA standards and the agency's compliance measures. The PREA Coordinator indicated during the interview that he had sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The PREA Coordinator attended and completed the 30-hour PREA Implementation and Audit Preparedness Training for facilities. By the time of this audit, the Glenn Dyer facility had closed in June 2019; and supervision was of one PREA Compliance Manager at Santa Rita.

Each facility within the agency has an identified compliance managers that will ensure that effective practices and procedures are in place at the facility to ensure compliant with standards. The Santa Rita Jail has designated the Compliance Sergeant as the PREA Compliance Manager. The position reports directly to the PREA Coordinator/ Compliance Lieutenant. The PREA Compliance Manager stated the position responsibilities include PREA policy compliance, monitoring the report log, monitoring the grievance log, conducting training, assisting the PREA Coordinator, and the audit process. She ensures compliance with the PREA standards by walkthroughs of the facility, conducting training with staff, and reviewing and updating policies as needed. If an issue is identified, immediate corrective action is taken for compliance. The PREA Compliance Manager also attended and completed the 30-hour PREA Implementation and Audit Preparedness Training for facilities and completed the on-line course PREA: Coordinator's Roles and Responsibilities through National Institute of Corrections. The PREA Compliance Manager also stated during the interview process that she had sufficient time to perform the PREA duties for the facility.

The inmates interviewed that reported sexual abuse and the LGBTI inmates were familiar with the PREA Coordinator and PREA Compliance Manager. The PREA Compliance staff makes rounds in the housing areas to ensure the services are available to the inmate population; this was documented through unit log reviews. Inmates were able to identify the PREA Compliance Manager by name during the interview process which demonstrates the active role and accessibility the compliance staff has created at the Santa Rita Jail. During the tour, the PREA Compliance Manager and PREA Coordinator was accessible to the inmates and responsive to the inmates' questions and concerns.

The PREA Coordinator and PREA Compliance Manager were new to the positions within this audit period. Both have educated themselves on the PREA audit process and PREA standards. Both have become very knowledgeable of PREA requirements and provide thorough oversight to the facility. They are assets to the facility and agency in the implementation of PREA agency wide.

The facility exceeds the standard with the facility structure of the PREA Coordinator and PREA Compliance Manager who is also supported by the Accreditation Office staff to ensure the facility complies with the standards and maintains an active role in the facility's prevention, detection, reporting and response to sexual abuse and harassment within the facility. Both PREA Coordinator and PREA Compliance Manager has completed further PREA training outside of the agency to strengthen their knowledge and to assist with eh compliance within the facility. It was apparent during the audit the work that is completed by the compliance team and the availability to staff and inmates.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

The Alameda County Sheriff's Office does not contract for the confinement housing of inmates with private agencies or other entities including other government agencies. Policy 1.23 does outline any existing contract, new contract, or contract renewal the Agency would be obligated to adopt shall comply with the PREA Standards and the Agency shall provide contract monitoring to ensure PREA compliance.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

The Santa Rita Jail has developed a staffing plan that is based on the eleven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or inmates may be isolated); the composition of inmate population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. This process is outlined in GO 1.23 PREA, section IV.A. Based on the review of the staffing plan and interview with the Facility Commanding Officer/Captain and the PREA Coordinator; the staffing plan was developed by the management of the Santa Rita Jail with input from facility and agency staff and in coordination with the PREA

Coordinator. The Facility Commanding Officer, PREA Coordinator, and PREA Compliance Manager all indicated in their interviews that the staffing plan is reviewed at least once a year and takes into consideration all the elements of the standard. The GO 1.23 PREA outlines the PREA Coordinator and the Facility Commander will annually re-evaluate staffing levels and the use of video monitoring to determine and document adequacy of the staffing plan and use of the video monitoring technologies to protect inmates from sexual abuse. The 2019 annual staffing plan was reviewed and developed by Facility Commanding Officer, PREA Coordinator, and supervisors in January 2019. The annual staffing plan was submitted by the PREA Coordinator to the Division Commander and approved on March 19, 2019. Other annual staffing plans were completed on January 28, 2015, January 12, 2016, February 6, 2017, and January 23, 2018. The Facility Commanding Officer stated the staffing plan is maintained by the Facility Commanding Officer, PREA Coordinator, and the Division Commander. The staffing plan was based on an inmate population of 2,078 which is less than the housing capacity. The difference in the inmate capacity is the four closed housing units. The staffing plan noted the review of the PREA incidents, including locations of the incidents in comparison to the staffing level, continued to show there was no direct correlation between staffing and incidents. The written staffing plan and interview with the Facility Commanding Officer noted that the facility was not under any judicial findings of inadequacy from judicial, federal agencies, and interior or external oversight bodies. The facility administration has developed a thorough detailed staffing plan that provides an overview of the facility physical structure and housing units, comparison from the previous staffing plan, a review of the PREA incidents in regards to staffing, the inmate population, inmate programs, training of staff, PREA incident statistics, staffing formula, staffing levels per shift and housing unit, staffing history, areas of concerns, and the current status of staffing.

The facility has 500 staff who have contact with inmates. The facility operates on two 12-hour shifts with the day shift hours starting at 5:00 am and 7:00 am and the night shift starting at 5:00 pm and 7:00 pm. The shifts overlap providing 24-hour coverage. The security staffing functions include the supervision of inmates, inmate care, custody, and control. Each shift has one Watch Commander who holds the rank of Lieutenant and three Sergeants who supervise deputies and Sheriff Technicians. Each Sergeant is assigned an area of responsibility: Administrative, Maximum Security, and Minimum/Medium Security. The total positions required for security housing deputy coverage is 106.4 staff based on a relief factor of 1.4, which was derived from the US Department of Justice Staffing Analysis Workbook. The facility has developed a minimum staffing coverage per housing unit. The minimum is one or two deputies per housing unit based on the classification of the inmate population in those units and a Sheriff Technician. The units that house inmates who have violent/unpredictable behavior and present a higher danger of assault or units that contain programming require additional security staff to ensure the proper supervision coverage. With forty percent of the inmate population identified as special management; these units require the presence of two or more deputies when for inmate contact or escorted through the facility. Although the staffing plan notes the overall inmate population has decreased, the special handling population has increased. The Facility Commanding Officer stated the standard coverage for housing units are two deputies and a Sheriff Technician for minimum and medium housing units and four deputies and a Sheriff Technician for the special housing units. He stated there is no staff ratio requirement. He noted the challenge the facility encounters are the span of control for supervisors.

Through the staffing plan review, the agency assessed the facility's video capabilities and determined the video system needs improvement. There is a security upgrade project projected to increase the monitoring and recording capabilities throughout the facility. Other concerns that were noted is the need to fill vacant positions, slow the transfer of staff out of the facility unless it is under normal rotation, and decrease the number of staff on extended leave by considering innovative ideas get staff back to work. The facility on average have about 64 positions that do not report to work on a daily basis which is then covered by overtime if a mandatory post. The facility losses staff through transfers to duty stations elsewhere in the county and transferred to patrol.

The facility makes its best efforts to comply with the plan. When deviations occur, the position deviation is documented on a memorandum format with the employee's name, post reassignment, and the justification for the deviation. This is forwarded to the Watch Commander and PREA Coordinator. The Facility Commanding Officer during his interview stated the Watch Commander, Personnel Lieutenant, and PREA Coordinator is responsible for checking the compliance with the staffing plan. This review is completed at the end of each shift by reviewing the shift log and any deviation memorandums. Any deviations found during the review is documented in a written format and provided to the Facility Commanding Officer for review. The primary reason for deviation is inmate transports to the hospital and hospital coverage. In 2018, the average number of deputies escorting inmates to the hospital were 7 per shift. Hospital coverage requires up to two deputies per inmate, depending on the classification. Additionally, if the inmate is hospitalized, two more deputies from a later shift are sent to relieve the first two deputies. The reduces the staffing of four deputies for approximately three hours for each inmate escorted. The

other top five deviations to staffing are staff on vacation, inability to hire staff to backfill vacant positions, staff on sick leave, staff on discretionary time off, and staff on mandatory training. The Intake, Transfer, and Release (ITR) area is staffed 24-hours a day. This area is a separate entity from security. When security staffing falls below minimum, the ITR staff are available to augment security needs.

Intermediate and higher-level staff conduct unannounced rounds. The rounds are documented in the logbooks (Redbooks) in the housing control center by the supervisor or the Sheriff Technician. Through reviews of housing area logbooks and interviews with staff and inmates, it was confirmed that unannounced rounds are done randomly throughout the facility by supervisors. The supervisors indicated during the interviews that unannounced rounds are accomplished by staggering the round times on a daily basis, conducting rounds in different areas on different days, not utilizing a radio during rounds, and using different routes in order to not develop a routine anticipated pattern. The 10.01 General Security Post Orders and Master Event Schedule, 10.02 Lieutenant/Watch Commander Post Order, and 10.03 Sergeant/Shift Supervisor Post Order all direct the supervising staff to complete unannounced rounds once per shift. The rounds are to be performed at irregular, unspecified times, and will be recorded in the area/housing unit logbook. The 10.01 General Security Post Orders and Master Event Schedule direct that staff shall not alert or otherwise other staff that the supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. This is also addressed during muster and training as a refresher. Supervisors also indicated in the interviews that if a staff member was alerting other staff, discipline action would be initiated on the employee. The disciplinary process would begin with discussing with the staff member and increasing through a verbal counseling, written counseling session, training session, and formal disciplinary sanctions.

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*)

The Santa Rita Jail does not house youthful/juvenile offenders. This facility is an adult facility only. The review of policy 9.05 Juvenile in Custody states that no-one under the age of 18 will be housed in the jail. If during the booking process, it is determined the offender is under the age of 18, a supervisor will be notified immediately. The juvenile will be transported to Juvenile Hall by the arresting agency or facility staff.

The GO 1.23 outlines in areas outside the housing areas, if the agency has a juvenile/minor arrest, the agency shall provide direct staff supervision maintain sight and sound separation between the juvenile and the adult inmate. The interviews with the Intake Lieutenant and the PREA Coordinator confirmed that any juvenile that is brought to the facility would be returned to the arresting agency. A juvenile would not enter the security of the facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

The facility's policies 1.23 PREA and 11.03 Inmate Searches-Strip, Visual, and Pat Searches outline inmate searches and cross gender searches procedures. They confirm the policies and procedures address the standard. Policy 11.03 states all deputies participating and within view of the inmate being searched, must be of the same

sex/gender as the inmate being searched. This is a legal requirement and pertains to any strip search, visual search, or physical body cavity search (accompanied by probable cause and a signed search warrant). Physicians and medical practitioners are considered an exemption. If a search is to be conducted, a supervisor's approval is required as a result of an exigent circumstance. The search and supervisor's approval are documented through an incident report or the Strip Search Authorization form. All physical body cavity searches are completed only by medical trained professionals under authority of a search warrant which will be witnessed by a deputy of the same sex. Interviews with security staff and inmates plus observation of actual searches conducted during the audit, confirmed that the Santa Rita Jail does not conduct cross-gender strip searches. The Auditor interviewed a random staff member regarding cross-gender strips or visual searches, the staff stated those type of searches are not conducted at the facility. They would get a staff member of the same gender to conduct the search if warranted. The facility noted no cross-gender strip or cross-gender visual cavity searches of inmates this audit period by memo to file and on the PAQ.

Per policy 10.23 Housing Unit Deputy Supervising Inmates of the Opposite Gender state that pursuant to Penal Code Section 4021(a), all female housing units shall be staffed with at least one female deputy at all times. Policies 10.23 Housing Unit Deputy Supervising Inmates of the Opposite Gender and 11.03 Inmate Searches states 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 Commanding Officer, via the Chain of Command, outlining the exigency. Deputies shall notify their supervisor prior to conducting a clothed search of the opposite sex. Per policy 11.03 Inmate Searches state the absence of a female deputy to conduct a search shall not restrict the female inmates' access to regularly available programming or other out of cell opportunities. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training. The facility has not conducted any cross-gender pat-down searches of female inmates per memo to file and the PAQ. Female inmates interviewed indicated they have not been restricted access to programming due to a female deputy not available to conduct pat down searches; they stated there is always a female deputy on duty.

The policies GO 1.23 PREA, 10.23 Housing Unit Deputy Supervising Inmates of the Opposite Gender, and 8.12 Inmate Observation and Direct Visual Supervision states all staff of the opposite sex performing observation checks shall announce their presence within a reasonable time prior to making the observation, to allow the inmate or detainee ample time to cover themselves should they be in the process of using the toilet, shower, or are at some level of undress. Policy 8.12 also outlines deputies shall not enter the shower and toilet areas, living spaces or cells of opposite gender inmates, except in exigent circumstances and/or when accompanied by a staff member who is the same gender as the inmate. This was confirmed by interviews with inmates and staff. During the inmate interviews, inmates felt they received a sense of privacy for showering, changing clothes, and bathroom functions. During the facility tour, the Auditor identified cross-gender viewing access into the ADA bathrooms and the housing units corner showers. There was also the possibility of cross gender viewing from the housing control center into the restroom areas through video monitoring. The facility corrected the cross-gender viewing through privacy screens for ADA bathrooms housing unit corner showers. The cross-gender viewing from the housing control center was corrected through placing black dot stickers on the video monitors in the housing control center eliminating the views of bathrooms and toilets. This was acceptable as a temporary solution until the new video monitoring system is installed. The new system should allow camera pixeling of identified areas.

Policy 10.23 Housing Unit Deputy Supervising Inmates of the Opposite Gender and 10.12 Housing Unit Post Orders require that staff of the opposite gender announce their presence when entering inmate housing areas. At the beginning of each shift, the Sheriff's Technician who is working in a housing unit comprised of inmates of the opposite sex makes an announcement of a female/male working the area at the beginning of the shift. The Sheriff's Technician also announces when staff or visitors of the opposite gender are entering the housing areas over the intercom. It was also observed that staff announce themselves when entering a housing area of the opposite gender. These announcements are logged in the housing unit logbook. Inmates indicated during the interviews that staff are announced through the intercom system. This practice was observed during the audit and announcements documented in the logbooks were reviewed.

The policy 1.23 PREA and 11.03 Inmate Searches also prohibits staff from searching or physically examining a transgender or intersex inmate for the purpose of determining genitalia status. If an inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, reviewing arrest history, and/ or available databases. The policy allows the transgender inmates the opportunity to choose the gender of the deputy that will perform the search. The supervising sergeant will make the final decision on who

will perform the search. Although the policy stated the transgender has the opportunity to choose the gender of the deputy for a search, the transgender inmates interviewed stated this is not the practice. When they have asked for the same gender deputy as they identify as, they were still searched by the deputy of the same gender of the inmate at birth. All body cavity searches are completed only by medically trained professionals. During interviews with staff, they were aware of the policy and indicated only medical could conduct such search. The five transgender inmates interviewed indicated they have not been searched or frisked to determine their genitalia status. When staff were randomly asked how a cross gender and/or transgender pat down search would be completed, they indicated by using the back or blade of their hand. The facility noted there were no searches or physical examinations of transgender or intersex inmates solely for the purpose of determining the inmate's genital status conducting during the audit period per memo to file and PAQ.

Recommendation: The facility should follow the policy to allow the transgender or intersex inmate the opportunity to choose the gender of the deputy that will perform the search.

All staff have received training in conducting pat-down searches, cross-gender pat-down searches, searches of transgender and intersex inmates in a professional and respectful manner. Other than annual training, this training is also part of the initial pre-service orientation training, quarterly range training, and during muster briefings. The Sergeants are responsible to ensure all staff have completed the muster training 18.07a Inmate Strip Searches and the training is documented in the DMS training. This is supported by 11.03 Inmate Searches and 1.23 PREA policies. Interviews with staff confirmed these practices, as well as, the review of the training bulletins and lesson plans reinforcing these policies, and staff training records.

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*)

The agency's policies 1.14 Americans with Disabilities Act, 10.05 Housing Floor/Unit Deputy Post Order, 17.07 Language Line Solutions, ACSO Point Book, and Hearing Impaired Hand Sign Alphabet has established procedures to provide disabled inmates equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policies and directives address interpreter service, American Sign Language services, and inmates with special needs. The agency has contracts with Language Line Services Inc. and Purple Communications to provide interpreter services. The facility also has a list of American Sign Language interpreters. The Santa Rita Jail has designated staff who provide interpreter services as needed. There is a list available of the staff and the languages spoken. The utilization of a staff interpreter is documented through the ADA Coordinator. During the intake process, inmates are identified when a disability exists and what accommodations are needed are determined. This is accomplished through the medical and general intake processing.

The Language Line Services contract provides an interpreter hotline for various languages. The PREA information is provided through English and Spanish inmate handbooks and brochures, education PREA video, which is closed captioned, and through interpreter services if necessary. The video is played in the intake area continuously and in the housing units weekly. The PREA posters are also posted in English and Spanish throughout the facility. Inmates who are deaf and blind are afforded the use of a tactile interpreter and a staff member to read the information to them. The handbook is available in Braille. Staff members have access to copies of the Hearing-Impaired Hand Sign Alphabet with Numbering Hand signs to communicate with hearing impaired inmates. The agency also provides TDD (telecommunications Devices for the Deaf) and each housing unit has a tablet with VRS (Video Relay Services) through the Purple Communications contract which will act as a video phone for the inmate. The inmate is able to dial the rape crisis center using the direct telephone number through the TDD or VCR. Inmates with who have intellectual, psychiatric, or low cognitive skills are provided assistance by staff to include understanding the zero tolerance and reporting methods. The facility also has a Point Book. The Point Book allows inmates who are unable to communicate verbally, in writing, or via an interpreter, to identify daily hygiene and services related needs through browsing pictures in the book and pointing to any services related needs, (medical, dental, religious, etc.) they need. When an inmate points out a service-related need, a deputy completes the appropriate request slip and routes it to the service provider. The interpreter services are available at no cost to the inmate.

