

# PREA AUDIT: AUDITOR'S FINAL SUMMARY

## REPORT PRISONS & JAILS



<b>Name of facility:</b> OFFICE OF THE SHERIFF/SANTA CLARA COUNTY			
<b>Physical address:</b> 55 WEST YOUNGER AVENUE SAN JOSE CALIFORNIA 95110			
<b>Date report submitted:</b> INTERIM REPORT – SEPTEMBER 15, 2014 FINAL REPORT - MAY 23, 2015			
<b>Auditor Information</b>			
<b>Address:</b> PO BOX 732 BENICIA CALIFORNIA 94510-0732			
<b>Email:</b> eiw@comcast.net			
<b>Telephone number:</b> (707) 333-8303			
<b>Date of facility visit:</b> 8/18/14 – 8/20/14			
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
701 SOUTH ABEL STREET MILPITAS CALIFORNIA 95035			
<b>Telephone number:</b> (408) 957-5832			
<b>The facility is:</b>		County	
<b>Facility Type:</b>			Other: JAIL
<b>Name of Facility Head:</b> DAVID SEPULVEDA		<b>Title:</b> CAPTAIN	
<b>Email address:</b> <a href="mailto:dave.sepulveda@doc.sccgov.org">dave.sepulveda@doc.sccgov.org</a> (408) 957-5820		<b>Telephone number:</b>	
<b>Name of PREA Compliance Manager (if applicable):</b> LARA LOFTON-BROWN		<b>Title:</b> PREA MGR	
<b>Email address:</b> <a href="mailto:lora.lofton-brown@doc.sccgov.org">lora.lofton-brown@doc.sccgov.org</a>		<b>Telephone number:</b>	
<b>Agency Information</b>			
<b>Name of agency:</b> SANTA CLARA COUNTY JAIL			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 105 WEST HEDDING STREET SAN JOSE CALIFORNIA 95110			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> JOHN HIROKAWA		<b>Title:</b> CHIEF	

<b>Email address:</b> John.Hirokawa@sheriff.sccgov.org	<b>Telephone number:</b>	
<b>Agency-Wide PREA Coordinator</b>		
<b>Name:</b> MARIA ROCHA-SANCHEZ	<b>Title:</b>	DEPUTY
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## INTERIM REPORT AUDIT FINDINGS

### NARRATIVE:

PREA audit of the Santa Clara County Jail, Elmwood Women's facility was conducted between August 18 & August 20, 2014. Tour attendees were Capt. Heilman, Custody Bureau Chief, Deputy Rocha-Sanchez, PREA Coordinator and Lt. Pantiga, Facility Lieutenant. On 8/18/14, tour began with entrance interview comprised of command staff. Tour of Main Jail booking, classification and medical areas were conducted. Auditor was not permitted to view the Mental Health facility by order of the Health Services Director. Health Services director & Main Jail commander were interviewed. Elmwood facility tour was conducted which included medical area, housing units, classrooms, recreation areas, dining areas, control, and administration offices. Sampling of 3 random staff, 10 random inmates and specialized staff was conducted. Conclusion of day involved interview with Investigative staff (Criminal & Administrative) including review of sex abuse investigation cases. On 8/19/14, interview of Corrections Chief was conducted. Personnel staff interview was conducted including review of sample of 10 personnel records of staff, volunteers & contractors. Training staff was interviewed & training records of all staff were reviewed. Auditor returned to Elmwood facility to interview facility classification staff & review intake & screening records. The remaining 7 random staff and specialized staff were interviewed. On 8/20/14, exit interview was conducted with command staff.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

The Santa Clara County Jail Elmwood Womens Facility is comprised of 4 housing buildings including an expansion unit for population overflow. The housing buildings are described as follows: W-1 - one housing unit and two overflow units, W-2 - 6 quads, W-3 - Administration, W-4 - 3 housing units. The facility has 4 modular classroom trailers in the open space within the facility, laundry storage area behind housing unit W-4, recreation yards connected to housing units W-4 and W-1. There is also large quad in middle of facility, large recreation area outside housing building W-2 and segregated yard on side of building W-2. Electronic video monitoring system has not been updated or modified since August 2012. Auditor located numerous blind spots located in the recreation areas, facility hallways, storage & dining areas which compromises inmate safety with regards to sexual abuse and sexual harassment prevention.

### INTERIM REPORT AUDIT FINDINGS:

Number of standards exceeded: **0**

Number of standards met: **8**

Number of standards not met: **35**

### FINAL REPORT AUDIT FINDINGS:

Number of standards exceeded: **0**

Number of standards met: **43**

Number of standards not met: **0**

**115.11**

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

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

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

AGENCY DOES NOT PROVIDE UPPER LEVEL AGENCY WIDE PREA COORDINATOR ON THE ORGANIZATIONAL CHART. AGENCY WIDE PREA COORDINATOR DOES NOT HAVE SUFFICIENT TIME OR AUTHORITY TO DEVELOP, IMPLEMENT AND OVERSEE AGENCY EFFORTS TO COMPLY WITH PREA. PREA COMPLIANCE MANAGER IS IN THE AGENCY'S ORGANIZATIONAL CHART BUT IS NOT PROVIDED WITH SUFFICIENT TIME TO COORDINATE FACILITIES EFFORTS TO COMPLY WITH PREA STANDARDS.

**CORRECTIVE ACTION:**

AGENCY TO AMEND THE ORGANIZATIONAL CHART TO INCLUDE PREA COORDINATOR IN UPPER LEVEL STATUS & PROVIDE BOTH AGENCY WIDE PREA COORDINATOR & PREA MANAGER SUFFICIENT AVAILABILITY TO COORDINATE, IMPLEMENT, DEVELOP AND OVERSEE AGENCY EFFORTS TOWARDS PREA COMPLIANCE.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

ON 4/14/15, AGENCY AMENDED THE AGENCY ORGANIZATIONAL CHART TO INDICATE THE PREA COORDINATOR DESIGNATION IN AN UPPER LEVEL MANAGEMENT POSITION AND DESIGNATED THE PREA COMPLIANCE MANAGER FOR ELMWOOD WOMEN'S FACILITY (CCW). AGENCY HAS MADE PREA A PRIORITY AS IDENTIFIED IN POLICY 14.15 PAGES 1 THRU 3. RE-INTERVIEW WITH PREA COORDINATOR INDICATES HE HAS BEEN PROVIDED AUTHORITY TO DEVELOP, IMPLEMENT AND OVERSEE AGENCY EFFORTS TOWARDS PREA COMPLIANCE. THE NEW CCW PREA COMPLIANCE MANAGER WAS ALSO RE-INTERVIEWED. SHE INDICATED SHE HAS BEEN PROVIDED SUFFICIENT TIME TO COORDINATE FACILITY'S EFFORTS TOWARDS COMPLIANCE WITH PREA STANDARDS. BOTH THE PREA COORDINATOR AND PREA COMPLIANCE MANAGER HAVE BEEN WORKING DILIGENTLY WITH AUDITOR TOWARDS CLEARING STANDARDS DEFICIENCIES AS IDENTIFIED IN THE INTERIM REPORT. AUDITOR HAS DETERMINED AGENCY IS IN COMPLIANCE WITH STANDARD 115.11

**115.12**

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

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

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

AGENCY DOES NOT CONTRACT WITH ANOTHER ENTITY FOR CONFINEMENT OF INMATES  
THIS STANDARD DOES NOT APPLY TO THIS AGENCY.