During the audit, eight (8) inmate interviews were conducted with limited English inmates/disabled inmates. Interviews were with three (3) Spanish speaking inmates through an interpreter, these inmates stated information was provided through postings on the walls and staff that speak Spanish. They indicated they could go to staff for assistance however, they feel more comfortable seeking assistance from other inmates. Two (2) of the inmates interviewed were hearing impaired; these inmates stated they saw the information on walls and a handbook that was provided. They stated assistance is available through staff and other inmates. Two (2) of the inmates were legal blind, they stated they received information through listening to the PREA video. These inmates stated deputy assistance is available or another inmate if needed. One (1) inmate interviewed had low cognitive skills, he stated he did not need assistance and was able to read and write. He stated a deputy would be available if assistance was needed. All the inmates interviewed acknowledged receiving PREA information and knew how to report through telling staff, calling the *89 hotline, press intercom to housing control center, seek help from other inmates, and put in a request.

Policies 123 PREA and 1.14 Americans with Disabilities state that except in instances where the inmate's safety is at risk, staff shall not use other inmates as interpreters. The policy states "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." During the staff interviews, staff were aware of the policy and indicated that an inmate interpreter would not be used, only qualified staff interpreters from the list would be used. The facility noted that there were no instances where inmate interpreters were utilized during the audit period.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Through a review of policies, 1.23 PREA, 4.07 Background Investigation Guidelines, and 4.11 Agency Promotional Process; it was determined that the agency has established a system of conducting criminal background checks for new employees (sworn and non-sworn), volunteers, interns, and contractors who have contact with inmates to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The general County Application form does not address the specific questions, however the Application Supplement forms which is required to be completed by individuals applying to work for the Sheriff's Office, require the employee to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. The Application Supplement Forms are Supplemental Application – General for new hires and Supplemental Application - Promotions for promotions. Also, staff must complete the Detention and Corrections Site Clearance Form that also asks the three administrative adjudication questions. Each employee upon hiring must sign an acknowledgment that they have read and understood and agree to act in accordance with the Sexual Harassment Prevention and Prohibition Policy, Workplace Violence Prevention Policy, and Standards of Performance – The Cardinal Sins. The administrative adjudication questions are also part of the background process to ensure the employees hired through the county-wide application process are asked about previous misconduct. During the review of personnel files, it was determined that Sheriff Technicians that are transferred into the facility from another agency post were not asked the three administrative adjudication before the assignment to the facility. The agency has corrected this through updating the process and policy 3.24 Transferring to/from Detention and Corrections Division Facilities that required all personnel that are transferred to the facility must meet with the Training Coordinator on the first day of assignment. The transferred employees are required to read and sign the PREA brochure PREA Overview for Contractors, Volunteers, and Staff which asks the three administrative adjudication questions. The facility provided examples of the signed PREA Overview for Contractors, Volunteers, and Staff by Sheriff Technicians to demonstrate compliance.

Policy 1.23 PREA requires consideration of any incidents of sexual harassment in determining to hire or promote anyone or enlist the services of any contractor who may have contact with inmates. The agency considers prior incidents of sexual harassment when determining whether to promote or hire. The Human Resource interview stated that the agency would not hire anyone that had prior incidents of sexual harassment or sexual abuse. The candidate would be determined unsuitable for hire. This is accomplished through a round table discussion on any border line issues regarding all new hires and promotions consisting of the Sheriff, Human Resource staff, and management staff. Through the interview with the Human Resource staff, it was indicated that the agency has not hired or promoted any staff with prior incidents of sexual harassment. The agency indicated they make their best effort to contact previous employers regarding information on substantiated investigations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse for employees and contractors.

The background check process, Security Site Clearance Form, is conducted by the Backgrounds and Recruiting Units. Background checks are completed on all staff (sworn and non-sworn), interns, volunteers, and contractors before hiring or enlisted for services. The background checks include system checks which include local computer record search, Department of Motor Vehicles (DMV), California Department of Justice (CDOJ) CORPUS, and warrants. Fingerprints are checked through the Central Identification Bureau (CIB), State of California DOJ, and the FBI per Civil Service Rules. Sworn employees have a further detailed background investigation completed that includes psychological screening, medical, neighborhood check, and computer voice stress analysis. Additional policies 4.07 Background Investigations Guidelines and 8.04 Security Checks for Contract Employees, Volunteers, and Tour Groups outline the background process for contractors. These background checks are completed by the Classification Unit per policy. Contractors and volunteers have backgrounds checks that include fingerprints, electronic record search, driving records, and CDOJ CORPUS. The Human Resources interview stated the agency conducts a mini background check on promotional applications before selection is made. There were seventy-one (71) criminal background checks completed during this audit timeframe for new hires who have contact with inmates. The Auditor reviewed fourteen (14) employee, two (2) volunteers, and one (1) contractor files that all had completed background checks prior to hiring or enlistment of services. Two employee files were promotions that included the mini background checks.

The agency has a system for capturing records check information for employees, volunteers, and contractors. The system utilized by the agency for capturing employee and contractor criminal charges is through an automatic electronic notification to the agency when any employee is fingerprinted as a result of an arrest. The Central Identification Bureau (CIB) California Department of Justice makes the event notification to the agency's Human Resources office. The Human Resource staff will notify the Captain, supervisor of the employee, and the Background Unit. The Human Resource staff interview stated the employee would be placed on administrative leave pending charges or orders. Contractors have a criminal record check completed annually as part of their site clearance. Human resources staff will provide the information from the electronic notification to the internal affairs unit which will complete an internal investigation depending on the arrest charges. The Human Resource Administrator indicated employees are informed of the continuing affirmative duty to disclose any previous misconduct through the general orders and if off duty they must report the incident to the supervisor or Watch Commander. Per policies 1.23 PREA and 4.11 Agency Promotional Process and confirmed through the human resource interview, the agency imposes upon employees a continuing affirmative duty to disclose any criminal misconduct. The Human Resource Administrator stated there were no terminations for sexual abuse or sexual harassment.

During the review of the supporting documentation and interviews, it was determined the agency was not conducting annual interviews or written self-evaluations as part of the current employee reviews to ask about previous misconduct. The facility had developed a plan from the last PREA audit to incorporate the administrative adjudication questions into the annual employee evaluations. This process was not completed. The facility's new process is to have staff answer the three administrative adjudication questions as part of annual training and recorded in the DMS system. The form will be emailed to the staff. The employee would have to sign the form electronically and return to the training office and the PREA Compliance Manager. The new process meets compliance.

The policy 1.23 PREA states an applicant, who provides material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy 4.07 Background Investigation states during the peace officer personal history verification process, the background investigator will determine whether the candidate satisfactorily meets the 10 job dimensions outlined by POST in the Peace Officer Background Investigation Manual. Untruthfulness, deception, or fraud by candidate in representation of facts related to personal history could disqualify a candidate from being hired as a peace officer.

The agency upon request from another county department can provide information from within the personnel file without a release of information form. Any outside agency requests must contain a signed and dated release of information form from the active or former employee in order to for the agency to provide copies of confidential documents contained in the employee's file. This was supported through policy 1.23 PREA and the interview with Human Resource staff.

Personnel files for new hires and promotions were reviewed with the Human Resource Administrator. The personnel files include the background checks, annual evaluations, and training records. The background process is conducted and maintained by the Human Resources Division in the Sheriff's Office located in Oakland. Also, through interviews with the Human Resource Manager and Facility Commanding Officer, it was determined that the agency's policy and PREA requirements were being followed to hiring, promotional decisions, and background checks.

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*)

The facility currently has four housing units closed for renovation to comply with ADA requirements with a projected completion date in 2020. The PREA Coordinator, Facility Commanding Officer, and Commander interviews all stated that PREA was one of the primary considerations taken when reviewing the plans for renovations. The PREA Coordinator stated meetings with the architect was conducted to ensure no cross gender-viewing concerns or blind spots were created and consideration was given to the PREA standards. During the tour, the PREA Coordinator pointed out changes within the closed units under renovation. Upon review of a few areas, the PREA Coordinator discovered the plans were not followed and blind spots were created and cross-gender viewing into a bathroom area. These issues would be communicated to the contractors for correction.

The facility currently has 78 cameras interior and exterior that are monitored by the main control centers. Each housing unit control center monitors the cameras within that unit. All housing units have a minimum of two cameras at each end of the hallway. The facility added additional cameras in five housing units based on the population needs about 18 months ago. These units had a camera installed within each pod dayroom and the multipurpose room. The facility is in the planning phase for facility renovations that will include security and video monitoring upgrades which will include an additional 750 cameras.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

The Alameda County Sheriff's Office is responsible for administrative and criminal investigations. The policies and procedures, 13.07 Sexual Assaults in Custody; 5.24 Collection, Preservation of Evidence/Property, Processing, Storage, and Inspection; and 1.23 PREA outline evidence protocols for administrative and criminal proceedings, criminal prosecutions, collection of evidence, and requirements for forensic exams. Both administrative and criminal investigations start immediately following a reported allegation. The correctional deputies and supervisors are sworn officers and have been trained in sexual abuse investigations and evidence protocol through the NIC course PREA: Investigating Sexual Abuse in a Confinement Setting. The facility staff who have completed the training begin the preliminary investigations. The Special Victims Unit (SVU) will conduct the criminal investigation. The policy states administrative investigations shall include an effort to determine whether the staff's actions or inactions contributed to the abuse. The Commander's interview confirmed the practices. Facility staff interviewed were knowledgeable in the agency's protocol for obtaining usable physical evidence and their responsibilities. The agency has provided informational response pocket cards to all employees that outlines the staff responsibilities during an allegation and the preservation of usable physical evidence. The agency adopts the evidence protocols from the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition, April 2013. All evidence is handled in accordance with policies 1.23 PREA and 5.24 Collection, Preservation of Evidence/Property, Processing, Storage, and Inspection. The evidence protocol does not address youth; the agency does not house youthful offenders. An interview was conducted with an SVU investigator. The interview confirmed the practices for PREA investigations, and the investigator was very knowledgeable of the investigation process and the uniformed evidence protocol to be used during a sexual abuse investigation.

Through interviews with the medical staff and PREA Coordinator, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the inmate. Policy 13.07 Sexual Assaults in Custody direct the staff 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 is advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. The agency's policy 14.03 PREA-Response to Sexual Assault outlines in sexual abuse cases a medical exam should occur if the abuse involves any skin-to-skin contact, penetration or exchange of bodily fluids or acts suggestive of such, regardless of how much time has elapsed since the incident(s). SVU and medical are responsible for initiating the forensic medical exam process of the victim(s) by referring to Highlands Sexual Assault Response and Recovery Team (SARRT) Team. The referrals for acute cases (the last suspected incident of abuse happened within 72 hours) are made by staff contacting the Highland Sexual Assault Response and Recovery Team (SARRT) to consult on the case prior to transferring the victim to the hospital where the medical exam will be conducted. For non-acute cases (the last suspected incident of abuse was greater than 72 hours ago), the staff will contact SARRT to consult on the case with any questions prior to sending a victim for an exam. If an appointment is required, the report should be forwarded to the SVU to make the arrangements and conduct any additional follow up. The transporting deputy notifies the Highland Hospital Sexual Assault Center the inmate's estimated arrival time. There were three inmates who received forensic exams at the hospital by trained SAFE during the last twelve months.

The agency has a MOU with Alameda Health System – Highland Sexual Assault Center for forensic medical examinations. The Highland Hospital's Sexual Assault Response and Recovery Team Abuse Response Team (SARRT) operates out of the emergency room department. The team provides forensic interviews, forensic exams, and advocacy services. During the interview with the Highland Hospital SARRT representative, it was stated that a member of SARRT is available at all times; on site from 7:00 am to 3:00 am and a trained certified physician's assistant on call 3:00 am to 7:00 am. The two hospital departments that are involved in the process are the Sexual Assault Forensic Examiner (SAFE) and SARRT. SAFE is trained and certified mid-level practitioners. SAART are trained and certified medical professionals. SARRT provides the forensic exams and advocacy services through a rape crisis center including follow-up counseling and advocacy services through legal proceeding if requested. During an exam, any evidence is tagged by a deputy collected in the forensic exam room. The hospital staff and deputy logs all the evidence and secures it in a secure cabinet until a technician retrieves it. If the inmate is receiving advocacy services and moves out of the county, the hospital and rape crisis center refers the inmate to another agency with the inmate's consent. The representative stated the county has three rape crisis centers, for Santa Rita inmates the Tri-Valley Haven is utilized. The team and hospital have a good working relationship with Tri-Valley Haven for emotional support services.

Policy 13.07 Sexual Assaults in Custody outline 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 and 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. A victim advocate will be provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the Independence House. Tri-Valley Haven. The agency has a memorandum of understanding (MOU) with Tri-Valley Haven for victim advocacy services. Tri-Valley Haven provides a 24-hour crisis line; SARRT/hospital accompaniment for victims; follow-up appointments for counseling; on-site crisis counseling; classes or group counseling in topics of Domestic Violence and/or Sexual Abuse; and resources and referrals to incarcerated survivors of sexual abuse. The Auditor interviewed the Lead Sexual Assault Advocate from the Tri-Valley Haven service agency. She stated the crisis hotline is available 24-hours and receives about 5-10 calls a day, mostly in the evening hours. The agency has eight staff trained for the sexual assault team with two of the staff assigned to the jail. There is a crisis counselor staff member at the facility every day. The agency provides group and individual counseling in person and through the crisis line. They also provide two art therapy groups each week. The referrals come from the hotline calls, through the facility mental health department, through facility staff, and the hospital. The agency currently has a caseload of 20-30 inmates. She also noted if an inmate reports through the hotline, the crisis counselor would refer the allegation report to the watch commander by phone immediately and follow any other reporting requirements through the agency. The victim advocacy services include being at the hospital with the inmate through the forensic process and follow-up counseling and supporting the victim through court proceeding for emotional support. She noted the agency accompanied three inmates through the forensic exam process and offered follow-up counseling

this past year. The agency also provides Trauma Informed Practice training to jail staff five times this year. She expanded that the agency and jail have a strong working relationship and look at expanding more programming in the facility. The information for the hotline is a toll-free number and a confidential line as noted on the poster. The contact information is also provided to the Inmate Handbook.

The facility staff interviewed were knowledgeable in the evidence protocols and that SVU is responsible for conducting sexual abuse investigations. The PREA Coordinator and PREA Compliance Manager noted the facility has a MOU with Tri-Valley Haven for victim advocate services and provides services within the facility. Five of the six inmates interviewed who reported sexual abuse indicated the facility provided the inmate with information for emotional support services. Four inmates refused the support and one inmate received emotional support services. Of these interviews, they indicated staff responded, they were taken to medical, and referred to mental health. They were aware they could contact victim advocate services by calling *89 from the housing unit phone.

The facility exceeds the standard with the partnerships with the Tri-Valley Haven and the Highlands Sexual Assault Response and Recovery Team (SARRT) Team. The partnership with the Tri-Valley has provided emotional support and crisis counseling over the hotline, accessibility for services within the facility by a Tri-Valley staff presence each day, and the programming classes available to the inmates. The agency also provides training for the facility staff. The facility provides informational response cards to all staff. Inmates were aware of the services through Tri-Valley, especially the female inmate population. These agencies are part of the coordinated response plan.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency policies, 1.23 PREA and 14.03 Response to Sexual Assaults states all complaints of sexual harassment or abuse, upon inmates or detainees shall be thoroughly investigated and documented by the Sheriff's Office by staff trained in conducting these types of investigations. The facility completes the administrative investigation and the agency's Sexual Victim Unit (SVU) completes the criminal investigations. Policy 14.03 PREA-Response to Sexual Assaults outlines that investigators assigned to the SVU 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. The correctional deputies and supervisors are sworn officers and have been trained in sexual abuse investigations and evidence protocol through the NIC course PREA: Investigating Sexual Abuse in a Confinement Setting. The facility staff who have completed the training begin the preliminary investigations and complete administrative investigations. The SVU will take over the investigation if determined criminal and complete the investigation. If other investigators are on call and receive a report of a sexual assault at a Sheriff's Office confinement facility, the Investigation Lieutenant shall assign the appropriate investigators to the case. The SVU investigators handle all the allegations of sexual abuse until it is deemed an administrative investigation only. The SVU investigators share the case progress and the investigation outcome with the facility administration and the PREA Coordinator. Documentation of the criminal investigations is maintained at the SVU office located at the Eden Township Substation. Documentation of the administrative investigations is maintained in PREA Manager's and PREA Coordinator's offices. Interviews were conducted with an SVU investigator. The interview confirmed the practices for PREA investigations, and the investigator was knowledgeable of the investigation process, the uniformed evidence protocol, and the responsibilities of each investigator during the administrative and criminal investigations. The investigator stated that all allegations reported are investigated immediately. Once an allegation is reported and the supervisor is notified; an investigation would be started immediately. The investigation would be completed by a specialized trained investigator within the facility. All allegations are investigated and reported with findings. The Commander stated all allegations are investigated as soon as the initial report of the allegation is received. The initial report starts the investigation process. If the allegation involves a staff member it is referred also to internal affairs and SVU. All allegations are tracked thru the PREA Coordinator.

The agency policy was not available on the website at the time of the audit. There was direction for reporting, however the standard required the agency policy to be posted. The agency posted the policy and it now available on the agency's website.

There were one hundred-seven (107) allegations reported of sexual abuse, sexual misconduct, and sexual harassment during the audit period (August 2018- July 2019), seven (7) of those allegations were noted they were not PREA related. Of the one hundred (100) PREA reported allegations; ninety-eight (98) alleged allegations occurred and were reported at the facility and two (2) allegations occurred at other facilities and were reported at the facility. The two (2) allegations reported at the facility that occurred at another facility, one (1) was determined unfounded and one (1) case is still open. Of the ninety-eight (98) PREA allegations reported and allegedly occurred at the facility seventeen (17) were staff on inmate allegations and eighty-one (81) inmate on inmate allegations. The staff on inmate allegations were eight (8) staff on inmate sexual harassment, two (2) staff on inmate sexual misconduct, and seven (7) staff on inmate sexual abuse. The administrative findings of the staff on inmate of sexual

abuse were four (4) unfounded, one (1) unsubstantiated, and two (2) are still open. The administrative findings of the staff on inmate of sexual harassment were seven (7) unfounded and one (1) still open. The administrative findings of the staff on inmate of sexual misconduct were two (2) unfounded. The inmate on inmate allegations were forty-six (46) inmate on inmate sexual harassment, eleven (11) inmate on inmate sexual misconduct, and twenty-four (24) inmate on inmate sexual abuse. The administrative findings of the inmate on inmate of sexual abuse were fifteen (15) unfounded, two (2) unsubstantiated, four (4) substantiated, and three (3) are still open. The administrative findings of the inmate on inmate of sexual harassment were twenty-two (22) unfounded, twelve (12) unsubstantiated, six (6) substantiated, and six (6) still open. The administrative findings of the inmate on inmate of sexual misconduct were four (4) unfounded, four (4) unsubstantiated, two (2) substantiated, and one (1) still open. All the cases that were sexual abuse or sexual misconduct were referred for criminal investigations by the agency's investigators. A detail review of sixteen (16) cases with the investigator was conducted by the Auditor. Upon reviewing allegations with the PREA Coordinator, PREA Compliance Manager, and Investigator; it was determined the facility is over reporting incidents that are not PREA related.

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*)

The Alameda Sheriff's Office has been training staff on sexual abuse and sexual harassment as part of the sworn officer's training prior to the Department of Justice PREA training requirement. The agency's policy 1.23 PREA, Training Bulletins 15.09 and 16.20, and the PREA Training Lesson Plan address all the PREA requirements and outline the agency's training requirements. The lesson plan PREA General Order 1.23 covers the zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; prevention and intervention techniques to avoid sexual abuse and sexual harassment in the facility; procedures for the investigation of a report of sexual abuse and/or sexual harassment; individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; an individual's right to be free from sexual abuse and sexual harassment; the right of inmates to be free from retaliation

for reporting sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities; and how to avoid inappropriate relationships with inmates. The review of the lesson plan demonstrated compliance with all the training elements of the standard.

The initial training for staff occurs during the academy training for new employees through the training curriculum PREA 1.23 prior to being assigned to the facility. The training is also provided annually through the annual in-service PREA one-hour training course for all staff. Additional training occurs during staff muster briefing with different topics daily/weekly based on PREA updates and general information refreshers. The PREA Manager and PREA Coordinator's offices also provide training updates through Training Bulletins sent to staff electronically through the electronic DMS system. All staff must read and digitally sign acknowledging the staff member has read and understand the information of each training bulletin. Staff during interviews acknowledged the numerous methods they received training including annual in-service, muster, pre-service, through emails, DMS system, during quarterly range, and by security supervisors providing educational information while conducting rounds. The agency also requires all sworn deputies to complete the NIC PREA: Investigating Sexual Abuse in a Confinement Setting within their first year of employment after graduating the academy.

Policy 1.23 PREA outlines the required training in cross-gender pat-down searches for all staff. The policy states training shall occur during new employee academy training, annual training, and in the 80-hour Core Corrections Course. Refresher training occurs every year and documented via DMS and training attendance log with the staff signature. The sign off sheets, hard copy and electronic, document that staff signing for the training understands the training they have received. Although, the policy indicates that refresher training shall occur at least every two years, the agency is completing the refresher training annually during in-service. Gender specific training is included in the lesson plan and all staff that transfer facilities must receive additional training tailored to the gender of the inmates at the new facility. The facility houses both male and female inmates.

All training is maintained in the personnel file of the employee and electronically in DMS. The facility hired 49 sworn and 22 non-sworn employees. All new staff received PREA training per personnel files, PAQ, and staff interviews. Training records were checked during the review of fifteen personnel files. The majority of the staff had completed all the required training through the academy and annual in-service. It was discovered that some Sheriff Technicians had not completed the required training. The PREA Coordinator and PREA Manager researched the issue and found the Sheriff Technicians that are transferred to the jail from another agency post was not receiving the training upon transfer. The agency corrected the issue through policy changes and training with the Sheriff Technicians. All current Sheriff Technicians were required to review policy 1.23 PREA and a training handout used during muster training. The Sergeants were responsible to ensure the training was completed and date and sign acknowledging the training was completed. Examples of completed training handouts signed by the Sheriff Technician and Sergeant was provided for compliance. Policy 3.24 Transferring to/from Detention and Corrections Division was updated to include that all returning staff to the facility must read and sign the PREA brochure, PREA Overview for Contractors, Volunteers, and Staff. It will be maintained in the training unit files, electronically, and a copy to the PREA Manager. It also expanded that the Training Supervisor shall ensure that all personnel who have not previously completed the PREA: Investigating Sexual Abuse in a Confinement Setting course complete the course within 30 days from date of transfer. All transfers and new employees must report to the Training Supervisor to ensure training is completed prior to assignment.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in prevention, detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of the policies and procedures by staff confirm the continuous training that occurs through muster, staff briefings, annual in-service, and quarterly range training. An informational response pocket card is provided to all employees that outline the staff responsibilities during an allegation, steps to take if a sexual assault occurs, and the preservation of usable physical evidence.

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*)

All contractors and volunteers who have contact with inmates in Santa Rita Jail receive PREA training prior to assuming their responsibilities. The facility has 520 volunteers and contractors currently authorized to enter the facility. Contractor employees include teachers, chaplains, commissary, and mental health staff. The volunteers are utilized for programming, mostly in religious services. Policy 1.23 PREA outlines that all staff, contractors and volunteers who may have inmate contact, shall receive training in their responsibilities under Alameda County Sheriff's Office sexual abuse and harassment prevention, detection, reporting, and response policies. The PREA Coordinator and PREA Manager stated the agency provides all volunteers and contractors with the same PREA as staff. This approach is conducted since the facility has so many contractors and volunteers with varied inmate contact (some none at all, others limited with sworn staff present, and others with one on one contact with inmates). This training is conducted with the PREA 1.23 PowerPoint presentation during the orientation training and annually. The contractors receive a 40-hour orientation prior to assignments. The volunteers receive an 8-hour orientation. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response. Contractors and volunteers must sign a Consultant/Contract Personnel/Volunteer Agreement form that acknowledges they will abide by the Detention and Corrections policies, rules, and regulations which includes refraining from personal and social involvement with inmates and reporting all allegations of knowledge of sexual abuse, harassment, or any sexual misconduct involving inmates that take place within any Sheriff's Office facilities. Contractors also attend the facility's annual employee in-service training. The volunteers and contractors are also provided a brochure, PREA Overview for Contractors/Volunteers, which covers the education, prevention, reporting, and responding to sexual abuse and sexual harassment. The brochure covers the zero-tolerance policy, definition and examples of sexual misconduct and sexual harassment, how to avoid inappropriate relationships with inmates, how to report sexual misconduct, potential red flags for victims of abuse, LGBTI definitions, and how to effectively communicate with victims. The contractor/volunteers must sign acknowledgement of receiving and understanding the information contained in the brochure about PREA. The form is filed in the volunteer's central file maintained at the facility.

The Auditor reviewed two volunteer and two contractor training files; the training files were all in compliance. The files demonstrated the contractors and volunteers received training and documented they understood the training through a signature on the training log, the Consultant /Contract Personnel/Volunteer Agreement form, PREA Overview for Contractors/Volunteers form, and standards of performance The Cardinal Sins.

Interviews were conducted with four (4) volunteers and contractors. They all indicated they had received training. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, who to report to, how to look for risk factors, definitions of sexual abuse and misconduct, and the agency's zero tolerance policy. They indicated they would report to the shift supervisor immediately. Contractors through Wellpath (medical) and Aramark (foodservice) also stated PREA training is required through their companies annually.

The facility exceeds the standard with the extensive training that is provided to the volunteers and contractors. The training received is the same as facility staff and conducted annually.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

The facility's policy 18.02 Inmate Orientation states all inmates shall be provided an orientation within 72 hours after arrival. The orientation is a means to transition the inmate into the facility. The Santa Rita Jail starts the inmate PREA education to the inmate population beginning at intake into the facility. The inmates receive the Inmate Rules and Information Handbook in which PREA information is available on the first page of the handbook. This information also covers the zero-tolerance policy, how to report, victim advocacy availability, suggestions on how to avoid abuse/harassment, and contact information for outside agencies that offer free services. Also, at intake into the facility, inmates are provided information through two brochures, Sexual Assault Awareness and The Prison Rape Elimination Act (PREA) and What You Need to Know About Your Sexual Safety. The brochures explain the agency's zero tolerance policy regarding sexual abuse and sexual harassment, what is sexual abuse/harassment, how to report incidents, confidentiality, counseling services availability at no cost, medical services provided at no cost, and how to avoid sexual abuse/harassment/assault. The brochures and handbooks are available in English, Spanish, and Braille. In each of the holding cells in the intake area, an information block is painted on the wall that informs the inmate how to report sexual abuse, the zero-tolerance statement, medical and counseling services are available, and the crisis hotline number. All inmates are provided the same orientation information upon entering the facility; whether they are a new intake, return, or a transfer. The Auditor observed an intake process. The inmate was provided the Inmate Rules and Information Handbook and a PREA brochure. The facility documents the inmate education on the inmate's custody card after the initial orientation is completed at intake. The inmate signs the

Classification sheet acknowledging they have received the PREA Brochure and the Inmate Rules and Information Handbook. During the audit period, 31,301 inmates were admitted to the facility and had received PREA information as noted on the PAQ. The two intake deputies interviewed stated all intakes are processed the same and every intake is considered new intake to capture any changes. They are provided the inmate handbook and PREA brochure, also the inmates can read the PREA information on the walls within the intake cells. The intake staff noted that the PREA information is provided to the inmate usually within 15-20 minutes, if busy within an hour, and always within 12 hours. Of the 33 random inmate interviews, 22 inmates stated they had not reviewed a handbook or any other PREA information during intake. The Auditor also interviewed five inmates in the intake cell that had completed the intake process; none of the inmates had handbooks or brochures. The facility was informed although the process in place to provide PREA orientation information to the inmates, the process was not being followed and inmates were not receiving the inmate handbook or PREA brochure. The facility provided refresher training with the intake staff and also mandated that the deputy turn on their AXON (body) cameras when giving the Rules and Regulations Inmate Handbook and PREA brochure to an inmate after completing the intake interview. This will allow the PREA Manager and PREA Coordinator to review the process to ensure compliance.

Policy 18.03 Inmate Orientation outlines 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 video will be shown 24- hours a day on channel 27 in ITR in English, Spanish, and include closed captioning. After the video is viewed, the ITR deputy/sheriff's technician will make legible entries on the "Orientation Video Shown" line of the inmates' custody cards. The entry will include the date and time viewed; employee signature, and badge number. This information is noted through a date stamp on the card. During the intake process, the Orientation Video is playing continuously which covers sexual abuse and sexual harassment prevention, reporting, and the zero-tolerance policy. The Auditor entered the holding cell and observed the video being played for five inmates. The majority of the interviews interviewed stated the PREA video was played during orientation.

The facility on the PRE-Audit Questionnaire indicated only 3.6% (1,126 out of 31,301) of the inmates had a length of stay longer than 30 days. The difference is a result of the inmates that are released or bonded prior to the thirty days. Those inmates receive comprehensive education through the PREA educational video played in the intake areas and in the housing unit where it is played weekly. The PREA Coordinator stated the PREA video is played in the housing units alternating Tuesdays and Thursdays weekly and documented in the housing unit logbook. The Sheriff Technicians interviewed during the tour stated the video showing is documented in the logbook when the education video was played in the housing unit. The Auditor reviewed the housing unit logbook and found documentation of the showing of the video weekly. The random inmates interviewed acknowledged receiving education on the same day as intake into the facility, they acknowledged the information is posted on the walls throughout the facility and a video is played during intake and in the housing unit. All inmates have received comprehensive education through the viewing the PREA video during orientation and weekly in the housing unit along with the postings in the housing units. After the on-site audit, the facility has also installed the American Jail Association PREA Inmate Education video on all the inmate tablets. The video is available in English, Spanish, and Hmong.

The facility provides inmate education in formats accessible to all inmates. This is accomplished through written handbooks, brochures, and posters; verbally through video and closed caption; and staff interaction. Information is provided in English and Spanish, American Sign Language, Braille, and other languages are available through the interpreter services. The agency has contracts with Language Line Services Inc. and Purple Communications to provide interpreter services. The facility also has a list of American Sign Language interpreters. The Santa Rita Jail has designated staff who provide interpreter services as needed. There is a list available of the staff and the languages spoken. The utilization of a staff interpreter is documented through the ADA Coordinator. During the intake process, inmates are identified when a disability exists and what accommodations are needed are determined. Policy 10.05 Housing Unit/Unit Post Order outlines that staff will assist inmates with disabilities and who may have difficulty reading or understanding their rights and protections under PREA as it relates to sexual abuse/harassment and retaliation. During the audit, eight (8) inmate interviews were conducted with limited English inmates/disabled inmates. Interviews were with three (3) Spanish speaking inmates through an interpreter, these inmates stated information was provided through postings on the walls and staff that speak Spanish. Two (2) of the inmates interviewed were hearing impaired; these inmates stated they saw the information on walls and a handbook that was provided. Two (2) of the inmates were legal blind, they stated they received information through listening to the PREA video. One (1) inmate interviewed had low cognitive skills, he stated he did not need assistance and was able to read and write. All the inmates interviewed acknowledged receiving PREA information and knew how

to report through telling staff, calling the *89 hotline, press intercom to housing control center, seek help from other inmates, and put in a request.

Through random inmate interviews and discussions with inmates on the facility tour, inmates acknowledged they have received PREA information upon arrival at the facility and reinforced daily through staff interaction and information posted in the housing areas. They were able to explain how to report an incident and were aware of the zero-tolerance policy. The intake staff during the interview indicated that the PREA information is provided to the inmate within an hour and always within 12 hours; usually immediate since the orientation video is continuous planning in the area and information is posted on the walls of the holding cells. The Auditor reviewed 14 inmate files and all inmates reviewed PREA orientation information the same day as intake. The comprehensive education was not documented in the inmate file.

Recommendation: Although the facility is providing comprehensive education to the inmate population through the video, handbook, and information posted on the walls, there is no documentation of the inmate participating in the comprehensive education. It is recommended that the facility develop a method to document the individual inmate's participation in the comprehensive education.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency policy, 14.03 PREA-Response to Sexual Assaults reflects all sworn staff receives training regarding the preliminary investigation of sexual assaults during the Basic Academy and investigators shall minimally receive training in Basic Investigations through a California Peace Officer Standards and Training (POST) 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. All sworn staff are peace officers California Deputy Sheriff's under 830.1 of the California Penal Code. The PREA Manager stated the peace officers have the ability to investigate and enforce all federal laws of the United States and all state laws in the State of California. During the academy, the peace officers are trained in first responders, interview and interrogation techniques, and basic investigations. Within their first year of employment after graduating from the academy, or within 30 days of transferring into the facility, the sworn deputies are to complete the NIC course PREA Investigating Sexual Abuse in a Confinement Setting. The specialized training curriculum includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The Sergeants are also required to complete the NIC PREA: Investigations Sexual Abuse in a Confinement Setting Advanced Investigations.

Although all sworn employees complete the NIC course PREA Investigating Sexual Abuse in a Confinement Setting, the agency has a specialized Special Victims Unit that has further specialized training for sexual abuse investigations. This unit consists of six detectives. This unit is led by a Sergeant who has completed a 40-hour course, Institute of Criminal Investigation Sexual Abuse Investigation through San Jose State University in cooperation with the Commission on Peace Officer Standards and Training (POST). The specialized training completed by the unit includes Criminal Investigation Core Course, Institute of Criminal Investigation Sexual Abuse, Child Abuse/Sexual Assault Advanced Investigation, NIC PREA: Investigations Sexual Abuse in a Confinement Setting, and NIC PREA: Investigations Sexual Abuse in a Confinement Setting Advanced Investigations. The SVU Sergeant stated all unit staff have completed the initial and advanced NIC Investigations Sexual Abuse in a Confinement Center. She indicated that the training covered all the required training elements of the standard. Training certificates and electronic training logs were provided for all the SVU staff. The specialty training was verified through the investigator interview and review of the training records.

The facility exceeds the standard with all sworn staff completing the NIC PREA: Investigations Sexual Abuse in a Confinement Setting and the extension specialized training of the SVU staff.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

The facility's healthcare services are provided through contract services. The facility has 246 healthcare contractors; 200 medical and 46 mental health. The medical staff are contractors through Wellpath, and mental health staff are contractors through the Alameda County Behavior Health Care Services. Policies B-21d PREA- Alameda County Behavior Health Care Services Criminal Justice Mental Health and Wellpath policy B04 Rape and Sexual Assault Detection and Prevention outlines specialized PREA training and continuing education for all medical and mental health staff. The medical staff received training through the annual civilian orientation training which includes the lesson plan PREA 1.23 and specialized training through the Wellpath policies and procedures and Wellpath PREA lesson plan. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with the medical staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The mental health staff had not completed specialized training at the time of the audit as documented in the training files and noted in the interviews. The facility resolved the issue through mandating all mental health staff complete the NIC PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The mental health staff completed the electronic course in September and copies of the training certificates were provided to the Auditor for compliance.

Policy 1.23 PREA outlines that all staff, contractors and volunteers who may have inmate contact, shall receive training in their responsibilities under Alameda County Sheriff's Office sexual abuse and harassment prevention, detection, reporting, and response policies. The PREA Coordinator and PREA Manager stated the agency provides all contractors with the same PREA training as staff. This training is conducted with the PREA 1.23 PowerPoint presentation during the orientation training and annually. The contractors receive a 40-hour orientation prior to assignments. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response. Contractors must sign a Consultant/Contract Personnel/Volunteer Agreement form that acknowledges they will abide by the Detention and Corrections policies, rules, and regulations which includes refraining from personal and social involvement with inmates and reporting all allegations of knowledge of sexual abuse, harassment, or any sexual misconduct involving inmates that take place within any Sheriff's Office facilities. Contractors also attend the facility's annual employee in-service training. The health care staff do not conduct forensic exams. All victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical healthcare with no cost to the inmate. The Highland Hospital's Sexual Abuse and Assault Response Team always has a team member available 24 hours a day, 7 days a week.