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

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

AGENCY REQUIRES EACH FACILITY TO COMPLY WITH STAFFING PLAN REQUIREMENTS. THERE IS NO POLICY REQUIREMENT MANDATING FACILITY TO DOCUMENT AND JUSTIFY ALL DEVIATIONS FROM THE STAFFING PLAN. FACILITY/AGENCY DOES NOT COLLABORATE AT LEAST ANNUALLY WITH THE PREA COORDINATOR FOR STAFFING REVIEWS. NO POLICY REQUIRING INTERMEDIATE LEVEL OR HIGHER LEVEL STAFF CONDUCT UNANNOUNCED ROUNDS TO IDENTIFY & DETER STAFF SEXUAL ABUSE/HARASSMENT & DOCUMENT STATUS CHECKS. NO POLICY PROVIDED WHICH PROHIBITS STAFF FROM ALERTING OTHER STAFF OF THE UNANNOUNCED ROUNDS BY UPPER LEVEL STAFF.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 1.24 TO INCLUDE NARRATIVE FROM STANDARD 115.13(b) PROVIDING FACILITY JUSTIFIES & DOCUMENTS ALL DEVIATIONS FROM STAFFING PLAN.
2. AGENCY TO INCLUDE AGENCY WIDE PREA COORDINATOR AT LEAST ANNUALLY REGARDING STAFFING PLAN REVIEWS PER STANDARD 115.13(c)
3. AGENCY TO AMEND POLICY 1.29 & 9.37 REQUIRING PERIODIC CHECKS BY SUPERVISORY STAFF BE CONDUCTED UNANNOUNCED TO DETER STAFF SEXUAL ABUSE/HARASSMENT AND PROHIBIT STAFF FROM ALERTING OTHER STAFF OF SUPERVISORY STAFF CHECKS AS PROVIDED PER STANDARD 115.13(d)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGES 29 & 31 WHICH MANDATES ALL DEVIATIONS FROM STAFFING PLAN ARE TO BE DOCUMENTED. THE PREA COORDINATOR IS TASKED WITH REVIEWING AND APPLYING RECOMMENDATIONS TO THE STAFFING PLAN BEFORE IT IS FORWARDED TO THE UNDERSHERIFF, PERSONNEL DIVISION CAPTAIN AND DIRECTOR OF SHERIFF ADMINISTRATIVE SERVICES FOR RATIFICATION. REVIEW OF STAFFING PLAN SPECIFIC TO ELMWOOD WOMEN'S FACILITY DATED 5/11/15, CONSIDERS CRITERIA IDENTIFIED IN STANDARD 115.13 TO MAKE RECOMMENDATIONS TO INCREASE VIDEO TECHNOLOGY AND INCREASE STAFFING TO ENSURE INMATES ARE SAFE FROM SEXUAL ABUSE AND HARASSMENT. POLICY 14.15 ALSO MANDATES SHIFT SERGEANTS AND LIEUTENANTS (INTERMEDIATE & HIGHER-LEVEL SUPERVISORS), CONDUCT UNANNOUNCED ROUNDS TO DETER STAFF SEX ABUSE. POLICY PROHIBITS STAFF FROM ALERTING OTHER STAFF MEMBERS REGARDING THE UNANNOUNCED ROUNDS EXCEPT IN EXIGENT CIRCUMSTANCES OR PART OF A LEGITIMATE OPERATIONAL FUNCTION. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.13. AGENCY BEGAN UNANNOUNCED ROUNDS BY INTERMEDIATE & HIGHER LEVEL STAFF AS OF MARCH 2015 AND HAS PROVIDED VERIFICATION OF DOCUMENTED UNANNOUNCED ROUNDS TO VERIFY GOOD FAITH EFFORTS TOWARDS COMPLIANCE. AUDITOR HAS DETERMINED THAT AGENCY HAS COMPLIED WITH STANDARD 115.13.

**115.13****Supervision and monitoring**

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

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

AGENCY REQUIRES EACH FACILITY TO COMPLY WITH STAFFING PLAN REQUIREMENTS. THERE IS NO POLICY REQUIREMENT MANDATING FACILITY TO DOCUMENT AND JUSTIFY ALL DEVIATIONS FROM THE STAFFING PLAN. FACILITY/AGENCY DOES NOT COLLABORATE AT LEAST ANNUALLY WITH THE PREA COORDINATOR FOR STAFFING REVIEWS. NO POLICY REQUIRING INTERMEDIATE LEVEL OR HIGHER LEVEL STAFF CONDUCT UNANNOUNCED ROUNDS TO IDENTIFY & DETER STAFF SEXUAL ABUSE/HARASSMENT & DOCUMENT STATUS CHECKS. NO POLICY PROVIDED WHICH PROHIBITS STAFF FROM ALERTING OTHER STAFF OF THE UNANNOUNCED ROUNDS BY UPPER LEVEL STAFF.

**CORRECTIVE ACTION:**

4. AGENCY TO AMEND POLICY 1.24 TO INCLUDE NARRATIVE FROM STANDARD 115.13(b) PROVIDING FACILITY JUSTIFIES & DOCUMENTS ALL DEVIATIONS FROM STAFFING PLAN.
5. AGENCY TO INCLUDE AGENCY WIDE PREA COORDINATOR AT LEAST ANNUALLY REGARDING STAFFING PLAN REVIEWS PER STANDARD 115.13(c)
6. AGENCY TO AMEND POLICY 1.29 & 9.37 REQUIRING PERIODIC CHECKS BY SUPERVISORY STAFF BE CONDUCTED UNANNOUNCED TO DETER STAFF SEXUAL ABUSE/HARASSMENT AND PROHIBIT STAFF FROM ALERTING OTHER STAFF OF SUPERVISORY STAFF CHECKS AS PROVIDED PER STANDARD 115.13(d)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015****CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGES 29 & 31 WHICH MANDATES ALL DEVIATIONS FROM STAFFING PLAN ARE TO BE DOCUMENTED. THE PREA COORDINATOR IS TASKED WITH REVIEWING AND APPLYING RECOMMENDATIONS TO THE STAFFING PLAN BEFORE IT IS FORWARDED TO THE UNDERSHERIFF, PERSONNEL DIVISION CAPTAIN AND DIRECTOR OF SHERIFF ADMINISTRATIVE SERVICES FOR RATIFICATION. REVIEW OF STAFFING PLAN SPECIFIC TO ELMWOOD WOMEN'S FACILITY DATED 5/11/15, CONSIDERS CRITERIA IDENTIFIED IN STANDARD 115.13 TO MAKE RECOMMENDATIONS TO INCREASE VIDEO TECHNOLOGY AND INCREASE STAFFING TO ENSURE INMATES ARE SAFE FROM SEXUAL ABUSE AND HARASSMENT. POLICY 14.15 ALSO MANDATES SHIFT SERGEANTS AND LIEUTENANTS (INTERMEDIATE & HIGHER-LEVEL SUPERVISORS), CONDUCT UNANNOUNCED ROUNDS TO DETER STAFF SEX ABUSE. POLICY PROHIBITS STAFF FROM ALERTING OTHER STAFF MEMBERS REGARDING THE UNANNOUNCED ROUNDS EXCEPT IN EXIGENT CIRCUMSTANCES OR PART OF A LEGITIMATE OPERATIONAL FUNCTION. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.13. AGENCY BEGAN UNANNOUNCED ROUNDS BY INTERMEDIATE & HIGHER LEVEL STAFF AS OF MARCH 2015 AND HAS PROVIDED VERIFICATION OF DOCUMENTED UNANNOUNCED ROUNDS TO VERIFY GOOD FAITH EFFORTS TOWARDS COMPLIANCE. AUDITOR HAS DETERMINED THAT AGENCY HAS COMPLIED WITH STANDARD 115.13.