The facility and the health care department maintain training records for the medical and mental health staff demonstrating that specialized and general PREA training was conducted. The training is documented on training attendance log sheets and training certificates.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The screening process for the risk of victimization and abusiveness is outlined in policies 1.23 PREA; 12.01 Intake Classification; 11.40 Scope of Intake, Classification, and Medical Screening Procedures; and 12.03 Classification PREA Requirements. An intake assessment is conducted on all inmates during intake process at the facility; whether they are new intakes, returns, or transfers from other facilities. The two intake deputies interviewed stated all intakes are processed the same and every intake is considered new intake to capture any changes. The assessment is completed on the Classification Assessment Form with a Supplemental PREA Worksheet. The worksheet is a yes and no format with a section for notes. This assessment assists with determining an inmate's vulnerability or tendencies of acting out with sexually aggressive behavior. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored. The intake and classification staff are trained on how to perform the intake and classification forms for the risk assessments through a PowerPoint training, Classification Orientation. Upon review of the training lesson plan, all areas of the standard are covered on how to objectively identify and determine the risk for sexual victimization and abusiveness.

The Auditor had the intake staff that complete the intake and screening to explain the assessment process from the intake of the inmate into the facility to the completion of the risk screening process and housing placement. At the arrival to the facility, the intake staff completes the Classification Assessment Form with the Supplemental PREA Worksheet electronically. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the inmate; physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions against an adult or child; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. The forms are usually completed within hours of arrival at the facility. At the completion of the interview and assessment form, the inmate signs the form electronically. If the intake deputy identifies PREA risks, the information is forwarded to classification for review. The inmate is then assessed by medical. The medical screening also contains a PREA Screening Tool which also asks PREA assessment questions. If medical staff identify a risk, the information is referred to classification for further review and action. The intake staff stated the risk assessment is completed immediately, usually within an hour; a few hours if intake

is busy, however, always with twenty-four hours. The assessment is always completed prior to a housing assignment, which is made by the intake deputy unless there is a PREA concern or risk. If there a concern, the inmate is housed in administrative separation as a special housing placement until the classification staff completes a further assessment. If a risk is also identified or the inmate perceives risk, the deputy offers the inmate the opportunity to be housed in protective custody.

If the intake deputy or medical identifies a PREA concern or risk during the assessment process, the classification section is notified. The classification staff meets with the inmate to complete a further assessment. The classification staff determination whether the inmate's sexual abusiveness and/or sexual victimization risk is high/moderate/low based on the intake and Classification Report form information. The classification staff make the housing placement decision based on the risk level. Inmates that are identified as sexual abusiveness and/or sexual victimization are referred to medical and mental health. The policy, 12.01 Intake Classification, requires the face to face classification assessment to occur within 24 hours but no longer than 72 hours of arrival. The population deputy based on the classification assessment reviews and approves the classification assessment for housing placement.

The facility on the PRE-Audit Questionnaire indicated only 6.9% (2,145 of the 31,301 inmates entering the facility) of the inmates whose length of stay was over 72 hours were screened. The difference is a result of the inmates that are released or bonded within the 24-hour period. During the inmate interviews, most inmates indicated they remember being asked these questions on the day of their arrival and others indicated by the next day. The review of the 14 inmate files demonstrated that the initial assessment was completed on the same day as intake.

The classification staff reassesses the inmate's risks for victimization and abusiveness. Policy 12.02 Reclassification outlines the inmate will be reassessed any time a referral, request, incident of sexual abuse, or additional information which affects the inmate's risk of sexual victimization or abusiveness is received and any time an inmate is the victim of retaliation for reporting or cooperating in an investigation involving sexual abuse or harassment. Policy 12.03 Classification PREA Requirements addresses the reassessment of an inmate's risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization. Upon review of the inmate's files, the classification staff were not completing reassessments within 30 day of intake or when warranted by referral, request, and incident of sexual abuse. Inmate interviews also indicated they did not have a reassessment completed. The classification staff interviews noted they may review the paper file and the alleged abuser is always moved after an incident. Although the policies addressed the process, the practice was not in place. The facility addressed the deficiency by providing refresher training with the classification staff, completing the outstanding 30-day reassessments, and an improvement to the Jail Management System (JMS). The JMS improvement will track the names of the inmates in custody and provide an auto notification to Classification on the inmate's 21st day of incarceration. This process will notify Classification in time to complete the 30-day reassessment. Examples of the JMS notifications were provided to the Auditor to document the process. Also, examples of inmates' reassessments were provided, as well as, a summary sheet noting facility action/activities with the inmate including assessments and reassessments. The facility also revised the PREA Inmate Reassessment Form. The form notes the reassessment type; a 30 day or change in circumstances. The form covers all the questions on the initial assessment and a section of security related criteria to review. The security related criteria include any disciplinary issues, any grievances submitted, investigation/incident reports/ housing unit/classification changes, and other new or relevant information. The form is submitted to the PREA Compliance Manager/PREA Coordinator who reviews the assessment to determine final risk level.

The policy 12.01 Intake Classification states if, during the interview process, an inmate refuses to answer questions pertaining to any disability, their sexuality, past victimization or their own perception of vulnerability for abuse, they shall not be subject to the disciplinary process for failing or refusing to answer. Through the policy review and confirmed through staff interviews, inmates will not be disciplined for refusing to answer or disclosing information during the risk assessment process. The intake and classification staff stated they would make several attempts and encourage the inmate to answer the questions for their safety. If the inmate refuses to answer, the inmate would be placed in administrative separation until a risk assessment could be completed through other methods or with the inmate answering the questions.

The PREA Compliance Manager, PREA Coordinator, and classification staff confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other inmates. The inmate files are maintained in the Classification Department which is to remain locked at all times. Other than the classification staff, any other staff must have approval by the Classification Sergeant for information. The information requested

must be critical to the operation of the facility in order to be shared. A log is maintained by the Classification Department of any file or information that is shared from an inmate's file with the date, staff name, and the inmate name. The Classification Deputy is to advise the Classification Sergeant and/or Watch Commander if information is requested by a staff member. This process is outline in policy 12.05 Classification Records. The agency's philosophy regarding inmate information shared during interviews is "need to know, right to know." The Auditor observed the inmate's files secured in the Classification area.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

The agency's policies 12.01 Intake Classification and 12.05 Classification Records address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Policy 12.01 Intake Classification outlines 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 and after review of all pertinent information gathered, the classification deputy will select the appropriate housing location and this information will be transmitted to Records Department with any other pertinent information to be included on the custody card. Once the housing assignment has been determined, and medical screening completed, the inmate will be moved to that housing unit. Inmates identified as at risk for sexual victimization or with tendencies to act out with sexually aggressive behavior will be assessed by mental health personnel, classification staff, or other qualified individuals. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the classification staff and a shift commander to determine housing assignment. All special housing placement of the inmate will be noted on the custody card and the reason. During the site visit, the auditor observed the intake and medical staff completing the risk assessment process with an inmate during the intake process. The inmate was screened as no PREA status and the housing placement was main line minimum housing. The housing and program assignments are made on a case by case basis. The inmates indicated during interviews that the staff monitor them for safety considerations and general concerns. Through inmate and staff interviews, it was determined that the facility addresses the needs of the inmate consistent with the security and safety of the individual inmate with exception of transgender inmates.

The agency's policy 12.03 Classification PREA Requirements states that the housing and program assignments for transgender or intersex inmates in the facility will be made on a case-by-case basis. There were six identified transgender inmates during the audit, the Auditor interviewed all of them. During interviews with the transgender inmates, they indicated they all were placed in administrative separation housing. They were told this housing placement was for their safety. The Auditor reviewed all the transgender files. In the files, it was noted administrative placement for transgender for safety. The housing placement was not based on a case by case basis. One inmate refused protective custody and requested general housing and the classification note stated, "transgender inmate was placed in maximum administrative separation due to refusal to sign for protective custody and for personal safety." The classification staff interviewed stated all transgender inmates are considered special handling and are housed in administrative separation, maximum separation, or protective custody; they would never go to main line housing. An interview with one transgender inmate shared her frustration with the facility, she was identified as a female through state legal paperwork and was housed with male inmates even though she requested female housing. She also complained some staff do not use the proper pronouns, some just by forgetting and others on purpose. This occurred during the audit and created an incident where the inmate had to be removed from her cell to a watch cell due to self-harm as a result of an alleged allegation that a staff member was belittling her with the wrong pronoun after she asked him again to use proper pronouns. The inmate was able to be calmed down by mental health staff and moved to the mental health housing unit for observation for her safety. Another transgender inmate noted she did not disclose at intake and was placed in general population housing and when she disclosed being transgender, she was moved to administrative separation. The concerns of the transgender inmates were shared in a meeting with the Facility Commanding Officer, PREA Coordinator, PREA Compliance Manager, classification and the legal department on the phone. It was shared that housing placement can not be determined only by anatomy or gender at birth alone. The facility reviewed their policy and procedures and practice of the classification department. A training email was sent to the classification staff outlining the process of classifying inmates to administrative separation for victimization or safety. If the inmate is determined to be at risk and placed in administrative separation, the deputy is to check PRV-AD-SEP flag that activates the review process to be completed in 24 hours. Upon the 24-hour review or the 72-hour review, classification will make a final conclusion of the proper classification which will not be based on anatomy alone. The PREA Compliance Manager reviewed the transgender inmates' classification files further after the audit, she was able to provide justification for the administrative separation placement that was not noted in the documentation shared with the Auditor. In the review she found one of the inmates was classified to administrative separation due to in-custody history of assaults; one inmate had been classified as a medium security mental inmate and refused protective custody, the inmate was moved to administrative separation after two fights with other inmates; one inmate stated she would not be comfortable being around other inmates and was placed in administrative separation for safety after refusing to answer protective custody determination questions; and the other inmates were placed in administrative custody

pending suitability for protective custody. The PREA Coordinator, PREA Manager, and Classification Sergeant stated they felt classifications are determined correctly however, the classification staff are not sufficiently noting the reasons in the classification file. The PREA Coordinator, PREA Manager, and Classification Sergeant will be monitoring the classifications of transgender inmates to ensure proper housing determinations are made based on the inmate's safety and facility security concerns. Through discussion with the PREA Compliance Manager and PREA Coordinator and the document provided to demonstrate the practice, the Auditor determined the facility has addressed the issue and achieved compliance.

The policy 12.02 Reclassification states inmates designated as intersex or transgender shall be reviewed twice yearly, regardless of requests for review for the purpose to ensure the inmate's health and safety, ensure facility security, and avoid inmate management issues. The classification staff interviewed stated assessments are conducted more than twice a year, when housed in administrative segregation inmate reviews occur every seven days for the first thirty days and then every 30 days thereafter. The PREA Manager and the Classification staff confirmed during the interviews that a special population review would be conducted with each transgender inmate if housed for any length of time that allows a reassessment. Only one transgender inmate had been housed at the facility over six months, the reassessment had not been completed per interview with the inmate and review of the inmate's file. The reassessment process is corrected through the auto notification to classification that a reassessment is due. Also, the classification staff received refresher training and understands that all reassessments must be documented.

During interviews with the transgender inmates, they indicated they had the opportunity to shower separately through single stall showers with half door partitions. One transgender inmate noted that other inmates could still see over the hall wall partition, especially if the inmate had breast augmentation. When this was shared with the PREA Compliance Manager and PREA Coordinator, the facility addressed the concern with updating policy 15.03 Inmate Hygiene to provide further considerations for privacy. Language was added to the policy stating "Transgender inmates will be offered the option to shower separately from all other inmates, i.e., outside of inmate recreation times. The Sheriff Technician will note the offer in the Housing Control Redbook." The policy was provided to all staff electronically through DMS. The staff had to review and sign acknowledgement of the policy review. The PREA Manager also discussed the change in shower operations with the transgender inmates and solicited their feedback. The PREA Compliance Manager stated positive comments were received from the transgender inmates.

The policy 1.23 PREA states inmates who identify as lesbian, gay, bisexual, transgender, or intersex shall not be housed in a dedicated unit based solely on such designation. During interviews with the transgender inmates, they indicated they were not housed in dedicated housing areas. The agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. Through the interviews with the transgender inmates, and housing unit rosters it was verified they were housed in various housing areas within the facility. It was shared with the Facility Commanding Officer, PREA Coordinator, and Compliance Manager that if the practice continues of housing all transgender inmates in administrative separation, it may be considered as a dedicated unit and would be out of compliance.

Recommendation: The Classification Sergeant, PREA Compliance Manager, and PREA Coordinator need to conduct spot checks of the classification files to ensure that housing placements are not based solely on anatomy, transgenders are not housed in administrative separation as a practice, and reassessments are conducted in the appropriate time period.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

The facility's policy 12.03 Classification PREA Requirements, 9.02 Administrative Separation, and 9.03 Protective Custody Inmates/Gang Drop-Out Inmates prohibit the placement of inmates at high risk for sexual victimization in the 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. Policy 9.03 outlines if the involuntary placement in administrative separation housing is related to the inmate's risk for sexual victimization, classification will perform a review within 24 hours of the placement to determine if an assessment of all available alternatives has been made and if there are no available alternative means of separation from likely abusers. The Facility Commanding Officer indicated during the interview that classification would look at all available housing options before placement in involuntary administrative separation and for the minimum amount of time needed before another housing plan could be established. A review would be completed by classification within 24 hours and every seven days as long as the inmates is housed in involuntary administrative separation. He also indicated the facility had not placed any inmate in involuntary segregation this audit period. The Pre-Questionnaire and during interviews, the facility indicated there were no placements of inmates in involuntary segregated housing.

Policy 9.03 Protective Custody states inmates requesting/requiring protection from other inmates may be placed in protective custody and will be allowed to participate in as many programs afforded the general population as possible, providing it does not impose a threat to the security of the facility. Policy 9.02 Administrative Separation states inmates will continue to have access to programs and services including, but not limited to; educational services, commissary, library services, social services, counseling services, religious guidance, and recreational programs, as long as access to these programs does not pose a threat to the health, safety, security of staff or to the facility. Any deprivation of any right, privilege, and/or activity is to be documented and forwarded to the Facility Commanding Officer, via appropriate channels. Policy 12.03 states inmates housed 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, it will be documented in the classification file the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. The staff member interviewed who supervises inmates in segregated housing stated the inmates would have accessibility to religious services, commissary, recreation, visiting, and teachers would come to the housing unit to provide education resources. He also stated any restrictions would be documented including the length of time, reason why, and the restriction.

If an inmate would be placed in involuntary administrative separation, the inmate would have a review conducted every seven days for the first two months then at least every thirty days thereafter per policies 9.02 and 12.03. Classification will document an assessment of all current available alternatives has been made and there were no available alternative means of separation from likely abusers. The staff member interviewed who supervises inmates in segregated housing stated the classification unit determines housing reviews and housing based on behavior issues. The first review would occur within 24 hours and then every 7 days for the first 2 months and then every

30 days. The policy 12.03 also states involuntary housing in administrative separation due to risk of sexual victimization shall be minimized and every effort shall be made not to exceed 30 days.

The facility's policy 12.03 Classification PREA Requirements states that the housing and program assignments for transgender or intersex inmates in the facility will be made on a case-by-case basis. There were six identified transgender inmates during the audit, the Auditor interviewed all of them. During interviews with the transgender inmates, they indicated they all were placed in administrative separation housing. They were told this housing placement was for their safety. Some accepted the protective custody when offered at intake. All the transgender inmates classified to administrative separation had accessibility to programs and privileges. The staff member who supervises inmates in administrative separation stated transgender inmates are placed in protective custody or administrative separation for their best interest and safety. The Auditor discussed with the Facility Commanding Officer, PREA Coordinator, PREA Compliance Manager, and classification that housing placement of transgender inmates into administrative separation as a practice because of identifying as transgender is not an acceptable housing classification. The facility reviewed their policy and procedures and practice of the classification department. A training email was sent to the classification staff outlining the process of classifying inmates to administrative separation for victimization or safety. If the inmate is determined to be at risk and placed in administrative separation, the deputy is to check PRV-AD-SEP flag that activates the review process to be completed in 24 hours. Upon the 24-hour review or the 72-hour review, classification will make a final conclusion of the proper classification which will not be based on anatomy alone. The PREA Compliance Manager reviewed the transgender inmates' classification files further after the audit, she was able to provide justification for the administrative separation placement that was not noted in the documentation shared with the Auditor. In the review, she found one of the inmates was classified to administrative separation due to in-custody history of assaults; one inmate had been classified as a medium security mental inmate and refused protective custody, the inmate was moved to administrative separation after two fights with other inmates; one inmate stated she would not be comfortable being around other inmates and was placed in administrative separation for safety after refusing to answer protective custody determination questions; and the other inmates were placed in administrative custody pending suitability for protective custody. From the additional information provided by the PREA Compliance Manager, the Auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate. The PREA Coordinator, PREA Manager, and Classification Sergeant stated they felt classifications are determined correctly however, the classification staff are not sufficiently noting the reasons in the classification file. The PREA Coordinator, PREA Manager, and Classification Sergeant will be monitoring the classifications of transgender inmates to ensure proper housing determinations are made based on the inmate's safety and facility security concerns. Through discussion with the PREA Compliance Manager and PREA Coordinator and the document provided to demonstrate the practice, the Auditor determined the facility has addressed the issue and achieved compliance.

The Auditor identified during the audit the policy stated that a review will occur within 72 hours which does not meet standard language of 24 hours. The facility updated their policy to 24 hours to match their practice and the standard.

Recommendation: The Classification Sergeant, PREA Compliance Manager, and PREA Coordinator need to conduct spot checks of the classification files to ensure that transgenders are not housed in administrative separation as a practice and justification for administrative separation is documented and appropriate.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

The facility has established procedures allowing for multiple internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with inmates at intake, during orientation, in the PREA brochure, in the handbook, and on posters throughout the facility. Inmates can report verbally and in writing to staff, write the staff through a message request, report through the grievance system, utilize third party reporting, send an anonymous note, and call the hotline. The agency starts informing the inmate

of the number of ways to report sexual abuse and sexual harassment beginning at intake. In the intake area, painted on all the walls of the holding cells, it states "if you become a victim or suspect abuse is taking place, notify any staff member immediately! All calls are confidential. Medical and counseling services are available. You may also call the crisis hotline by dialing *89 on any inmate telephone." This information is also provided in the handbook and PREA brochure they receive during the intake process. And the information is shared in the educational PREA orientation video that is played continuously in the intake area. Inmates are able to maintain the handbook and brochure when placed in their housing unit as an informational reference tool. The housing unit also plays the educational PREA video weekly containing reporting information and the same reporting information is painted on the walls above the phones as it is in the intake area. Policies 1.23 PREA and 13.07 Sexual Assaults in Custody support these procedures. These reporting systems were demonstrated through review of policies and procedures, inmate handbook, posters throughout the facility, and interviews with inmates and staff. The inmates were knowledgeable on how to report and pointed out that the information is painted on the walls everywhere in the facility. The inmates stated they could report through telling a staff member, calling #89 the crisis hotline, place message request in the black box, by submitting a grievance, telling another inmate, submitting a medical slip, and telling a family member or friend. The six inmates interviewed that reported sexual abuse all stated they reported to a staff member. Of the 100 reported PREA allegations, 19 were reported through Tri-Valley Haven, 4 through medical, 3 through mental health, 31 through grievances, and the rest were self-reported through verbally or writing a staff member.

The facility has a hotline available to the inmates to report sexual abuse by dialing *89. The hotline information is painted on the walls above all the phone stations including that the calls are confidential and not subject to monitoring. The calls go directly to an outside agency, Tri-Valley Haven rape crisis center. During the interview with the Tri-Valley Haven representative, she indicated the hotline is contacted regularly; however, most of it is about other services or facility complaints. She also stated the crisis hotline is available 24-hours and receives about 5-10 calls a day, mostly in the evening hours. These reports may be made confidentially and remain anonymous upon request. The agency immediately forwards any reports of sexual abuse and sexual harassment to facility officials for investigation. The agency will forward to the facility information regarding the allegation and the inmate's name unless the victim has requested to stay anonymous. The Auditor tested the hotline within two housing units following the directions on the wall, connection was made with the rape crisis center. The inmates can also contact Inmate Social Services by calling #211 and Highland Hospital Sexual Assault Hotline collect on any inmate telephone. Some of the inmates interviewed stated they were aware of the hotline; however, they did not believe the calls would be confidential or go to an outside agency. The facility provides all possible education to the inmates on the hotline being confidential and that it is an outside agency.

During the formal inmate interviews and informal inmate interviews during the tour, most inmates indicated they felt comfortable reporting sexual abuse or sexual harassment to staff. They also were able to identify other options available to them for reporting. Also, during the informal interviews with inmates while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to the housing unit deputy, medical, or a shift supervisor. The inmates would point out to the Auditor the reporting information on the housing unit walls.

Staff were also knowledgeable on the multiple-ways inmates could report including telling a staff member, grievance, calling the hotline, message request, telling a cellmate, report to Sheriff Technician through intercom, report to family/friend, and write staff. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse. The staff stated they would report immediately to their supervisor and follow-up with a written report. The staff also stated they could report privately sexual abuse or harassment of inmates by contacting internal affairs, PREA Coordinator, Assistant Sheriff, online through the Sheriff's website, a supervisor within the Sheriff's Office outside the jail command; and calling the hotline number. The facility staff, sworn and non-sworn, were knowledgeable on their responsibility in the reporting process. Failure of any Sheriff's Office employee, contractor or volunteer to report these allegations may result in disciplinary action up to and including termination. Reporting information is also provided to staff through training, policies, and located on the informational pocket card provided to the staff member.

The reporting requirements and process is supported by policies 1.23 PREA and 13.07 Sexual Assaults in Custody. The process is also available in the PREA Brochure Sexual Assault Awareness and on the agency's website www.alamedacountysheriffs.org. The agency does not house inmates solely for immigration purposes.

The facility exceeds the standard by the numerous methods provided to inmates to report including two hotlines to an outside agencies and by calling Inmate Social Services at #211. And the many methods the information is provided to inmates on a continuous basis; the PREA video, reporting information on walls, handbook, pamphlet.

and through staff. The facility also provides each staff member with an informational card that outlines reporting responsibilities.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

The facility's policy 16.03 Inmate Grievance Procedure addresses administrative procedures for inmate grievances regarding sexual abuse and the facility's policies and procedures for filing emergency grievances when an inmate is subject to a substantial risk of imminent sexual abuse. Grievances alleging sexual abuse are handled as emergency grievances. The agency does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an inmate to use an informal grievance process or otherwise to attempt to resolve with staff; supported by policies 1.23 PREA and 16.03 Inmate Grievance Procedure. The policies also indicate that a grievance alleging sexual abuse or harassment under no circumstances shall be resolved informally. The inmate handbook also outlines this process under the PREA section.

The inmate submits the grievance to any deputy or may choose to submit via the grievance mailbox located in the housing unit. Policy 16.03 states deputies are not to attempt to resolve emergency grievances. When a staff member receives an emergency grievance, they are to immediately take action to ensure the inmate is not in immediate danger and forward the grievance to a level of review at which immediate corrective action may be taken. Grievances submitted through the grievance box are collected by the sergeant on each shift for review. Grievances that are designated emergency grievances are also referred to a level of review at which immediate corrective action may be taken. For incidents involving other inmates, the staff member assigned the grievance will conduct an initial investigation. Allegations regarding staff are forwarded immediately to the watch commander for investigation.

Inmates are not required to submit sexual abuse grievances to the staff member who may be the subject of the complaint. If it is against the deputy who receives it, the watch sergeant is notified immediately who will notify the watch commander and begin an investigation. An investigation begins immediately, and the classification unit is contacted for reclassification of the inmate. If the grievance involves a staff member, the staff member who is the subject of the investigation will be reassigned to a different housing unit until the investigation is completed.

All grievances pertaining to sexual assault deemed emergency grievances must have an initial response within 48 hours and a final decision issued within 5 calendar days. If the grievance is determined unfounded, a memorandum of all findings as well as any other information is attached to the grievance packet and forwarded to the grievance unit. The final grievance packet is forward to the PREA Coordinator. Grievances of sexual harassment or sexual abuse where an inmate is not in substantial risk of sexual abuse, the grievance is to 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 if the normal time period of 90 days is insufficient to make an appropriate decision. Extensions may be granted for good cause if the circumstances indicate additional investigation time is necessary to make an appropriate decision. The PREA Compliance Manager will notify the inmate in writing of any such extensions and provide a date by which a decision will be made. 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 per policy. Of the 31 grievances, 10 were alleged sexual abuse and 21 sexual harassment. There were no grievances alleging the substantial risk of imminent sexual abuse. From a review of the grievance log, all grievances had an initial response to the grievance unit within the five days; there were 16 grievances that required extensions. However, only one exceeded the 70 days, it was completed on the 90th day. The final decisions were all completed within 90 days with the average length of time of 24 days. The inmates signed for the final decisions.

The policy 16.03 Inmate Grievance Procedure addresses the third-party assistance in filing requests for administrative remedies of sexual abuse and permit to file such requests on behalf of inmates. A third-party grievance for sexual abuse received will be processed as an emergency grievance. The alleged inmate will be given an opportunity to agree or disagree with the allegation and to have the request processed on the inmate's behalf. If the inmate refuses to have the grievance filed on their behalf, it must be documented in a memorandum and forwarded to the PREA Coordinator. There were no third-party grievances filed.

The policy 16.03 Inmate Grievance Procedure states 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 must be fully documented in a disciplinary or criminal report. The facility had no disciplinary actions against an inmate for having filed a grievance in bad faith.

During the random interview process, inmates indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff including the housing deputy or a shift commander. They indicated they could report through the grievance process. During the informal interviews with inmates during the facility tour, the inmates indicated they knew the reporting methods: telling a staff member, writing a grievance, writing a message request, calling the hotline, and/or contacting their family, lawyer, or friend.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

The facility's policy 1.23 PREA, PREA Brochure, and Inmate Rules and Information Handbook outlines the inmates will be provided access to victim advocates for emotional support services related to sexual abuse by access to victim advocates, giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, and the extent to which communications will be monitored. Within the handbook phone numbers and addresses contact information is provided for four agencies that would provide emotional support services; Asian Community Mental Health Services, Bay Area Women Against Rape, West Oakland Health Center, and Tri-Valley Haven. The brochure lists four agencies for support services; Highland Hospital Sexual Assault Hotline, Bay Area Woman Against Rape, Tri-Valley Haven, and Eden I&R. The brochure and handbook provide direction for the hotline, *89, which goes directly into Tri-Valley local rape crisis center staffed by trained counselors. The handbook, PREA Brochure, and the information posted in the units inform the inmates the calls to *89 are not monitored or recorded and are completely confidential. It also states that all calls and meetings with rape crisis counselors are confidential and not recorded in any manner.

Policy 13.07 Sexual Assaults in Custody outline 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 and 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. A victim advocate will be provided to the inmate upon request to provide emotional support through the forensic medical examination and investigation interviews. These services are provided through the Tri-Valley Haven. The agency has a memorandum of understanding (MOU) with Tri-Valley Haven for victim advocacy services. Tri-Valley Haven provides a 24-hour crisis line; SARRT/hospital accompaniment for victims; follow-up appointments for counseling; on-site crisis counseling; classes or group counseling in topics of Domestic Violence and/or Sexual Abuse; and resources and referrals to incarcerated survivors of sexual abuse. The Auditor interviewed the Lead Sexual Assault Advocate from the Tri-Valley Haven service agency. During the interview with the Tri-Valley Haven representative, she indicated the hotline is contacted regularly; however, most are about other services or facility complaints. She stated the crisis hotline is available 24-hours and receives about 5-10 calls a day, mostly in the evening hours. The agency staff explains to the inmates the purpose of the hotline is to report or provide counseling regarding sexual abuse. The agency has eight staff trained for the sexual assault team with two of the staff assigned to the jail. There is a crisis counselor staff member at the facility every day. The agency provides group and individual counseling in person and through the crisis line. The agency schedules a visit with the inmate within a week of call to meet individually for a crisis counseling session. Further visits are scheduled as needed. The inmate may be referred to one of counseling groups held within the facility. The agency also provides two art therapy groups each week. The referrals come from the hotline calls, through the facility mental health department, through facility staff, and the hospital. The agency currently has a caseload of 20-30 inmates. She also noted if an inmate reports through the hotline, the crisis counselor would refer the allegation report to the watch commander by phone immediately and follow any other reporting requirements through the agency. The victim advocacy services include being at the hospital with the inmate through the forensic process and follow-up counseling and supporting the victim through court proceeding for emotional support. She noted the agency accompanied three inmates through the forensic exam process and offered follow-up counseling this past year. The agency also provides Trauma Informed Practice training to jail staff five times this year. She expanded that the agency and jail have a strong working relationship and look at expanding more programming in the facility. The information for the hotline is a toll-free number and a confidential line as noted on the poster. The contact information is also provided to the Inmate Handbook. The Auditor tested the hotline within two housing units following the directions on the wall, connection was made with the rape crisis center.

The majority of inmates interviewed indicated they were not aware of the outside support services. The female inmates were more knowledgeable of the emotional support services provided. However, the facility provides this

information in multiple ways to the inmates; during the educations process, in the handbook, in the PREA brochure, and on posters within the facility. The facility is providing this information to the inmates in all possible ways. Five of the six inmates interviewed who reported sexual abuse indicated the facility provided the inmate with information for emotional support services. Four inmates refused the support and one inmate received emotional support services. Of these interviews, they indicated staff responded, they were taken to medical, and referred to mental health. They were aware they could contact victim advocate services by calling *89 from the housing unit phone.

The facility exceeds the standard with the MOU with Tri-Valley Haven and other resources available through Asian Community Mental Health Services, Bay Area Women Against Rape, West Oakland Health Center, Highland Hospital Sexual Assault Hotline, and Eden I&R. The partnership with the facility and Tri-Valley shows the commitment for service to the inmates with Tri-Valley staff working at the facility on a daily basis. The advocacy agency also provides weekly support groups and art therapy within the facility. Tri-Valley also provides training to facility staff.

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*)

The facility's policy 1.23 establishes guidelines and procedures for responding to third-party complaints or inquires reported directly to a staff member or through the agency's website. Third-party reporting will be accepted and documented by any staff member. The information will be provided to the watch command, and the investigation will begin immediately. The Alameda County Sheriff's Office website, www.alamedacountysheriff.org, provides a link as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault to the agency. Reporting through the link may be made anonymously. The PREA Compliance Manager and PREA Coordinator are the staff that receive the responses from the link. They forward to the appropriate area for investigation, if warranted. Third party reporting information is shared through the agency's website, posters, inmate handbook, and brochure. There were no allegations made through third-party reporting.

During the formal inmate interviews and informal inmate interviews during the tour, inmates were able to identify the hotline, lawyer, family, other inmates, and friends as methods for third party reporting. Staff were also able to identify these reporting methods during their interviews. These reporting systems were outlined through review of policies and procedures, inmate handbook, and posters throughout the facility.

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*)

The agency's policies 1.23 PREA, 13.07 Sexual Assaults in Custody, and Training Bulletin 16-20 requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; 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. Policy 1.23 states when a staff member suspects the sexual assault, harassment, abuse, or substantiated risk of imminent sexual abuse of an inmate, the staff member shall take immediate action to protect the inmate and notify a supervisor. Policies 13.07 and 1.23 states all staff members, including contractors, volunteers, and civilian employees shall be required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred. Furthermore, all staff shall report immediately any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported such an incident any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Staff acknowledged through interviews that they would report immediately to a supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment and document through a written report.

Facility's policies 1.23 and 13.07 states part from reporting an alleged incident to the supervisor, staff shall not reveal any information related to a sexual abuse report, to anyone other than to the extent necessary in making treatment, investigation, and other security/management decisions. This is covered in the annual in-service training, pre-service orientation training, academy training, and muster briefings for all staff. Staff interviewed shared that information would only be shared with staff members and investigators as needed.

The facility policies 1.23 and 13.07, Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health Policy and Procedure (AFBH) B-21.d Prison Rape Elimination Act (PREA), and CFMG/CMGC Adult Corrections Policy and Procedure Manual policy B04 Rape and Sexual Assault Detention and Prevention addresses the medical and mental health staff reporting requirements for sexual abuse and harassment. Policy B04 states at the initiation of services with medical and mental health providers, the inmate will be informed of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. Medical and mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault/abuse occurred in the community setting previously, the staff may only report to security if the inmate provides consent. This information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, bed, work, education, and program assignments; or as otherwise required by Federal, State, or local law. The health care staff interviewed stated inmates are informed of the duty to report and the limitations to report. They stated that each inmate is informed and must sign a consent form. If an allegation was reported to them, they would report to the watch commander immediately.

The facility policy 1.23 states if the alleged victim is considered an elder or dependent adult as defined by the Welfare and Institutions Codes 1610.27 and 15610.23(a), the agency shall report the allegation to the Adult Protective Services. Prior to the end of shift, the supervisor receiving the report will complete the Depending Adult/Elder Abuse form and make all the time sensitive notifications. The Facility Commanding Officer stated if the inmate is mentally ill, vulnerable adult, or elderly, the facility will notify Adult Protective Services. The investigation will continue as any investigation. The policy 1.23 PREA states if the alleged victim is under the age of 18 or considered an elder or dependent adult, the agency shall report the allegations to the Alameda County Adult Protective Services. The Facility Commanding Officer and PREA Coordinator indicated there was not elder or dependent inmates involved in a sexual abuse or harassment allegation or incident.

Per policies 1.23 and 13.07, all allegations are investigated, including third-party and anonymous reports. The investigations are completed by specialized trained investigators and if the allegation involves staff or criminal in nature, SVU investigators complete the investigation. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of inmates including third-party and anonymous reports. Staff acknowledged through interviews that they would report immediately any allegations and document them through a written report. They identified the SVU investigators and internal affairs as the offices they could contact privately by phone or in writing, and anonymously. To report an allegation. The staff can also report through the link on the agency's website. This information is also provided to staff through training, facility policies, and located on the informational pocket card provided to the employee.

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*)

The facility's policies 1.23 PREA, 13.07 Sexual Assaults in Custody, and 16.05 Protection from Harm requires staff to take immediate action to protect any inmate subject to substantial risk of sexual abuse. Policy 16.05 states 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 of property. All staff interviewed knew the steps to take to protect an inmate at risk for sexual abuse; to immediately separate the inmate from the area to keep the inmate safe and contact the supervisor. When a staff member receives an allegation, they are to immediately take action to ensure the inmate is not in immediate danger and forward the allegation for investigation. Housing unit and supervisory staff work simultaneous to take protective measures as information is reported. Four interviews were conducted with first responders, three sworn and one non-sworn staff, they outlined the process taken to ensure the safety of the inmate. The sworn staff stated they separated the victim from the area to a safe location, usually the watch cell in the hallway. The alleged abuser is removed from the housing unit. The non-sworn staff member stated a volunteer reported to the deputy after the inmate disclosed to the volunteer. The same process for separation was taken. The Division Commander and Facility Commanding Officer stated an inmate would be separated to a safe place and an investigation would be started. The investigation process sets the course of action to be taken. The inmate would be offered protective custody. The PREA Compliance Manager and PREA Coordinator indicated that the inmate would be removed from the environment and classification unit would determine the safe housing options for the inmates while the investigation was occurring. The inmate would be monitored through the classification unit and PREA Coordinator and/or PREA Compliance Manager. This information is also provided to staff through training, facility policies, and located on the informational pocket card provided to the employee.

The facility noted that 28 times the facility determined that an inmate was subject to a substantiated risk of imminent sexual abuse per PAQ; these were identified through the intake classification interview prior to the inmate assigned

to a housing unit.