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

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

NO YOUTHFUL INMATES ALLOWED IN THIS FACILITY. YOUTHFUL INMATES ARE TRANSFERRED TO JUVENILE HALL IMMEDIATELY UPON RECIEPT AT THE JAIL.

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

AGENCY PROHIBITS CROSS GENDER & BODY CAVITY SEARCHES. NO POLICY TO MANDATE REQUIREMENTS OF STANDARD 115.15(c), 115.15(d) or 115.15(f).

**CORRECTIVE ACTION:**

1. AGENCY TO CREATE POLICY MANDATING THE DOCUMENTATION OF ANY CROSS GENDER PAT DOWN OR STRIP SEARCHES IN ACCORDANCE WITH STANDARD 115.15(c)
2. AGENCY TO AMEND POLICY 9.39 TO MEET LANGUAGE IN STANDARD 115.15(d). AGENCY SHALL CREATE POLICY TO MEET STANDARD 115.15(e).

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15, PAGE #5 TO MANDATE THE TRAINING OF STAFF IN CROSS-GENDER SUPERVISION TRAINING AND REQUIRE ALL STAFF TO ANNOUNCE THEIR PRESENCE WHEN ENTERING ANY INMATE HOUSING UNIT. STAFF IS MANDATED TO DOCUMENT ANY CROSS GENDER PAT-DOWN OR STRIP SEARCHES. DOCUMENTATION SHALL BE SUBMITTED TO THE DIVISION CAPTAIN DESCRIBING THE INCIDENT, THE EXIGENT CIRCUMSTANCES AND THE AUTHORIZING SUPERVISOR. POLICY ALSO MANDATES STAFF TO SEARCH TRANSGENDER & INTERSEX INMATES IN A PROFESSIONAL AND RESPECTFUL MANNER IN THE LEAST INTRUSIVE MANNER POSSIBLE, CONSISTEND WITH SECURITY NEEDS. THIS AGENCY IS EXCLUDED FROM THIS STANDARD AS THIS IS THE INITIAL PREA AUDIT AND THIS STANDARD DOES NOT APPLY UNTIL AUGUST 2015 FOR AGENCIES WHO HOUSE OVER 50 INMATES. AUDITOR HAS DETERMINED AGENCY IS COMPLIANT WITH THIS STANDARD.

**115.16**

**Residents with disabilities and residents who are limited English proficient**

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

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

AGENCY PROVIDES FOR DEAF OR HEARING IMPAIRED INMATES ACCESS TO INTERPRETIVE SERVICES SPECIFICALLY. THERE IS NO MENTION OF PROVIDING EFFECTIVE COMMUNICATION TO NON-ENGLISH SPEAKING INMATES IN POLICY. TRAINING CURRICULUM DOES PROVIDE FOR ACCOMODATION FOR NON-ENGLISH SPEAKING INMATES WITHOUT RELYING ON INMATE INTERPRETERS.

**CORRECTIVE ACTION:**

AGENCY TO INCLUDE IN POLICY 13.11 OR POLICY 14.15, THAT NON-ENGLISH SPEAKING INMATES AS A DISABLED CLASS, WHICH HAS THE OPPORTUNITY TO OBTAIN INTERPRETIVE SERVICES

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

POLICY 14.15 PAGE #27 IDENTIFIED NON-ENGLISH SPEAKING INMATES AS A DISABLED CLASS & PROVIDES OPPORTUNITY TO OBTAIN INTERPRETIVE SERVICES. THE POLICY PROVIDE FOR ALL PREA COMMUNICATIONS ARE TO BE PROVIDED IN BOTH WRITTEN & VERBAL VERSIONS AND WILL PROVIDE EFFECTIVE COMMUNICATIONS & UNDERSTANDING FOR DISABLED AND NON-ENGLISH SPEAKING INMATES. AUDITOR HAS DETERMINED AGENCY HAS COMPLIED WITH STANDARD 115.16

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

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

AGENCY FOLLOWS PEACE OFFICER STANDARD & TRAINING, GOVERNMENT CODE & SANTA CLARA COUNTY ORDINANCE CODE WHEN HIRING ALL EMPLOYEES. AGENCY IS PROHIBITED FROM HIRING OR PROMOTING ANYONE WHO MAY HAVE CONTACT WITH INMATES & MEETS PROHIBITED BEHAVIOR IDENTIFIED IN STANDARD 115.17(e). HIRING STANDARDS INCLUDE CONSIDERATION OF SEX HARASSMENT IN HIRING PRACTICE AND CONDUCTS BACKGROUND RECORD CHECKS ON ALL PERSPECTIVE EMPLOYEES & CONTRACTORS. THERE IS NO POLICY WHICH PROVIDES FOR 5 YEAR BACKGROUND RE-CHECK ON CURRENT EMPLOYEES. BACKGROUND CHECK DOCUMENTATION REQUIRES PERSPECTIVE EMPLOYEES TO SELF EVALUATE AS A DUTY TO DISCLOSE MISCONDUCT. MATERIAL OMISSIONS FROM BACKGROUND DOCUMENTATION ARE GROUNDS FOR TERMINATION & INFORMATION IS REQUESTED FROM FORMER EMPLOYEES AS A REQUIREMENT IN BACKGROUND CHECKS PER POST.

**CORRECTIVE ACTION:**

AGENCY TO AMEND POLICY 9.07 TO INCLUDE CONDUCTING BACKGROUND CHECKS AT LEAST EVERY 5 YEARS FOR CURRENT EMPLOYEES & CONTRACTORS PER 115.17(e)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION**

AGENCY AMENDED POLICY 14.15 PAGE #12 WHICH MANDATES EMPLOYEES & CONTRACTORS SHALL REPORT, WITHIN 24 HOURS, WHEN ARRESTED OR CHARGED WITH ANY VIOLATION OF THE LAW ASSOCIATED WITH SEXUAL ABUSE OR SEXUAL HARASSMENT. AGENCY PERSONNEL UNIT RECIEVES NOTIFICATIONS FROM THE STATE OF CALIFORNIA DOJ REGARDING ANY CRIMINAL ARREST OF CONVICTION OF AN EMPLOYEE HIRED BY THE DEPARTMENT. AUDITOR HAS DETERMINED THAT AGENCY HAS COMPLIED WITH THIS STANDARD

<b>115.18</b>	<b>Upgrades to facilities and technology</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

STANDARDS 115.18(a) & (b) DO NOT APPLY TO THIS AGENCY. NO FACILITY DESIGN, RENOVATION, MODIFICATION OR EXPANSION SINCE AUGUST 2012.



**115.21**

**Evidence protocol & forensic medical examinations**

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

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

AGENCY PROVIDES FREE MEDICAL & MENTAL HEALTH SERVICES 24/7 TO INMATES IN THEIR CHARGE. AGENCY BELONGS TO THE SANTA CLARA COUNTY HEALTHY SYSTEM. PHYSICIANS AND SAFE/SANE NURSES ARE ON CALL ALWAYS. INMATES ARE SENT TO VALLEY MEDICAL CENTER EMERGENCY SERVICES FOR MEDICAL CARE. MEDICAL STAFF ARE ON DUTY AT JAIL FACILITIES 24/7. THERE IS NO SPECIFIED SEXUAL ABUSE EVIDENCE PROTECTION PROTOCOL IN THE INVESTIGATIONS POLICY. NO SEX ABUSE EVIDENCE PROTOCOL AVAILABLE FOR JUVENILE SEX ABUSE INVESTIGATION CASES. THERE IS NO VERIFICATION OF STAFF TRAINING CERTIFICATION IN ADVOCACY. NO POLICY EXISTS FOR STAFF ADVOCATE TO BE PROVIDED UPON REQUEST TO PROVIDE SUPPORT TO INMATE VICTIM IN SEX ABUSE CASES.

**CORRECTIVE ACTION:**

1. AGENCY TO PROVIDE SPECIFIC SEXUAL ABUSE EVIDENCE PROTOCOL CONSISTENT WITH STANDARD 115.21(a)
2. AGENCY TO VERIFY EVIDENCE PROTOCOL FOR SEX ABUSE INVESTIGATIONS CONSISTENT WITH STANDARD 115.21(b)
3. AGENCY TO PROVIDE VERIFICATION OF STAFF TRAINED & QUALIFIED AS VICTIM ADVOCATES & INCLUDE IN POLICY STAFF ADVOCATE AVAILABLE UPON REQUEST OF VICTIM PER STANDARD 115.21(e)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY HAS AMENDED POLICY 14.15 TO PROVIDE SPECIFIC SEX ABUSE EVIDENCE PROTOCOL AND SEX ABUSE INVESTIGATIONS PROTOCOL CONSISTENT WITH STANDARDS 115.21(a) AND 115.21(b). AGENCY HAS NO TRAINED STAFF ADVOCATES, HOWEVER, THEY HAVE OBTAINED A SIGNED SERVICE AGREEMENT WITH THE YWCA RAPE CRISIS AND HAS PROVIDED THE AGREEMENT AND ELECTRONIC DISCUSSION BETWEEN CONTRACTOR AND DOC TO AUDITOR. THE AGREEMENT IS CURRENTLY AWAITING SIGNATURE FROM SANTA CLARA COUNTY ADMINISTRATION. THIS AGREEMENT HAS BEEN IN COLLABORATION BETWEEN SANTA CLARA COUNTY DOC & YWCA SINCE 2014. FULL AGREEMENT IS ANTICIPATED BY 5/28/15. THE MOU SPECIFICALLY PROVIDES FOR VICTIM ADVOCACY SERVICES TO INMATES REPORTING INSTANCES OF SEXUAL ABUSE OR HARASSMENT. MOU ALSO PROVIDES TRANSLATION SERVICES FOR ADVOCACY IN ENGLISH, SPANISH & VIETNAMESE. PREA TRAINING REQUIREMENT IS ALSO INCLUDED IN MOU. AUDITOR HAS DETERMINED THAT AGENCY HAS COMPLIED WITH STANDARD 115.21.

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

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

AGENCY ENSURES ALL CRIMINAL & ADMINISTRATIVE INVESTIGATIONS ARE COMPLETED FOR SEX ABUSE/HARASSMENT CASES. AGENCY HAS POLICY IN PLACE MANDATING ALL SEX ABUSE/HARASSMENT CASES ARE THOROUGHLY INVESTIGATED, BOTH ADMINISTRATIVE & CRIMINAL.

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

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

AGENCY TRAINS ALL EMPLOYEES ON CRITERIA IDENTIFIED IN STANDARD 115.31(a), VERIFIED VIA TRAINING CURRICULUM. TRAINING PROVIDED TAILORED FOR BOTH MALE AND FEMALE FACILITIES, HOWEVER, THERE IS NO MANDATE THAT EMPLOYEES BEING REASSIGNED TO MALE FACILITY TO FEMALE FACILITY OR VISA VERSA BE RETRAINED. ALL EMPLOYEES HAVE BEEN PREA TRAINED AND ARE SCHEDULED TO RECIEVE REFRESHER TRAINING BI-ANNUALLY PER STANDARD 115.31(c). EMPLOYEE TRAINING VERIFICATION IS RECORDED VIA ELECTRONIC RECORDS.

**CORRECTIVE ACTION:**

AGENCY TO INCLUDE IN POLICY 14.15 THAT EMPLOYEES TRANSFERRED FROM MALE FACILITY TO FEMALE FACILITY OR VISA VERSA WILL RECEIVE ADDITIONAL TRAINING PER STANDARD 115.31(b)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

CORRECTIVE ACTION COMPLETION:

AGENCY AMENDED POLICY 14.15 PAGE #5 TO MANDATE EMPLOYEES SHALL RECEIVE ADDITIONAL TRAINING IF THE EMPLOYEE IS REASSIGNED FROM A FACILITY THAT HOUSES ONLY MALE INMATES TO A FACILITY THAT HOUSES ONLY FEMALE INMATES, OR VICE VERSA. AUDITOR HAS DETERMINED THAT AGENCY HAS COMPLIED WITH THIS STANDARD.

**115.32**

**Volunteer and contractor training**

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

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

TRAINING CURRICULUM MEETS PREA STANDARDS. AGENCY MAINTAINS TRAINING RECORDS ON ALL VOLUNTEERS AND CONTRACTORS. NOT ALL VOLUNTEERS HAVE BEEN TRAINED. TRAINING TO BE ACCOMPLISHED IN THE NEAR FUTURE.

**CORRECTIVE ACTION:**

AGENCY TO PROVIDE VERIFICATION THAT ALL VOLUNTEERS AND CONTRACTORS HAVE BEEN TRAINED IN PREA STANDARDS VIA ELECTRONIC TRAINING RECORDS & TRAINING ACKNOWLEDGEMENT FORMS.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY HAS PROVIDED 308 PREA TRAINING ACKNOWLEDGEMENT AND SIGN-IN FORMS FOR CONTRACTORS AND VOLUNTEERS ASSIGNED TO SANTA CLARA COUNTY. THE FORMS CONSTITUTE 100% COMPLIANCE WITH THIS STANDARD AS ALL VOLUNTEERS AND CONTRACTORS HAVE BEEN TRAINED IN PREA. AUDITOR HAS DETERMINED AGENCY HAS COMPLIED WITH STANDARD 115.32

<b>115.33</b>	<b>Resident education</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

AGENCY PROVIDES SEX ABUSE/HARASSMENT INFORMATION IN INMATE HANDBOOK, PAMPLETS & VIDEO IN DIFFERENT LANGUAGES THROUGHOUT THE FACILITY VIA CLOSED CAPTIONED TV IN HOUSING UNIT & CLASSIFICATION HOLDING AREA. DOCUMENTATION PROVIDED VIA ACKNOWLEDGEMENT FORMS & BOOKING SHEETS WITH PREA QUESTIONS. POSTERS IN HOUSING AREAS ARE ON BULLETIN BOARD IN 3 LANGUAGES. POSTERS CANNOT BE FOUND IN THE LIBRARY, COMMON AREAS SUCH AS HALLWAYS & CLASSROOMS.

**CORRECTIVE ACTION:**

AGENCY TO PROVIDE SEX ABUSE/HARASSMENT POSTERS IN COMMON AREAS SUCH AS FACILITY HALLWAYS, LIBRARY AND CLASSROOM FOR THIS INFORMATION CONTINUALLY ACCESSIBLE AND READILY AVAILABLE TO INMATES.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY PROVIDED PHOTOS OF SEX ABUSE/HARASSMENT POSTERS, WHICH ARE PLACED IN COMMON AREAS THROUGHOUT THE FACILITY WHICH IS ACCESSIBLE AND INMATE EDUCATION IS READILY AVAILABLE TO INMATES. AREAS IDENTIFIED ARE WITHIN HOUSING UNIT W-1, W4B, W4C AND SPECIAL HOUSING UNIT. PHOTOS OF INMATE EDUCATION ARE ALSO PROVIDED WITHIN THE NURSES STATION AND NEXT TO THE INMATE PHONES. AGENCY CREATED POSTINGS TO PROVIDE ACCESS PHONE NUMBERS FOR CONFIDENTIAL OUTSIDE REPORTING OF SEX ABUSE/SEXUAL HARASSMENT AND ADVOCACY. THESE POSTINGS INCLUDE NARRATIVE, WHICH EXPLAINS LIMITS TO CONFIDENTIALITY WHEN CONTACTING THESE AGENCIES, MANDATORY REPORTING LAWS THE FACT THAT THESE CALLS ARE NOT MONITORED. AUDITOR HAS DETERMINED THAT AGENCY HAS COMPLIED WITH STANDARD 115.33.