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*)

The facility's policy 1.23 PREA states upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Facility Commanding Officer at the facility where the inmate is housed shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The agency's policy 12.01 Intake Classification outlines if during the intake interview, an inmate reveals he/she was a victim of a sexual assault at another facility, the Classification Deputy shall immediately contact that agency to ascertain if the claim has been investigated; 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. The report will be forwarded to the appropriate investigating agency and notification made to the Facility Commanding Officer via memorandum of the findings. The Facility Commanding Officer shall notify the outside agency's Facility Commanding Officer, in writing, of the report within 72 hours of receiving the report. The notification is completed through a form letter identifying the inmate and the report number. A copy of the memorandum, report, and letter to outside agency shall be forwarded to the PREA Compliance Manager at the facility, as well as, the PREA Coordinator. Policy 12.05 Classification Records directs the classification staff that if an inmate is being transferred into Santa Rita from another agency, and reports he/she was the victim of a sexual assault or harassment while in

the custody of another agency, the deputy receiving the inmate file shall write an incident report and prepare the notification letter for the Captain's signature. This process was confirmed through the interviews with the Facility Commanding Officer, PREA Manager, PREA Coordinator, Investigator, and the Division Commander. The Division Commander stated the PREA Coordinator would be the point of contact for the agencies. The Division Commander stated the facility would notify the other agency and start a facility investigation. The Facility Commanding Officer stated any allegation reported to the facility would be investigated.

The interviews also confirmed that if an allegation was reported to Santa Rita from another facility; the investigation would be investigated. The facility policy 1.23 states the agency shall ensure that any allegation received from an outside agency/facility is investigated in accordance with PREA standards. The Division Commander noted that San Francisco contacted the facility regarding an allegation reported at one of their facilities. The investigation was completed by the facility. The Facility Commanding Officer stated the facility received one notification of an alleged incident. The allegation was investigated without information from the alleged victim. The alleged victim had been released from the other facility with no contact information. This was documented in the investigation when reviewed by the Auditor. The Auditor observed the intake process for an inmate, when the intake deputy was asked the protocol if an inmate reports sexual abuse at another facility, the staff member stated it would be reported to the supervisor. He stated the supervisor would contact the identified agency to determine if an investigation had been completed on the allegation. This information would be forwarded to the Facility Commanding Officer and recorded in the notes section of the classification report.

In the audit period, there were no allegations received that an inmate was abused while confined at another facility. There was one allegation reported to the facility that was reported at another agency. The facility completed an investigation.

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*)

The agency's policies 13.07 Sexual Assaults in Custody and 1.23 PREA requires that staff when a staff member suspects the sexual abuse, harassment, abuse, or substantial risk of imminent sexual abuse of an inmate, the staff member shall take immediate action to protect the inmate and notify a supervisor. The staff member responding to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; request the alleged victim and alleged abuser to take no action to destroy evidence. The policy also outlines that staff are to notify the immediate supervisor or shift commander. Policy 1.23 states civilian staff members, contractors, volunteers, and civilian employees that receive a report of a suspected sexual abuse, shall be required to request the alleged victim not to take any actions that could destroy evidence, and then notify security staff. The first responder responsibilities to separate the alleged victim and abuser, instruct not to take any actions that could destroy physical evidence, and ensure the crime scene is secure is covered in the academy, pre-service orientation training, annual in-service training, and during muster briefings. Each staff member is provided an informational pocket card identifying the steps to take as a first responder and the reporting requirements.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; request the alleged victim and alleged abuser to take no action to destroy evidence, contact the supervisor, and notify medical. The four first responders interviewed outlined the process taken to ensure the safety of the inmate; separated the inmate from the area and notified the security supervisor.

In the audit period, 24 sexual abuse allegations the security staff were the first responders and separated the inmates. Within those 24 allegations, 10 were within the period that allowed the collection of evidence.

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*)

The agency's policy 13.07 Sexual Assaults in Custody and the Alameda County Sheriff's Office Santa Rita Jail Institutional Plan for Response to Sexual Abuse outlines the facility process for a reported allegation. The procedures provide a systemic notification and response following a reported sexual abuse incident. The written Santa Rita Jail Institutional Plan for Response to Sexual Abuse outlines the coordinating actions taken in response to an incident of sexual abuse among deputies; investigators; non-sworn, civilian staff and volunteers; medical and mental health services; advocacy agencies; and management. Interviews with the Division Commander, Facility Commanding Officer, PREA Compliance Manager, and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response. The Facility Commanding Officer stated the response to a sexual abuse incident is a partnership among first responders, victim advocacy, hospitals, investigators, medical, mental health, and other departments as needed. The coordinated response was apparent in the review of the investigation files.

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*)

The Alameda's County Sheriff's Office has Memorandums of Understanding agreements with the Deputy Sheriffs' Association (June 24, 2012 – June 13, 2020) and the Service Employees International Union (December 21, 2015 – December 14, 2019). A memo to file from the PREA Manager states there is no language in the Memorandums of Understanding for the Deputy Sheriffs' Association and the Service Employees International Union that limits the ability of the Alameda County Sheriff's Office to remove or discipline alleged staff sexual abusers. There is no language in the agreements that limit the Sheriff's ability to remove or discipline staff charged with sexual abuse or harassment. The Division Commander indicated the agreements allow the agency to remove alleged staff sexual

abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted. The incident would be investigated and based on the outcome of the investigation discipline process can be implemented. Based on the outcome of the investigation, the staff involved in the incident would be disciplined including up to termination.

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*)

The facility's policy 1.23 PREA states the agency shall protect all inmates and staff members who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other inmates or staff, and shall require the PREA Manager to monitor for signs of retaliation. Facility staff are informed that retaliation should not occur through the Standards of Performance and PREA training. They are also informed they should be free from retaliation for reporting an allegation. Inmates are informed they should be free from retaliation through education, inmate handbook, and the PREA video. Inmates during the interviews knew they should be free from retaliation.

Policy 12.03 Classification PREA Requirements outlines 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 or staff member. The PREA Manager stated she would monitor the inmate or staff; the process would begin with an initial

meeting with the inmate or staff member to discuss the monitoring process. The reviews would be conducted of the inmate's file to review for housing unit changes, disciplinary, and any loss of privileges. The monitoring contacts would be made within every 30 days for at least 90 days. The policy 1.23 states the PREA Manager shall continue monitoring beyond 90 days if the initial monitoring indicates continuing need. The interviews with the six inmates that reported sexual abuse stated they were not monitored. The PREA Manager and PREA Coordinator shared that monitoring has not been occurring.

The policy also outlines the agency shall employ multiple protective measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff members or inmate abusers from contact with victims, and emotional support services for inmates who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Division Commander and Facility Commanding Officer stated the facility would take protective measures of separating the staff member from the inmate during the investigation and if another is involved, the inmate would be separated in different housing unit. The PREA Manager stated if retaliation is suspected, protective measures would include housing change, make a referral to Tri-Valley for emotional support, and contact classification to place a keep separate on the individuals.

The policies state any indications of retaliation shall be acted upon immediately, with the inmate's safety as a priority. Protective measures shall include; but are not limited to; housing unit change for victim or suspect, assignment of Keep Separate (KSF) in classification detail, and emotional support services for the victim. Indicators of possible problems include disciplinary reports, housing or cell changes, and program changes. Different measures to protect the staff may include different job position, shift, and/or work hours while the investigation of retaliation is in progress. Once the monitoring is completed, the final monitoring documentation is placed in the investigation packet maintained in PREA Coordinator's office. The PREA Manager monitors all reports of possible retaliation. If an incident is reported of retaliation, the incident would be investigated. The Facility Commanding Officer stated if staff is involved, the staff member would be removed and placed on administrative leave during the investigation. If it is another inmate, the inmate would be placed in protective custody during the investigation. If the incident is retaliation of staff on staff, the internal affairs unit will conduct the investigation. The results investigations will be forwarded to the PREA Manager, who will monitor for further retaliation if required. The PREA Manager will contact the affected staff member and monitor for further retaliation. The PREA Manager is also responsible to forward all copies to the PREA Coordinator. All reports will be forwarded to the PREA Coordinator, who will maintain all records of the events.

Through interviews with the PREA Coordinator, PREA Manager, and inmates that reported sexual abuse, it was stated that monitoring was not occurring. The facility created a monitoring form, Retaliation Monitoring Form to document the monitoring process. The form documents the reason for monitoring; sections for 30-day, 60-day, 90-day monitoring including actions taken and a comment section; person conducting the interview; and a conclusion section. The facility started monitoring utilizing the form. The form provides a checklist of actions taken which include review of disciplinary reports, reviewed program changes, review housing changes, in-person interview conducted, referral to mental health, referral to crisis support services, referral to EAP/other, reviewed staff assignments, and reviewed performance evaluations. The facility provided the Auditor 11 examples of monitoring occurring and documented on the Retaliation Monitoring Form. The forms were detailed with the actions taken and detailed comments of the interview. With the supporting documentation provided, the Auditor determined the facility is compliant with the monitoring process.

The facility reported there were no reported incidents of retaliation during this audit period.

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*)

The agency's policy 9.03 Protective Custody prohibit the placement of inmates who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Santa Rita Jail utilizes the protective housing cells as needed during the investigation process. A protective custody waiver must be completed if an inmate requests to be reassigned to general population. The protective custody waiver and documentation of advised safety risks to the inmate by classification must be completed prior to any reassignment from protective custody to general population. From the interviews with staff and inmates, the Auditor felt that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

Policy 9.03 outlines classification will perform a review within 24 hours of the placement to determine if an assessment of all available alternatives has been made and if there are no available alternative means of separation from abusers. The Facility Commanding Officer indicated during the interview that classification would look at all available housing options before administrative separation placement and for the minimum amount of time needed before another housing plan could be established. A review would be completed by classification within 24 hours and every seven days as long as the inmates is housed in protective custody or administrative separation. He also indicated the facility had not placed any inmate in administrative separation who alleged to have suffered sexual abuse this audit period. The Pre-Questionnaire and during interviews, the facility indicated there were no placements of inmates in involuntary segregated housing.

Policy 9.03 Protective Custody states inmates requesting/requiring protection from other inmates may be placed in protective custody and will be allowed to participate in as many programs afforded the general population as possible, providing it does not impose a threat to the security of the facility. Policy 9.02 Administrative Separation states inmates will continue to have access to programs and services including, but not limited to; educational services, commissary, library services, social services, counseling services, religious guidance, and recreational programs, as long as access to these programs does not pose a threat to the health, safety, security of staff or to the facility. Any deprivation of any right, privilege, and/or activity is to be documented and forwarded to the Facility Commanding Officer, via appropriate channels. Policy 12.03 states inmates housed 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, it will be documented in the classification file the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. The staff member interviewed who supervises inmates in segregated housing stated the inmates would have accessibility to religious services, commissary, recreation, visiting, and teachers would come to the housing unit to provide education resources. He also stated any restrictions would be documented including the length of time, reason why, and the restriction.

There were no inmates who suffered sexual abuse held in involuntary segregation housing in the audit period per memo to file and interviews with staff.

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*)

The Alameda County Sheriff's Office is responsible for administrative and criminal investigations. The standard is met through the agency's policies 1.23 PREA; 5.24 Collection of Evidence, 8.15 Crime Investigations; 14.03 PREA-Response to Sexual Assaults; 13.07 Sexual Assaults/Sexual Activity in Custody; and 3.07 Commendations, Discipline, and Personnel Complaints. These policies address conducting the sexual abuse and harassment

investigations including third-party and anonymous reports. The Facility Commanding Officer stated all investigations are completed within the agency.

The facility policies 1.23 PREA states the Sheriff's Office will promptly and thoroughly investigate and immediately address all allegations of sexual assault, sexual abuse, sexual harassment of those in our custody and in employment, to include criminal and administrative sanctions as appropriate. The agency shall conduct preliminary investigations regarding sexual abuse allegations, promptly, thoroughly and objectively for all allegations, including third-party and anonymous reports. The facility's policy 14.03 Response to Sexual Assaults states all complaints of sexual harassment or abuse, upon inmates or detainees shall be thoroughly investigated and documented by the Sheriff's Office by staff trained in conducting these types of investigations.

Both administrative and criminal investigations start immediately following a reported allegation. The facility staff who have completed the specialized investigation training begin the preliminary investigations. The Special Victims Unit (SVU) will conduct the criminal investigation. The Division Commander's interview confirmed the practices. Facility staff interviewed were knowledgeable in the agency's protocol for obtaining usable physical evidence and their responsibilities. The agency has provided informational response pocket cards to all employees that outlines the staff responsibilities during an allegation and the preservation of usable physical evidence. An interview was conducted with an SVU Investigator. The interview confirmed the practices for PREA investigations, and the Investigator was very knowledgeable of the investigation process and the uniformed evidence protocol to be used during a sexual abuse investigation.

Policy 14.03 PREA-Response to Sexual Assaults outlines that 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. The correctional deputies and supervisors are sworn officers and have been trained in sexual abuse investigations and evidence protocol through the NIC course PREA: Investigating Sexual Abuse in a Confinement Setting. The policy 14.03 reflects all sworn staff receives training regarding the preliminary investigation of sexual assaults during the Basic Academy and investigators shall minimally receive training in Basic Investigations through a California Peace Officer Standards and Training (POST) 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. All sworn staff are peace officers California Deputy Sheriff's under 830.1 of the California Penal Code. The PREA Manager stated the peace officers have the ability to investigate and enforce all federal laws of the United States and all state laws in the State of California. During the academy, the peace officers are trained in first responders, interview and interrogation techniques, and basic investigations. Within their first year of employment after graduating from the academy, or within 30 days of transferring into the facility, the sworn deputies are to complete the NIC course PREA Investigating Sexual Abuse in a Confinement Setting. The Sergeants are also required to complete the NIC PREA: Investigations Sexual Abuse in a Confinement Setting Advanced Investigations. Although all sworn employees complete the NIC course PREA Investigating Sexual Abuse in a Confinement Setting, the agency has a specialized Special Victims Unit that has further specialized training for sexual abuse investigations. This unit consists of six detectives. The specialized training completed by the unit includes Criminal Investigation Core Course, Institute of Criminal Investigation Sexual Abuse, Child Abuse/Sexual Assault Advanced Investigation, NIC PREA: Investigations Sexual Abuse in a Confinement Setting, and NIC PREA: Investigations Sexual Abuse in a Confinement Setting Advanced Investigations.

Through the review of investigation reports, the investigations were initiated immediately by trained facility staff and notification to SVU was made. The SVU will take over the responsibility of the investigation and evidence collection. The SVU investigators handle all the allegations of sexual abuse until it is deemed an administrative investigation only. The Investigator stated the investigation would begin with a review of the allegation report and staff report and the investigation will be assigned to a detective. The investigation includes reviewing backgrounds, interviews with inmates and staff, evidence collection, listen to phone calls, review mail, and video and body cameras. The evidence protocol is outlined in policy 5.24 Collection, Preservation of Evidence/Property, Processing, Storage and Inspection. The Investigator noted that direct evidence may include DNA from clothing, linen, the secured area, and forensic exam; video footage; phone calls; and eye-witness statements. Circumstantial evidence gathered may include key cards from staff members involved, victim and witness statements, and prior incident reports. The Investigator stated it takes about 3 months to receive DNA results from a Rapid DNA test, 5 months for a forensic exam DNA results. The Investigator stated a review is completed to determine whether staff actions or failures contributed to the sexual abuse. A review is conducted of the body camera, which is downloaded at the end of each

shift, cameras in the area if available, whether staff follow policy and procedure, and was proper notifications made by staff. The facility's policy 3.07 Commendations, Discipline, and Personnel Complaints states investigators shall make every effort to determine whether staff actions or failure to act contributed to the policy violation.

Policy 1.23 PREA General Order indicates that all investigations will continue until a final determination is reached and the agency shall not provide a basis for terminating an investigation if/when the alleged abuser or victim has been released as an inmate or resigned their position as an employee of the agency. The Investigator stated the investigation would be completed to a final outcome. If staff resigns, the internal affairs department assists with the investigation. If the inmate is released, attempts would be made to continue the investigation. If the attempts are not successful, an alert is placed on the inmate's file and if the inmate returns to the facility the investigation would continue. An investigation would be completed. There was an investigation that was continued when the inmate was released, attempts were made to contact the inmate with no success. The investigation report was completed and closed pending victim cooperation.

The SVU investigators share the case progress and the investigation outcome with the facility administration and the PREA Coordinator. Documentation of the criminal investigations is maintained at SVU office located at the Eden Township Substation. Documentation of the administrative investigations is maintained in the PREA Manager's and PREA Coordinator's offices. The criminal and administrative investigation reports and all documents pertaining to investigations involving any sexual abuse assault must be securely retained by the agency as long as the alleged abuser is incarcerated or the staff member is employed by the agency, plus five years. The policy also states all documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten years.

If SUV determines a crime has been committed is referred for prosecution and the case is discussed with the District Attorney. The investigator stated a case would be referred to prosecution when evidence supports a criminal case and if the victim wants to press charges. The Investigator stated there is one District Attorney that provides guidance and charges all the facility's cases. The Investigator stated the agency and investigative unit have a good working relationship with the District Attorney. Policy 1.23 PREA General Order supports this process; 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. There were five cases referred for prosecution this audit period.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff per policy 1.23. The policy also states the agency shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation. The investigator stated neither the facility nor SVU, require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The Investigator states the credibility is based on the collaboration of the story until credibility is proved or disproved and all interviews are initially weighted the same. The six inmates that reported sexual abuse stated they were not required to submit to a polygraph examination.

The facility's policy 3.07 states all reports shall include evidence pertaining to the allegations, the statements of witnesses and involved parties, and the conclusion and finding of the investigator. The investigators complete a written report with investigation findings for administrative and criminal cases. The report format contains the persons involved; a thorough summary of the incident including the initial interviews; witness statements; physical, testimonial, and documentary evidence; list of all evidence; any supplemental information; lab and exam findings; and outcome of the investigation. The Investigator also stated it will be noted if attempts for interviews were conducted if the inmate was out of custody. The criminal investigation report will also include charges, discussion with prosecutor's office, and any supplemental information that was collected as part of the criminal case. The criminal investigation is maintained in at the SVU office. A review of sixteen investigations were reviewed with the investigator. All contained the required information. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings.