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

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

INTERVIEWS WITH INVESTIGATOR INDICATE 80 HR POST CERTIFIED ICI SEX ABUSE INVESTIGATOR TRAINING IS USED. REVIEW OF TRAINING RECORDS INDICATE ONLY 1 INVESTIGATOR OUT OF THE 4 ASSIGNED HAS COMPLETED THIS COURSE. 2 HAVE ONLY COMPLETED THE ICI CORE COURSE WHICH IS NOT PREA COMPLIANT PER POST PROGRAM MANAGER AND 1 INVESTIGATOR'S TRAINING RECORD INDICATES COMPLETION OF THE ICI SEX ABUSE INVESTIGATOR TRAINING, HOWEVER, NO TRAINING HOURS ARE RECORDED. PER POST PROGRAM MANAGER, THE POST SEX ABUSE TNG COURSE IS PREA COMPLIANT &

MEETS ALL TRAINING REQUIREMENTS OUTLINED IN STANDARD 115.34(b). AGENCY MAINTAINS TRAINING RECORDS HOWEVER, FALL SHORT OF TRAINING CERTIFICATION FOR 3 OUT OF 4 SPECIALIZED INVESTIGATORS.

**CORRECTIVE ACTION:**

1. AGENCY TO ENSURE ALL SPECIALIZED INVESTIGATORS WHO CONDUCT SEX ABUSE INVESTIGATIONS COMPLETE EITHER THE 80 HR POST CERTIFIED ICI SEX ABUSE INVESTIGATORS COURSE, OR THE SEX ABUSE INVESTIGATION IN A CONFINEMENT SETTING COURSE PROVIDED IN THE PREA RESOURCE CENTER CURRICULUM.
2. AGENCY TO ENSURE INVESTIGATOR TRAINING RECORDS REFLECT SEX ABUSE INVESTIGATION TRAINING RECIEVED TO VERIFY COMPLIANCE WITH STANDARD 115.34.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015.**

**CORRECTIVE ACTION COMPLETION:**

APRIL 2015, AGENCY SECURED FUNDS TO CREATE THE JAIL INVESTIGATIVE UNIT. THIS UNIT CONSISTS OF 8 SERGEANTS WHO WILL SERVE AS SPECIAL INVESTIGATORS TO COMPLETE CRIMINAL AND SEX ABUSE INVESTIGATIONS. AS OF THIS DATE 4 INVESTIGATORS HAVE BEEN TRAINED VIA THE NIC SEX ABUSE INVESTIGATION IN A CORRECTIONAL SETTING FOR SPECIAL INVESTIGATORS COURSE. AGENCY HAS PROVIDED AUDITOR WITH COURSE COMPLETION VERIFICATION FROM NIC. TWO OTHERS HAD TAKEN THE COURSE, HOWEVER, THERE WERE TECHNICAL PROBLEMS WITH THE NIC COURSE. TWO INVESTIGATORS ARE SCHEDULED TO COMPLETE THE COURSE BETWEEN MAY 24<sup>TH</sup> AND MAY 29<sup>TH</sup> WHEN THEY RETURN TO WORK. THE REMAINING TWO INVESTIGATORS WILL COMPLETE THE COURSE ONCE THEY RETURN TO WORK IN 3 WEEKS. SPECIAL INVESTIGATORS ASSIGNED TO THIS UNIT ARE PROHIBITED FROM CONDUCTING SEX ABUSE/SEXUAL HARASSMENT INVESTIGATIONS WITHOUT COMPLETION OF THE SEX ABUSE INVESTIGATION IN A CONFINEMENT SETTING COURSE. AGENCY IS WORKING TOWARD FULL COMPLIANCE IN HAVING 50% OF THEIR INVESTIGATORS COMPLETING THE SPECIAL INVESTIGATORS TRAINING. AGENCY HAS SCHEDULED THE BALANCE OF THEIR INVESTIGATORS TO COMPLETE TRAINING WITHIN THE NEXT 3 WEEKS. AUDITOR HAS DETERMINED AGENCY HAS COMPLIED WITH STANDARD 115.34.

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

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

ONLY 50% TO 70% OF MEDICAL & MENTAL HEALTH STAFF HAVE BEEN TRAINED IN ACCORDANCE WITH STANDARD 115.35(a). TRAINING CURRICULUM MEETS PREA STANDARDS. MEDICAL & MENTAL HEALTH STAFF DO NOT CONDUCT FORENSIC EXAMINATIONS. SUCH EXAMINATIONS ARE CONDUCTED AT VALLEY MEDICAL CENTER HOSPITAL. AGENCY MAINTAINS DOCUMENTATION OF MEDICAL & MENTAL HEALTH PRACTITIONER TRAINING. MEDICAL & MENTAL HEALTH STAFF RECIEVE BOTH SPECIALIZED TRAINING TO INCLUDE TRAINING MANDATED FOR BOTH CONTRACTOR & VOLUNTEERS.

**CORRECTIVE ACTION:**

1. AGENCY TO TRAIN ALL MEDICAL AND MENTAL HEALTH STAFF WHO SERVICE INMATES IN THEIR FACILITIES IN ACCORDANCE WITH STANDARDS 115.35(a) and 115.35(d).
2. AGENCY TO PROVIDE PROOF OF TRAINING EITHER THROUGH WRITTEN DOCUMENTATION OR ELECTRONIC MEANS.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY PROVIDED AUDITOR WITH MEDICAL AND MENTAL HEALTH PREA TRAINING SIGN-IN SHEETS AND SIGNED ACKNOWLEDGEMENT FORMS TO VERIFY TRAINING COMPLETION. REVIEW OF THE MEDICAL STAFF TRAINING RECORDS INDICATE THAT OUT OF THE 70 MEDICAL TRAINING DOCUMENTS REVIEWED, 15 WERE MISSING THE PREA ACKNOWLEDGEMENT FORMS BUT HAD SIGNED THE TRAINING ROSTER. THE INSTRUCTOR MADE A NOTE ON THE TRAINING ROSTER SHE HAD FORGOTTEN TO HAVE THE STAFF SIGN THE ACKNOWLEDGEMENT FORMS. REVIEW OF THE 30 MENTAL HEALTH STAFF TRAINING RECORDS INDICATE 18 WERE FOUND TO BE WITHOUT PREA ACKNOWLEDGEMENT FORMS, BUT WERE SIGNED IN ON THE TRAINING ROSTER AND VERIFIED BY THE INSTRUCTOR. AUDITOR HAS DETERMINED 100% OF THE MEDICAL AND MENTAL HEALTH PRACTITIONERS EMPLOYED BY AGENCY HAVE BEEN TRAINED IN PREA. AUDITOR HAS DETERMINED AGENCY IS COMPLIANT WITH STANDARD 115.35.

**115.41****Screening for risk of victimization and abusiveness**

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

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

INITIAL SCREENING OF INMATES IS ACCOMPLISHED UPON ARRIVAL AT INTAKE DURING BOOKING USING AN OBJECTIVE SCREENING INSTRUMENT. SAID INSTRUMENT INCLUDES CRITERIA IDENTIFIED IN STANDARD 115.41(d) EXCEPT FOR CONSIDERATION OF INMATES OWN PERCEPTION OF VULNERABILITY & QUESTION REGARDING INMATES GENDER PERCEPTION. THE ASSESSMENT ONLY ASKS IF THE INMATE IS HOMOSEXUAL OR BI-SEXUAL. THERE IS NO SET TIME PERIOD TO REASSESS AN IMATES CLASSIFICATION IN THE POLICY UPON RECIEPT OF ADDITIONAL INFORMATION. INITIAL SCREENING CONSIDERS CRITERIA IDENTIFIED IN STANDARD 115.41(e). WHEN ASSESSING INMATES PROPENSITY TOWARDS SEXUAL ABUSIVENESS. INMATES RISK LEVEL IS REASSESSED IN ACCORDANCE WITH STANDARD 115.41(g). POLICY DOES NOT PROHIBIT DISCIPLINING AN INMATE FOR FAILING TO ANSWER QUESTIONS AS DESCRIBED IN STANDARD 115.41(h). AGENCY CONDUCTS PROPER CONTROLS OF CLASSIFICATION RECORDS, MAINTAINS CONFIDENTIALITY AND APPROPRIATE SECURITY AS OUTLINED IN STANDARD 115.41(i).

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 13.01 AND BOOKING SHEET TO INCLUDE ALL 10 CRITERIA IDENTIFIED IN STANDARD 115.41(d), SPECIFICALLY #7 & #9
2. AGENCY TO AMEND POLICY 13.01 TO INCLUDE NARRATIVE IDENTIFIED IN STANDARD 115.41(f) AS IT RELATES TO SET TIME PERIOD FOR REASSESSMENT OF INMATES.
3. AGENCY TO AMEND POLICY 13.01 PROHIBITING DISCIPLINING AN INMATE FOR FAILING TO ANSWER QUESTIONS DESCRIBED IN STANDARD 115.41(h)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015****CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGES #20 & #21 TO PROVIDE CRITERIA IDENTIFIED IN STANDARD 115.41(d). AGENCY HAS PROVIDED AUDITOR WITH THE ASSESSMENT INSTRUMENT AND SUPPLEMENTAL ASSESSMENT SHEET USED IN CONJUNCTION WITH THE ASSESSMENT INSTRUMENT WHICH PROVIDES EACH CRITERIA MANDATED IN STANDARD 115.41 WHEN ASSESSING INMATE VULNERABILITY IN A CORRECTIONAL SETTING DURING INITIAL AND REASSESSMENT CLASSIFICATION SESSIONS. CRITERIA #10 HAS BEEN REDACTED FROM THE ASSESSMENT INSTRUMENT DUE TO MANDATE FROM THE SANTA CLARA BOARD OF SUPERVISORS DATED OCTOBER 18, 2011 PROHIBITING CIVIL IMMIGRATION DETAINER REQUESTS FROM IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE). FEDERAL FORM I-247 WILL NO LONGER BE ACCEPTED AND ICE AGENTS WILL NOT BE AFFORDED INFORMATION ON INMATES WHO ARE HOUSED AT ANY SANTA CLARA COUNTY FACILITY, THEREFORE THE IMMIGRATION QUESTION ON THE ASSESSMENT INSTRUMENT IS CONSIDERED MOOT IN SANTA CLARA COUNTY. REASSESSMENT TIMEFRAME IS NOT TO EXCEED 30 DAYS ACCORDING TO POLICY IN COMPLIANCE WITH STANDARD 115.41(f). POLICY PROHIBITS DISCIPLINING AN INMATE FOR FAILING TO ANSWER QUESTIONS AS DESCRIBED IN STANDARD 115.41(h). AUDITOR HAS DETERMINED AGENCY COMPLIES WITH STANDARD 115.41. AUDITOR HAS DETERMINED THAT AGENCY IS COMPLIANT WITH STANDARD 115.41.

<b>115.42</b>	<b>Use of screening information</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

SCREENING INSTRUMENT IS UTILIZED FOR PROGRAMMING & HOUSING ASSIGNMENTS AND MAKING DETERMINATION WITH REGARDS TO SAFETY OF INMATES. HOUSING & PROGRAMMING IS MADE ON CASE BY CASE BASIS. THERE IS NO POLICY PROVISION WHICH STATES TRANSGENDER OR INTERSEX INMATES ARE REASSESSED AT LEAST 2X PER YEAR. NO PROVISION IN POLICY WHICH PROVIDES FOR TRANSGENDER & INTERSEX INMATES VIEWS WITH RESPECT TO THEIR OWN SAFETY BE GIVEN CONSIDERATION. FACILITY DOES PROVIDE FOR ALL INMATES TO SHOWER SEPARATELY & GENDER SPECIFIC INMATES ARE PLACED IN DEDICATED FACILITIES ONLY UPON THEIR REQUEST OR SAFETY & ASSESSMENT IS CONDUCTED EVERY 30 DAYS WHILE THEY ARE IN SAID FACILITY.

**CORRECTIVE ACTION:**

1. AGENCY TO PROVIDE POLICY WITH ADDRESSES STANDARD 115.42(d) PROVIDING REASSESSMENT OF GENDER SPECIFIC INMATES 2X PER YEAR
2. AGENCY TO AMEND POLICY 13.01 TO PROVIDE FOR CONSIDERATION BEING GIVEN TO TRANSGENDER & INTERSEX INMATES VIEW WITH RESPECT TO THEIR OWN SAFETY.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

CORRECTIVE ACTION COMPLETION:

AGENCY HAS AMENDED POLICY 14.15 PAGE #21 WHICH MANDATES TRANSGENDER & INTERSEX INMATES SHALL BE REASSESSED AT LEAST TWICE EACH YEAR TO REVIEW ANY THREATS TO SAFETY EXPERIENCED BY THE INMATE. POLICY ALSO ADDRESSES TRANSGENDER AND INTERSEX INMATES OWN VIEWS WITH RESPECT TO HIS OR HER OWN SAFETY BEING GIVEN SERIOUS CONSIDERATION WITH RESPECT TO HOUSING AND PROGRAMMING. AUDITOR HAS DETERMINED THAT AGENCY IS COMPLIANT WITH STANDARD 115.42.

<b>115.43</b>	<b>Protective custody</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

INMATES AT HIGH RISK FOR SEXUAL VICITIMIZATION SHALL NOT BE PLACED IN INVOLUNTARY SEGREGATION UNLESS ALL AVAILABLE ALTERNATIVES HAVE BEEN EXHAUSTED. POLICY DICTATES INMATES CAN BE PLACED IN ADMINISTRATIVE SEGREGATION UPON REQUEST FOR PROTECTION OR IF DEEMED BY STAFF TO REQUIRE PROTECTION.