There were one hundred-seven (107) allegations reported of sexual abuse, sexual misconduct, and sexual harassment during the audit period (August 2018- July 2019), seven (7) of those allegations were noted they were not PREA related. Of the one hundred (100) PREA reported allegations; ninety-eight (98) alleged allegations occurred and were reported at the facility and two (2) allegations occurred at other facilities and were reported at the facility. The two (2) allegations reported at the facility that occurred at another facility, one (1) was determined

unfounded and one (1) case is still open. Of the ninety-eight (98) PREA allegations reported and allegedly occurred at the facility seventeen (17) were staff on inmate allegations and eighty-one (81) inmate on inmate allegations. The staff on inmate allegations were eight (8) staff on inmate sexual harassment, two (2) staff on inmate sexual misconduct, and seven (7) staff on inmate sexual abuse. The administrative findings of the staff on inmate of sexual abuse were four (4) unfounded, one (1) unsubstantiated, and two (2) are still open. The administrative findings of the staff on inmate of sexual harassment were seven (7) unfounded and one (1) still open. The administrative findings of the staff on inmate of sexual misconduct were two (2) unfounded. The inmate on inmate allegations were forty-six (46) inmate on inmate sexual harassment, eleven (11) inmate on inmate sexual misconduct, and twenty-four (24) inmate on inmate sexual abuse. The administrative findings of the inmate on inmate of sexual abuse were fifteen (15) unfounded, two (2) unsubstantiated, four (4) substantiated, and three (3) are still open. The administrative findings of the inmate on inmate of sexual harassment were twenty-two (22) unfounded, twelve (12) unsubstantiated, six (6) substantiated, and six (6) still open. The administrative findings of the inmate on inmate of sexual misconduct were four (4) unfounded, four (4) unsubstantiated, two (2) substantiated, and one (1) still open. Five cases that were sexual abuse or sexual misconduct were referred for criminal investigations by the agency's investigators. A detail review of sixteen (16) cases with the investigator was conducted by the Auditor. Upon reviewing allegations with the PREA Coordinator, PREA Compliance Manager, and Investigator; it was determined the facility is over reporting incidents that are not PREA related.

Based on the review of the investigations, the agency's policies, and interviews with facility staff, investigator, and inmates it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly and objectively for all allegations.

Recommendation: The facility should provide consistency within policy 1.23 and other related policies for the length of time sexual abuse and harassment documentations are maintained. The facility's policy 1.23 has conflicting retention lengths; one section notes reports and all documents pertaining to investigations involving any sexual abuse assault must be securely retained by the agency as long as the alleged abuser is incarcerated or the staff member is employed by the agency, plus five years and the other section states all documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten years. The policy 13.07 states the PREA Coordinator will store documentation as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years.

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*)

The facility's policy 1.23 PREA states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the Investigator and review of the investigation files confirmed compliance with the policy and standard.

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*)

The facility's policies 1.23 PREA and 13.07 Sexual Assaults/Sexual Abuse in Custody states upon completion of an investigation involving an inmate's allegation that they were sexually abused in an agency facility, the inmate shall be informed as to the final determination of the investigation (substantiated, unsubstantiated, unfounded). The PREA Manager or PREA Coordinator is to notify the inmate of the outcome of the investigation. The notification is conducted on a form letter that provides the outcome of the investigation, the type of allegation, explanation of the outcome, and whether the inmate wanted to pursue a criminal complaint against the other subject. The Facility Commanding Officer stated in the interview that inmates are provided the investigation outcome through a letter.

The facility's policies 1.23 and 13.07 outlines the addition information that must be reported to a victim. If the allegation of sexual abuse was by a staff member, the policy requires the staff to inform the inmate of the status of the staff member to include whether the staff member is no longer assigned to the inmate's unit, the staff member is no longer employed/assigned at the facility, the staff member has been indicted/criminally charged related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another inmate, the policy requires the staff to inform the inmate whether the alleged abuser has been indicated/criminally charged related to sexual abuse within the facility and if the alleged abuser has been convicted on a charge related to abuse within the facility. One of the six inmates that reported sexual abuse stated he was notified of an update in the investigation process, he was told the staff member was fired and the facility did not know yet if the District Attorney was accepting the case. The files reviewed contained inmate notifications documented on the notification form letter from the PREA Coordinator to the inmate. The notifications made by the facility were made in a timely basis. The PAQ noted there was twenty-eight closed sexual abuse investigations and notifications were made on nineteen cases. The PREA Coordinator indicated that the nine inmates were not notified for the following reasons: inmate was not in custody at the completion of the investigation and/or recanted immediately filing the report. Five of the six inmates that reported sexual abuse stated they had not received an outcome of the investigation yet. Those investigations were still open at the time on the on-site audit. The Investigator confirmed the PREA office is responsible for making outcome notifications. This process was confirmed during interviews with staff and inmates and reviews of the notifications in the case files.

The facility had no allegations completed by an outside agency in the audit period.

Recommendation: The facility should consider adding a signature line for inmates on the notification letter documenting the inmate received the notification.

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*)

The facility's policies 1.23 PREA and 3.07 Commendations, Discipline, and Personnel Complaints outlines 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, should misconduct be substantiated, appropriate disciplinary measures will be initiated, and termination shall be the presumptive disciplinary action. The 2.1.4 Standards of Performance (The Cardinal Sins) states all members shall be aware of the expectations of conduct and standards of performance established by the Alameda County Sheriff's Office. Severe discipline, up to and including termination, will be meted out to those employees culpable of the engaging in any form of sexual

harassment; this includes any unwanted comments or contact as defined in the sexual harassment policy and becoming involved in an inappropriate or romantic relationship with an inmate. There was no staff that violated the agency's sexual abuse or sexual harassment policies.

The policy 1.23 PREA states 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. The Facility Commanding Officer indicated if staff violated the agency's policies, the staff member would be placed on administrative leave during the investigation. If the case was substantiated, the staff member would begin the discipline process; discipline up to termination would be considered. If it was determined criminal, the staff member would be criminally charged. The PAQ and staff interviews stated there was no staff that had been disciplined for violation of the agency's sexual abuse or sexual harassment policies.

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 policy 1.23 PREA. There was no staff reported to law enforcement or licensing boards for violating the agency's sexual abuse or sexual harassment policies.

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*)

The facility's policy 1.23 PREA states those contracted, employed by, or volunteering for the agency are subject to disciplinary actions up to and including termination. 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. The facility policy 3.07 Security Checks of Contract Employees, Volunteers and Tour Groups states staff members, contractors, volunteers, and civilian employees shall not become socially involved with inmates/arrestees in or out of the jail. All staff are subject to disciplinary action for violations of the Sexual Harassment policy and/or the Prison Rape Elimination Act, up to and including termination.

This was supported by the volunteer and contractor orientation training, the PREA Overview for Contractors/Volunteers Brochure, and the Consultant/Contact Personnel/Volunteer Agreement. Interviews were conducted with two volunteers and two contractors, they confirmed they were aware of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of inmates. The Facility Commanding Officer stated during the interview that the volunteer/contractor alleged to violate the agency's policies would have their security clearance revoked and an investigation initiated. If the investigation is substantiated, the contractor/volunteer would be terminated and removed from security clearance for the facility. If determined criminally, the individual would be arrested and prosecuted

In the event a contractor, volunteer, and civilian employee is terminated due to violation of the PREA policy, or the employee resigns in lieu of termination, the information pertaining to the termination/resignation, shall be reported to appropriate law enforcement agencies and appropriate licensing bodies, unless the activity was not criminal per policy 1.23 PREA.

In the audit period, there was one food service contractor who alleged had violated the agency sexual abuse/harassment policies. The case was unsubstantiated. The contractor was removed from employment and the District Attorney is reviewing the case. A final outcome was not available at the time of the on-site audit. There was no volunteer or contractor reported to licensing boards for violating the agency's sexual abuse or sexual harassment policies.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the

offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

The facility's policy 16.01 Disciplinary Procedures and the Inmate Rules and Information Handbook outline disciplinary sanctions for inmates who engaged in sexual abuse and/or sexual harassment. Policy 16.01 states the policy of the Alameda County Sheriff's Office is to criminally charge acts which violate state or federal law and any inmate criminally charged in an incident on jail property may also be disciplined for violating facility rules. Section 653.75 of the California Penal Code states, any person who commits any public offense while in custody in any local detention facility or state prison is guilty of a crime. The Sheriff's Office will file criminal charges against any inmate who is found attacking or sexually assaulting other inmates. This information is shared with the inmates in the inmate handbook.

The Facility Commanding Officer indicated during the interview that the facility commanding officer or designee may administratively move the inmate from general population as an administrative rule violation, refer the inmate to the disciplinary process, and if criminal, would be prosecuted. The inmate would be issued a disciplinary report even if a criminal report is submitted. The Facility Commanding Officer stated the facility has a unit to oversee the disciplinary process and hearings and disciplinary is determined based on a disciplinary grid. The Disciplinary Unit will proceed with the disciplinary process indicating a formal disciplinary process resulting in administrative findings. The inmate disciplinary policy outlines major and minor offenses, within three categories I, II, and III with sanctions for each category. Punitive discipline will be directly related to the severity of the rule violation; which includes but are not limited to extra work detail, loss of time, extra duty, removal from a work assignment, and loss of privileges.

The inmate may also receive disciplinary separation. The sanctions are to be 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; and consider whether an inmate's mental disabilities or mental illness contributed to his behavior. Three inmates were found administrative guilty of inmate-on-inmate sexual abuse. There was one inmate found criminally guilty for inmate-on-inmate sexual abuse this audit period.

Special considerations are required for inmates charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed, if any; policy 16.03 Inmate Disciplinary Procedures. The facility's policy 1.23 PREA state the disciplinary process shall consider whether an inmate's mental disability contributed to their behavior when determining what type of sanction, if any, should be imposed. The Facility Commanding Officer stated that mental health staff will be included in the disciplinary process to make determinations on the inmates.

Policy 1.23 states the if the agency offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the sexual abuse, the agency shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The healthcare staff indicated that the facility will offer counseling for the inmate designed to address and correct the underlying reasons or motivations for abuse through mental health. An inmate can be referred to counseling/programming based on the mental health assessment of the inmate abuser; however, it is voluntary, and the inmate is not required to participate as a condition of access to programming and other benefits. The staff also indicated the inmate can be referred to outside treatment/counseling services. The inmate handbook informs the inmates to ask for help if you are feeling like sexually assaulting another inmate; an appointment would be scheduled with Adult Forensic Behavioral Health (mental health). It expands to include the services that are provided are confidential and programming for treating sex inmates has been very successful.

The policy 1.23 PREA states the agency may discipline inmates for sexual contact with staff members only upon finding the staff member did not consent to such contact. The policy also states the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. The agency may not, however, deem such activity to constitute sexual abuse if it determines the activity was not coerced. The Inmate Rules and Regulations section in the handbook state that sexual contact between inmates is prohibited and classified as a category I violation. There was no inmate disciplined for sexual contact with a staff member.

Policy 16.03 Disciplinary Procedures states 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 were no inmates subject to disciplinary actions for filing false reports of sexual abuse.

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*)

The agency's policies 13.24 PREA Mandated Medical and Mental Health Services, Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health Policy and Procedure (AFBH) B-21.d Prison Rape Elimination Act (PREA), and CFMG/CMGC Adult Corrections Policy and Procedure Manual B04 Rape and Sexual Assault Detention and Prevention outlines that inmates that disclose sexual victimization shall receive all necessary emergency and medical and mental health services. Policy 13.24 states inmates who provide an affirmative response to either if they had been perpetrated any type of sexual abuse or suffered from sexual victimization, in or out of custody questions 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. Policy B04 stated inmates identified as being at risk for sexual victimization or abusiveness for whom custody screeners believe there is a need for immediate medical and/or mental health assessment at the time of the intake screening.

At intake screening, if the inmate has disclosed prior sexual victimization and/or previously perpetrated sexual

abuse the inmate is referred for medical and mental health services. The classification deputy will note the referral within the classification report and place on the Intake, Transfer, Release (ITR) Activity Log for referral. The Auditor observed an intake process including the medical and mental health screening of an inmate. The classification deputy stated calls can be made to mental health during normal working hours when there is a concern and mental health responds immediately to intake. If the inmate discloses prior victimization or abusiveness, those questions are flagged on the form and it generates a medical and mental note and a PREA referral. The staff interviewed that conduct risk screening stated that inmates that disclose are referred to medical/mental health. The referral is scanned and also handed to mental health staff. They also stated mental health usually sees the inmate in the intake area immediately or the inmate is scheduled for follow-up the next day. The process is the same for medical and mental health. The same process occurs during medical and mental health screening demonstrated during the observation of the medical screening. The inmate will be offered a follow-up with a medical and/or mental health practitioner with 14 days, at no cost to the inmate. Health care staff indicated that if deemed as an emergency or a serious nature, the inmate is seen immediately by medical and mental health usually when the inmate is in the intake screening process. Other inmates are seen within 14 days and are given a higher priority on the log. Follow-up with the inmates would be every 4 to 6 weeks. During interviews with medical and mental health staff, they outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. Of the five inmates who disclosed sexual victimization during risk screening, all inmates acknowledged the being offered medical/mental health services and three accepted services and saw medical and mental health. The inmates noted they saw the medical staff within a few days and mental health in about a week. Although the facility is a jail and is not required to provide the follow-up meeting with medical and mental health within 14 days, the facility does refer the inmates that disclosed and are provided a follow-up meeting and evaluation with mental health within 14 days.

The Auditor requested to review a selected number of health case files for inmates that disclosed victimization. The mental health staff maintains the PREA log that lists the inmate's name, referral date, assessment date, and referral source. The PAQ noted that all inmates that disclosed were referred and offered a follow-up meeting with medical/mental health, however, the Auditor could not confirm the practice. The Auditor reviewed seven months of logs, the majority of the logs were not completed and could not verify the inmate was seen by the mental health within 14 days. The mental health administrator stated the inmates were seen and the logs were not maintained. The Auditor could not verify the medical and mental health evaluations. This standard was non-compliant when the auditor left the site visit. The Auditor informed the facility they must provide a random sample of inmate referrals and evaluations to document the practice and PREA logs that were completed. The agency has addressed this process to ensure assessments are occurring within the appropriate time frame and documented. The PREA logs will be sent electronically to the PREA Coordinator monthly to review for completion and also will allow the PREA Coordinator to provide spot checks of files. The facility provided updated PREA logs to the Auditor for March through August 2019. The mental health staff reviewed the inmate files to determine the date the evaluations were conducted and updated the logs. Upon review of the logs, the majority of the inmates were evaluated within 14 days. There were some evaluations not completed due to the inmate leaving custody within the 14-day time frame. There were also five inmate files documenting the classification, medical, and mental health screening, the referral to medical/mental health, and the mental health notes for the inmates that demonstrated the referral and evaluation process had occurred in the appropriate time frame. The agency has met compliance with the standard.

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. The information shall only be used for medical and mental health treatment plans, or all security and management decisions, including housing/bed assignments, work assignments, and program and education assignments per policy 13.24. The facility's policy 1.23 PREA states information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, bed, work, education, and program assignments; or as otherwise required by Federal, State, or local law. The agency's philosophy is "need to know/ right to know." The facility's policies 1.23 and 13.07 states part from reporting an alleged incident to the supervisor, staff shall not reveal any information related to a sexual abuse report, to anyone other than to the extent necessary in making treatment, investigation, and other security/management decisions. This is covered in the annual in-service training, pre-service orientation training, academy training, and muster briefings for all staff. Staff interviewed shared that information would only be shared with staff members and investigators as needed.

The medical and mental health staff obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, per policy 13.24 PREA Mandated Medical and Mental Health Services. Policy B04 states at the initiation of services with medical and mental health providers, the inmate will be informed of the duty

to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. Medical and mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault/abuse occurred in the community setting previously, the staff may only report to security if the inmate provides consent. The health care staff interviewed stated inmates are informed of the duty to report and the limitations to report. They stated that each inmate is informed and must sign a consent form. If an allegation was reported to healthcare, they would report to the watch commander immediately if the incident occurred within the facility. Other allegations that occurred outside the facility would only be reported if the inmate consents. The facility does not house inmates under the age of 18.

Recommendation: The Auditor suggests that the PREA Manager or PREA Coordinator monitor the referral process and medical/mental health evaluations for inmates that have disclosed sexual victimization or abusiveness to ensure the medical/mental health follow-ups are being completed and within the appropriate time frame. This concern has been noted in the this PREA audit and in the previous PREA audit.

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*)

The healthcare services are provided through contract employees of Wellpath (medical) and Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health (mental health). Both companies have PREA policies that are followed, as well as, the facility policies for healthcare services. The facility's policy 13.24 PREA Mandated Medical and Mental Health Services, Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health Policy and Procedure (AFBH) B-21.d Prison Rape Elimination Act (PREA), and CFMG/CMGC Adult Corrections Policy and Procedure Manual B04 Rape and Sexual Assault Detention and Prevention outlines that inmates shall receive all necessary emergency and medical and mental health services. The policy AFBH B-21. d states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Policy B-04 states the victims of in custody sexual assaults will have timely access to emergency medical treatment and crisis intervention services through immediate referral to the Medical Center Emergency Department and Sexual Assault Response Team in cases occurring within 72 hours.

The medical staff interviewed stated that medical will provide immediate response to all alleged victims of sexual abuse. Medical services are available 24- hours. The staff noted the scope of services is determined according to their professional judgement and policy and procedures. Policy 13.07 states it is important all contact with a sexual assault inmate be professional and nonjudgmental; staff shall behave in a professional manner consistent with their training. The staff will advise the inmate of services available and that may be provided. The inmate is advised that there is no cost for any medical treatment pertaining to the assault, including the forensic medical exam.

Through interviews with the medical staff and the PREA Coordinator, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care with no cost to the inmate. Policy 13.07 Sexual Assaults in Custody direct the staff to notify medical staff immediately for a preliminary medical assessment of the inmate's injuries. The healthcare staff stated the medical staff will perform first aid treatment, assess signs and symptoms, determine if there are life threatening injuries, and prepare the inmate for transport, if required. If injuries are life threatening, medical staff will request emergency services immediately. The medical staff will perform first aid treatment to stabilize the inmate and refer the inmate to the Highland Hospital Emergency for emergency medical treatment and a forensic sexual assault examination, if appropriate. All services are documented in the medical record of the inmate. The Auditor reviewed seven medical records of inmates that reported sexual abuse, all the inmates were referred to medical for an assessment and was documented. Of the six inmates interviewed that reported sexual abuse, four stated they were seen by medical as soon as the incident was reported. The other two inmates stated they were offered medical treatment and refused. If the inmate refuses medical treatment, the Watch Commander or supervisor in charge is notified immediately and the classification unit will be advised of the circumstances, per policy 13.07.

The facility's policy 14.03 PREA-Response to Sexual Assault outlines in sexual abuse cases a medical exam should occur if the abuse involves any skin-to-skin contact, penetration or exchange of bodily fluids or acts suggestive of such, regardless of how much time has elapsed since the incident(s). SVU and medical are responsible for initiating the forensic medical exam process of the victim(s) by referring to Highlands Sexual Assault Response and Recovery Team (SARRT) Team. The referrals for acute cases (the last suspected incident of abuse happened within 72 hours) are made by staff contacting the Highland Sexual Assault Response and Recovery Team (SARRT) to consult on the case prior to transferring the victim to the hospital where the medical exam will be conducted. For non-acute cases (the last suspected incident of abuse was greater than 72 hours ago), the staff will contact SARRT to consult on the case with any questions prior to sending a victim for an exam. If an appointment is required, the report should be forwarded to the SVU to make the arrangements and conduct any additional follow up. The transporting deputy notifies the Highland Hospital Sexual Assault Center the inmate's estimated arrival time. There were three inmates who received forensic exams at the hospital by trained SAFE during the audit period. The Auditor reviewed the three medical records. The records showed the initial medical assessment, the transfer to the hospital for a forensic test, the hospital notes, follow-up treatment plans from the hospital, and facility medical notes showing the inmate seen by the medical provider the next day after the hospital release.

The agency has a MOU with Alameda Health System – Highland Sexual Assault Center for forensic medical examinations. The Highland Hospital's Sexual Assault Response and Recovery Team Abuse Response Team (SARRT) operates out of the emergency room department. The team provides forensic interviews, forensic exams, and advocacy services. During the interview with the Highland Hospital SARRT representative, it was stated that a member of SARRT is available at all times; on site from 7:00 am to 3:00 am and a trained certified physician's assistant on call 3:00 am to 7:00 am. The two hospital departments that are involved in the process are the Sexual Assault Forensic Examiner (SAFE) and SARRT. SAFE is trained and certified mid-level practitioners. SARRT are trained and certified medical professionals.

The interviews with staff first responders confirmed understanding the responsibilities of the first responder including notifying the shift supervisor and medical of the incident. Upon an allegation of sexual abuse, the shift supervisor begins the notifications which include medical and mental health services as outlined in the Institutional Plan for Response to Sexual Abuse. This process was verified through incident reviews, notes within the investigation files, and interviews with staff including medical and mental health practitioners.

The healthcare staff stated inmates are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis at the hospital or by automatic referral to the medical provider. If the inmate is taken to the hospital, the hospital will start the treatment and the facility medical will provide follow-up. If the inmate refuses hospital treatment or the incident contact does not merit a forensic exam or emergency treatment, the inmate will be automatically referred to the facility medical provider for treatment. The policies 1.23, B-21.d, and B04 outlines inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medical appropriate. Policy BO4 outlines the follow-up medical testing including repeating the pregnancy testing at 6 weeks; HIV testing at three, six, nine and twelve months; viral hepatitis testing at six and eight weeks; and other sexually transmitted disease testing after three weeks as indicated.

Inmates interviewed who reported sexual abuse acknowledged there was no cost for the medical and mental treatment related to the incident. Medical and mental health staff also indicated that treatment is provided to the inmate with no financial costs. Policy 1.23 states the agency will provide treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

The facility's policies 1.23 PREA, 13.24 PREA Mandated Medical and Mental Health Services, Alameda County Behavioral Health Care Services Adult Forensic Behavioral Health Policy and Procedure (AFBH) B-21.d Prison Rape Elimination Act (PREA), and CFMG/CMGC Adult Corrections Policy and Procedure Manual B04 Rape and Sexual Assault Detention and Prevention outlines the agency will offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility. The medical and mental health services will include all necessary emergency treatment, assessments, medical treatment, referrals, follow-up care, and evaluations to all inmates that have been victims of sexual abuse and alleged abusers.

The facility policies 1.23 and 13.24 state inmates who have been sexually abused in any confinement setting, who have been identified, evaluated, and treated shall receive, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following transfer or placement in other facilities or their release from custody. The healthcare staff stated a preliminary medical assessment of the inmate's condition includes first aid treatment, assessing signs and symptoms, determine if there are life threatening injuries, and prepare the inmate for transport, if required. If injuries are life threatening, medical staff will request emergency services immediately. The medical staff will perform first aid treatment to stabilize the inmate and refer the inmate to the Highland Hospital Emergency for emergency medical treatment and a forensic sexual assault examination, if appropriate. All services are documented in the inmate's medical record. The health care staff acknowledged that inmates are provided referrals and follow-up information upon return from the hospital and as part of their release process. The mental health staff stated they would conduct a formal assessment determining clinical needs and if medication is necessary. From the assessment, a mental health treatment plan would be developed with the healthcare contact level based on the risk determinations of the inmate. Policies 13.24 and B-21-d state inmates will receive medical and mental health services consistent with the community level of care. The medical and mental health staff interviews indicated the treatment provided to inmates is consistent with the community level of care and may be better with the accessibility provided to utilize medical and mental health services, timeliness of services, and no cost to the inmate. The Auditor reviewed seven inmate medical records that reported sexual abuse, all the inmates were referred to medical for an assessment and was documented. Of the six inmates interviewed that reported sexual abuse, four inmates stated they were seen by medical/mental health as soon as the incident was reported. The other two inmates stated they were offered medical treatment and refused.

Policy B-21.d states 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. Policy B04 states when necessary and appropriate, post release prescriptions/referrals/ contact information and instructions will be provided for continuity of care medical and mental health treatment plans including family planning, victim advocacy programs and services, emotional support services, hotline, and rape crisis. All discharge planning actions/instructions will be documented; one copy to the inmate and one copy filed in the medical record. The medical staff stated they would make referrals to the hospital for emergency treatment and forensic exams, when necessary. Inmates that are released are provided a follow-up treatment plan with available community resources. The Tri-Valley representative stated if the inmate is receiving advocacy services and moves out of the county, the hospital and rape crisis center refers the inmate to another agency with the inmate's consent.

Policy 13.24 PREA Mandated Medical and Mental Health Services states inmates who are sexually abused while in Sheriff's Office custody will be provided timely information about and access to, emergency contraception, pregnancy tests, and sexually transmitted infections prevention and testing, as appropriate. The healthcare staff stated inmates are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis at the hospital or by automatic referral to the medical provider. If the inmate is taken to the hospital, the hospital will start the treatment and the facility medical will provide follow-up. If the inmate refuses hospital treatment or the incident contact does not merit a forensic exam or emergency treatment, the inmate will be automatically referred to the facility medical provider for treatment. The policies 1.23, B-21.d, and B04 outlines inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medical appropriate. Policy B04 outlines the follow-up medical testing including repeating the pregnancy testing at 6 weeks; HIV testing at three, six, nine and twelve months; viral hepatitis testing at six and eight weeks; and other sexually transmitted disease testing after three weeks as indicated.

The facility's policies 1.23 and 13.07 state female inmates of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results, the victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Policy BO4 outlines that follow-up pregnancy testing is at 6 weeks. The medical staff stated the female inmate would receive pregnancy testing and information at the hospital and the follow-up testing at the facility. The facility has a women's health clinic with a pre-natal coordinator and a certified nurse midwife. The clinic would provide follow-up medical services for the female inmates. The inmate would also be referred to mental health upon return from the hospital for counseling services. Medical staff stated that there were no female inmates that needed or were provided pregnancy services as a result of sexual abuse.

The facility's policies 1.23 and BO4 state that a mental health evaluation by a qualified mental health practitioner will be conducted on all known sexual abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners and with the inmate's consent. The mental health staff stated the inmate is seen within 14 days and is placed on a sex offender log. Follow-up services will be conducted every 4-6 weeks if the inmate consents for treatment and counseling. The mental health staff also shared most sexual abusers refuse mental health services stating they are not an abuser.

Interviews with medical and medical health staff, inmates, and file reviews verified and documented the process.

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*)

The facility's policy 1.23 PREA outlines the agency will 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. Every attempt will be made to ensure the review occurs within 30 days of the conclusion of the investigation. The facility shall implement the recommendations or document its reasons for not doing so. The review team shall consist of a member at or above the rank of Lieutenant, a supervisor not involved in the investigation, one of the investigators from the case, and a representative from medical and/or mental health. The Facility Commanding Officer stated the team consists of the PREA Coordinator, mental health, medical, PREA Manager, medical sergeant, and Medical Director, investigator, and other supervisors or staff as needed. The Facility Director stated the team is to identify resources needed and incident trends. The review team will: consider whether a change to policy or practice is necessary to better prevent, detect, or respond to sexual abuse; consider if the event was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, or was motivated by other group dynamics at the facility; examine the area where the incident occurred to assess whether physical barriers may enable the abuse; assess the staffing levels in the area during different shifts; and assess whether video should be deployed or augmented in the area. The PREA Manager as part of the review team is responsible for preparing a report of the findings, including at a minimum, the team's findings in the previously mentioned areas and any recommendations for improvement. The report shall be submitted to the Facility Commanding Officer and forwarded to the PREA Manager. The PREA Coordinator will maintain copies of all incident reviews. The PREA Manager and PREA Coordinator indicated they review the incident review report for compliance with the standard, to identify any issues or trends that need to be addressed. If there are any issues to

address, they would begin the process to determine what actions need to be taken and ensure the recommended actions are appropriate.

The Incident Review Team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, sexual gender, identity biases, status or perceived status or gang affiliation; or was motivated/otherwise caused by other group dynamics at the facility; examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area of the alleged incident occurred may have enabled abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or improved to assist staff supervision; and prepare a report of its findings not necessarily limited to determinations made with above considerations and any recommendations for improvement. The Incident Team members interviewed indicated they review the incident in detail. Under motivation they review the race, sexual orientation, gang affiliation, how long incarcerated, victimization risk history, were inmates properly screened, and any potential identified group. In reviewing the location of the incident, they consider if the area has blind spots, structural issues, unsupervised area, physical layout, and trends of incidents. When assessing staffing, they review proper staffing levels of the day, adequate staff assigned to the area, time of rounds, where staff was located during the incident, was policy followed, and if there a need for policy change. Under monitoring technology, the team reviews camera location, camera view, video needs, body cams utilized, and are mirrors needed. The team has not identified any trends. The report will include the team's findings, including but not limited to the determinations made of each element of the standard and any recommendations or improvement.

The PAQ stated only two incident reviews were conducted within the audit period. Upon discussion with the PREA Coordinator and PREA Manager they stated the incident reviews had not been conducted on all investigations by the time of the audit. The process is to complete reviews monthly and create a monthly report. The facility provided updated reports for the months of the audit period. The monthly reports include a detail review of each incident that occurred the prior month. The review contains an overview of the incident, description of the location of the incident, video surveillance coverage, the review of the elements of the standard, the incident motivation if determined, and any recommendations.

The PREA Coordinator provided copies of incident review team reports for review. The review of the files and interviews with the Warden, Incident Review Team members, and PREA Manager demonstrates compliance with the standard.

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*)

The facility's policy 1.23 PREA states the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The collection process requires the PREA Manager to collect all information based on the Survey of Sexual Victimization Local Jail Jurisdictions Summary Form and Survey of Sexual Victimization Substantiated Incident Form most recent version. This information is forwarded to the agency's PREA Coordinator, while maintaining a copy for their files. All data will be securely retained in the PREA office in locked cabinets and on the agency's electronic data system with controlled accessibility.

It is the responsibility of the PREA Coordinator to compile all the incidents on an annual basis using the form Survey of Sexual Victimization Local Jail Jurisdictions Summary Form. The information from all the incidents in the prior calendar year will be compiled into an annual report. The report will also include corrective actions along with a comparison to previous year's data. The report is submitted to the Sheriff for his review. Upon approval of the Sheriff, the report is posted on the agency web site. The data will be made public, after proper redaction pursuant to PC293, on the Sheriff's Office web site. All documents pertaining to investigations shall be securely retained by the agency PREA Coordinator for no less than ten (10) years. The agency's website provides the agency's PREA annual report and statistics from 2007 through 2018.

The agency's annual report and statistics includes aggregated from the Alameda County Sheriff's Office's two jail facilities, the Santa Rita Jail and the Glen Dyer Jail. The Glen Dyer Jail was closed in June 2019. The facility housing capacity was 800. When the facility closed, the housing population of 400 inmates were transferred to Santa Rita. Staff were also transferred to Santa Rita Jail. The PREA Audit for Glen Dyer was completed in December 2018 with the report published May 21, 2019. The agency does not contract for the confinement of inmates.

The 2007 through 2018 Prison Rape Elimination Act Annual Reports are available for review on the agency's website. The 2018 Prison Rape Elimination Act Annual Reports is dated March 5, 2019 and documents the review

and approval by the Sheriff on March 29, 2019 and Division Commander on March 11, 2019. The annual report was reviewed as part of the audit process. The facility has completed the 2017 Survey of Sexual Victimization Local Jail Jurisdictions Summary Form and Survey of Sexual Victimization Substantiated Incident Form.

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*)

The facility's policy 1.23 PREA outlines the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Manager's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from the facility. This information is forwarded to the agency's PREA Coordinator, while maintaining a copy. The PREA Coordinator's responsibility is to review the data collected for identifying problems areas, taking corrective action on an ongoing basis; and preparing an annual report of findings and corrective actions for the facility as well as the agency as a whole. The information from all the incidents in the prior calendar year will be compiled into an annual report. The report will also include a comparison of the current year's sexual abuse data and corrective actions with those from previous years and shall provide an assessment of the agency's progress in addressing sexual abuse/ corrective actions along with a comparison to previous year's data. The report is submitted to the Sheriff for his review. Upon approval of the Sheriff, the report is posted on the agency web site. Before publishing the annual report, all personal identifiers are redacted pursuant to PC293. The Division Commander stated the data is reviewed to analysis trends, review the incidents, and make recommendations for changes to improve sexual abuse prevention, detection, and response policies, practices, and training.

The annual report is published on the Sheriff's Office website, www.alamedacountysheriff.org under the Prison Rape Elimination Act. The 2007 through 2018 Prison Rape Elimination Act Annual Reports are available for review on the agency's website. The 2018 Prison Rape Elimination Act Annual Reports is dated March 5, 2019 and documents the review and approval by the Sheriff on March 29, 2019 and Division Commander on March 11, 2019. The Division Commander stated the annual report is reviewed all the way up the chain of command all the way to the Sheriff for review and approval. The annual report was reviewed as part of the audit process. The annual reports were reviewed as part of the audit process.

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*)

The facility's policy 1.23 PREA outlines how the incident-based information and aggregate data is collected, properly stored, and securely retained. The PREA Manager's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from the facility. All data will be securely retained in the PREA office in locked cabinets and on the agency's electronic data system with controlled accessibility. All documents pertaining to investigations shall be securely retained by the agency PREA Coordinator for no less than ten (10) years. The agency's website provides the agency's PREA annual report and statistics from 2007 through 2018.

The agency's annual report and statistics includes aggregated from the Alameda County Sheriff's Office's two jail facilities, the Santa Rita Jail and the Glen Dyer Jail. The Glen Dyer Jail was closed in June 2019. The facility housing capacity was 800. When the facility closed, the housing population of 400 inmates were transferred to Santa Rita. Staff were also transferred to Santa Rita Jail. The PREA Audit for Glen Dyer was completed in December 2018 with the report published May 21, 2019.

The 2007 through 2018 Prison Rape Elimination Act Annual Reports are available for review on the agency's website. Before publishing the annual report, all personal identifiers are removed pursuant to PC293. The 2018 Prison Rape Elimination Act Annual Reports is dated March 5, 2019 and documents the review and approval by the Sheriff on March 29, 2019 and Division Commander on March 11, 2019. The annual report was reviewed as part of the audit process.

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

This was the second PREA audit of the Santa Rita Jail with the first audit conducted in August 2016. The agency only had two facilities through part of the audit year. The Glen Dyer Jail was closed in June 2019. The agency did complete their first audits of the two facilities within the first three-year cycle. The Glen Dyer Jail audits were conducted in December 2015 and June 2019. The Santa Rita Jail's first audit was conducted in August 2018. The reports are available for viewing on the agency's website.

During the audit, the facility and agency provided the Auditor full access to all areas of the facility and the Auditor was able to observe facility practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the Auditor requested documents. Private interview space was provided to the Auditor for conducting staff and inmate interviews. Staff interviews were held in an administrative conference room and in offices within the housing units. Inmate interviews were conducted within the housing unit in an office or in the

dayroom when vacant from other inmates. Posted notices provided the audit dates and an address to send confidential information or correspondence the Auditor for inmates and staff. The Auditor received one inmate letter and an email and a phone call from a staff member.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

The 2007 through 2018 Prison Rape Elimination Act Annual Reports are available for review on the agency's website and three of the Final Audit Reports. The Glen Dyer Jail audits were conducted in December 2015 and June 2019. The Santa Rita Jail's first audit was conducted in August 2018. The Final Audit Reports for those audits are available for viewing on the agency's website.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII)

about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara King _____

December 5, 2019 _____

Auditor Signature

Date