SUCH PLACEMENT IS MANDATED BY POLICY TO BE REASSESSED EVERY 30 DAYS TO DETERMINE IF SUCH SEGREGATION CONTINUES TO BE APPROPRIATE AND NECESSARY. WHILE INMATE IS PLACED IN SUCH AN ENVIRONMENT, SHALL NOT BE DEPRIVED OF PRIVILEGES OTHER THAN WHAT IS NECESSARY TO PROTECT INMATES AND STAFF. SHOULD IT BE NECESSARY TO DEPRIVE AN INMATE OF ANY USUALLY AUTHORIZED ITEM OR ACTIVITY, STAFF SHALL DOCUMENT THE ISSUE AND SUBMIT THROUGH CHAIN OF COMMAND

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

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

AGENCY PROVIDES MULTIPLE WAYS FOR INMATES TO PRIVATELY REPORT INCIDENTS OF SEXUAL ABUSE AND SEXUAL HARASSMENT VIA INFORMATION PROVIDED IN HANDBOOK PAMPHLETS AND IN HOUSING UNITS. THERE IS NO POLICY PROVIDING AN AVENUE FOR STAFF MEMBERS TO PRIVATELY REPORT SEXUAL ABUSE AND SEXUAL HARASSMENT OF INMATES.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 9.27 MANDATING STAFF TO ACCEPT REPORTS OF SEXUAL ABUSE/HARASSMENT FROM 3RD PARTY, VERBAL, IN WRITING, ANNONYMOUSLY AND WILL PROMPTLY DOCUMENT ANY VERBAL REPORTS PER STANDARD 115.51(c)
2. AGENCY TO AMEND POLICY 9.27 TO INCLUDE METHOD FOR STAFF TO PRIVATELY REPORT SEXUAL ABUSE/HARASSMENT OF INMATES PER STANDARD 115.51(d)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGES 17 THRU 19 TO MANDATE STAFF TO ACCEPT REPORTS OF SEXUAL ABUSE/HARASSMENT FROM 3RD PARTY, VERBAL, IN WRITING, ANNONYMOUSLY AND WILL PROMPTLY DOCUMENT ANY VERBAL REPORTS PER STANDARD 115.51(c). POLICY IS ALSO AMENDED TO INCLUDE SPECIFIC METHODS FOR STAFF TO PRIVATELY REPORT SEXUAL ABUSE/HARASSMENT OF INMATES PER STANDARD 115.51(d) THROUGH THE STATE OF CALIFORNIA FAIR EMPLOYMENT & HOUSING OR THE FEDERAL EQUAL OPPORTUNITY EMPLOYMENT COMMISSION

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

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

AGENCY DOES NOT POSSESS A POLICY REGARDING THE SUBMISSION OF A GRIEVANCE IN ACCORDANCE WITH PREA STANDARDS. CURRENT POLICY PROVIDES FOR A 15 DAY TIMEFRAME FOR GRIEVANCE SUBMISSION AFTER A POTENTIALLY GRIEVABLE EVENT HAS OCCURRED. GRIEVANCE PROCESS MUST ATTEMPTED TO BE RESOLVED AT THE LOWEST LEVEL POSSIBLE AND DOES NOT MENTION GRIEVANCE CANNOT BE SUBMITTED TO STAFF MEMBER WHO IS SUBJECT OF COMPLAINT OR REFERRED TO STAFF MEMBER WHO IS SUBJECT OF COMPLAINT. POLICY INDICATES GRIEVANCE RESPONSE IS TO BE PROVIDED TO INMATE WITHIN 30 DAYS UNLESS ADDITIONAL TIME IS NEEDED UNDER CERTAIN CIRCUMSTANCES, BUT THE TIME EXTENSION TIMEFRAMES ARE NOT IDENTIFIED. THERE ARE NO PROCEDURES IDENTIFIED IN POLICY WHICH SPEAKS TO AN EMERGENCY GRIEVANCE SUBMISSION AS IDENTIFIED IN 115.52(f). POLICY MEETS STANDARD 115.52(g) IN THAT GRIEVANCE FILED IN BAD FAITH MAY BE MET WITH DISCIPLINARY ACTION.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 14.05 TO REMOVE TIMEFRAME LIMIT WHEN INMATE SUBMITS ALLEGATION OF SEX ABUSE VIA GRIEVANCE
2. AGENCY TO AMEND POLICY 14.05 TO INCLUDE LANGUAGE CONSISTENT WITH STANDARD 115.52(c) CIRCUMVENTING SUBMISSION OF SEX ABUSE GRIEVANCE TO STAFF MEMBER WHO IS
3. SUBJECT OF COMPLAINT OR HAVING SUCH GRIEVANCE REFERRED TO A STAFF MEMBER WHO IS SUBJECT OF COMPLAINT.
4. AGENCY TO AMEND POLICY 14.05 TO MEET STANDARD 115.52(d), PROVIDING TIMEFRAME FOR APPEAL RESPONSE EXTENSION & DOCUMENTATION OF EXTENSION REASON
5. AGENCY TO AMEND POLICY 14.05 TO MEET STANDARD 115.52(e) INCLUDING ASSISTANCE BY 3RD PARTIES IN THE CREATION & FILING OF ADMINISTRATIVE REMEDIES RELATED TO ALLEGATIONS OF SEX ABUSE.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGE #23 & 24, WHICH MANDATES THAT NO TIME LIMIT WILL BE IMPOSED WHEN AN INMATE MAY SUBMIT A GRIEVANCE REGARDING ALLEGATIONS OF SEXUAL ABUSE. INMATES ARE NOT REQUIRED TO USE ANY INFORMAL GRIEVANCE PROCESS OR OTHERWISE ATTEMPTS TO RESOLVE WITH STAFF, ANY ALLEGED INCIDENT OF SEXUAL ABUSE. ANY INMATE ALLEGING SEXUAL ABUSE MAY SUBMIT A GRIEVANCE WITHOUT SUBMITTING IT TO THE STAFF MEMBER WHO IS THE SUBJECT OF THE COMPLAINT AND SUCH GRIEVANCE WILL NOT BE REFERRED TO THE STAF MEMBER WHO IS THE SUBJECT OF THE COMPLAINT. TIMEFRAME FOR APPEAL RESPONSE IS WITHIN 90 DAYS AND INMATES ARE ALLOWED ASSISTANCE BY 3<sup>RD</sup> PARTIES IN THE CREATION AND FILING OF ADMINISTRATIVE REMEDIES RELATED TO ALLEGATIONS OF SEXUAL ABUSE ON BEHALF OF AN INMATE. AUDITOR HAS DETERMINED THE AGENCY HAS COMPLIANED WITH STANDARD 115.52.

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

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

FACILITY PROVIDES INMATES WITH ACCESS TO OUTSIDE VICTIM ADVOCATES BY PROVIDING CONTACT INFORMATION VIA PAMPHLETS & POSTERS IN HOUSING AREAS WITH CONTACT NUMBERS AVAILABLE. FACILITY DOES NOT INFORM INMATES OF THE EXTENT WHICH SUCH COMMUNICATIONS WILL BE MONITORED OR INFO FORWARDED TO AUTHORITIES IN ACCORDANCE WITH MANDATORY REPORTING LAWS, NOT IS IT IN POLICY. AGENCY HAS BEGUN NEGOTIATIONS TO ENTER INTO MOU WITH OUTSIDE ADVOCACY AGENCY.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 14.15 TO INCLUDE NARRATIVE IDENTIFIED IN STANDARD 115.53(b), INFORMING INMATES PRIOR TO GIVING THEM ACCESS TO OUTSIDE SUPPORT SERVICES THE EXTENT TO WHICH SUCH COMMUNICATIONS WILL BE MONITORED.
2. AGENCY TO AMEND INMATE HANDBOOK, PAMPHLETS & POSTERS TO INCLUDE MANDATORY REPORTING LAW INFORMATION.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 TO INCLUDE NARRATIVE INFORMING INMATES PRIOR TO GIVING THEM ACCESS TO OUTSIDE SUPPORT SERVICES THE EXTENT TO WHICH SUCH COMMUNICATIONS WILL BE MONITORED. AGENCY AMENDED THE INMATE BROCHURE & POSTERS TO INCLUDE MANDATORY REPORTING LAW NARRATIVE. AGENCY PROVIDED BROCHURES AND PHOTOS OF POSTERS NEAR CONFIDENTIAL PHONE NUMBERS ON WALL OF HOUSING UNITS FOR VERIFICATION PURPOSES. AUDITOR HAS DETERMINED AGENCY HAS COMPLIED WITH STANDARD 115.53.

<b>115.54</b>	<b>Third-party reporting</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

AGENCY DOES NOT PUBLICLY DISTRIBUTE 3RD PARTY REPORTING METHOD FOR SEXUAL ABUSE HARASSMENT ON BEHALF OF INMATE.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 15.14 TO INCLUDE METHOD TO RECIEVE 3RD PARTY REPORTS OF INMATE SEXUAL ABUSE/HARASSMENT
2. AGENCY TO PUBLICLY DISTRIBUTE INFORMATION ON HOW TO REPORT INMATE SEXUAL ABUSE OR SEXUAL HARASSMENT ON BEHALFOF INMATES.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGES 19 & 20, MANDATING STAFF TO ACCEPT 3<sup>RD</sup> PARTY REPORTS OF INMATE SEXUAL ABUSE/HARASSMENT. NARRATIVE IS INCLUDED IN BOTH THE AGENCY WEBSITE AND INMATE BROCHURES PROVIDED DURING INTAKE. AUDITOR HAS DETERMINED AGENCY MEETS PREA STANDARD 115.54.

<b>115.61</b>	<b>Staff and agency reporting duties</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

AGENCY POLICY REQUIRES ALL STAFF TO REPORT ALLEGATIONS OR INCIDENTS OF SEX ABUSE/HARASSMENT THAT OCCURS IN FACILITY. NO NARRATIVE IN POLICY MENTIONING REPORTING OF RETALIATION AGAINST INMATES. NO POLICY PROHIBITING STAFF FROM REVEALING INFORMATION RELATED TO SEX ABUSE REPORT. MENTAL HEALTH POLICY DOES NOT INCLUDE PRACTITIONERS DUTY TO INFORM, REQUIREMENT TO REPORT, OR LIMITATIONS OF CONFIDENTIALITY AT INITIATION OF SERVICES.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 9.27 TO INCLUDE PROHIBITION OF RETALIATION AGAINST INMATES IN COMPLIANCE WITH STANDARD 116.16(a).
2. AGENCY TO AMEND POLICY 9.27 PROHIBITING STAFF FROM REVEALING INFORMATION RELATED TO SEX ABUSE REPORT TO ANYONE OTHER THAN THOSE IDENTIFIED IN STANDARD 115.61(b).
3. AGENCY TO AMEND POLICY 12.03 TO INCLUDE PRACTITIONERS DUTY TO REPORT, DUTY TO INFORM & LIMITATIONS OF CONFIDENTIALITY AS OUTLINED IN STANDARD 115.61(c).

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGE #16 & 17, MANDATING STAFF TO IMMEDIATELY REPORT TO THE FACILITY OR DIVISION CAPTAIN ANY KNOWLEDGE, SUSPICION OR INFORMATION REGARDING INCIDENTS OF SEXUAL ABUSE OR SEXUAL HARASSMENT AGAINST INMATES, WHETHER THE INCIDENT OCCURRED WITHIN A SANTA CLARA COUNTY DEPARTMENT OF CORRECTIONS FACILITY OR ANY OTHER AGENCY. STAFF SHALL NOT REVEAL ANY INFORMATION RELATED TO A SEXUAL ABUSE REPORT TO ANYONE OTHER THAN TO THE EXTENT NECESSARY (NEED TO KNOW). MEDICAL AND MENTAL HEALTH PRACTITIONERS ARE REQUIRED TO REPORT SEXUAL ABUSE AND TO INFORM INMATES THE LIMITS OF CONFIDENTIALITY AND DUT TO REPORT AT INITIATION OF SERVICES. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.61 MANDATES.

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

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

POLICY FAILS TO INCLUDE PROTOCOL OF ACTIONS TO BE TAKEN WHEN STAFF LEARNS INMATE IS SUBJECT TO SUBSTANTIAL RISK OF IMMINENT SEXUAL ABUSE.

**CORRECTIVE ACTION:**

AGENCY TO AMEND POLICY 14.15 TO INCLUDE LANGUAGE WHICH MEETS STANDARD 115.62(a), IDENTIFYING SPECIFIC PROTOCOL FOR INMATES SUBJECT TO SUBSTANTIAL IMMINENT RISK OF SEX ABUSE

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGE #23 TO INCLUDE NARRATIVE COMPLIANT WITH STANDARD 115.62(a) TO PROVIDE IMMEDIATE ACTION ON THE PART OF STAFF TO PROTECT INMATE WHO MAY BE SUBJECT TO SUBSTANTIAL IMMINENT RISK OF SEXUAL ABUSE. STAFF IS TO IMMEDIATELY RESPOND, ASSESS AND TAKE ACTION TO PROTECT UNDER THESE CIRCUMSTANCES. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.62.

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

AGENCY IDENTIFIED 3 ALLEGATIONS OF SEX ABUSE WHEN INMATE WAS AT ANOTHER FACILITY. POLICY DICTATES BOOKING SERGEANT WILL NOTIFY OTHER AGENCY WHEN ALLEGATION OF SEX ABUSE, WHICH OCCURRED AT ANOTHER FACILITY IS MADE DURING BOOKING PROCEDURE. NO PROTOCOL FOR ALLEGATION OF SAME NATURE MADE OUTSIDE OF BOOKING PROCESS. POLICY DOES NOT POSSESS NOTIFICATION TIMEFRAM LANGUAGE AFTER RECEIVING ALLEGATION, NOR IS THERE ANY NARRATIVE MANDATING DOCUMENTATION VERIFYING NOTIFICATION WAS ACCOMPLISHED. POLICIES ARE COMPLIANT WITH STANDARD 115.63(d).

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 14.15 TO INCLUDE NARRATIVE CONSISTENT WITH STANDARD 115.63(a), SPECIFICALLY TO INCLUDE ALL ALLEGATIONS RECIEVED OUTSIDE THE BOOKING PROCESS.
2. AGENCY TO AMEND POLICY 14.15 TO INCLUDE 72 HOUR TIMEFRAME FOR NOTIFICATION TO BE PROVIDED OTHER FACILITY UPON RECIEPT OF SEX ABUSE ALLEGATION PER 115.63(b)
3. AGENCY TO AMEND POLICY 14.15 TO INCLUDE NARRATIVE THAT NOTIFICATION TO OTHER AGENCY WILL BE DOCUMENTED PER 115.63(c).

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15, PAGE #10 MANDATING STAFF TO REPORT ALL ALLEGATIONS OF SEX ABUSE OF INMATES WHILE CONFINED AT ANOTHER FACILITY TO THE FACILITY CAPTAIN. THE CAPTAIN WILL NOTIFY THE HEAD OF THE FACILITY WHERE THE ALLEGED ABUSE OCCURRED AS SOON AS POSSIBLE BUT NO LATER THAN 72 HOURS AFTER RECEIVING THE ALLEGATION, AND PROVIDE THE REPORTING INFORMATION. THE PROPER NOTIFICATION WITH BE DOCUMENTED AND REPORTED TO THE PREA COORDINATOR. AUDITOR HAS DETERMINED THAT AGENCY COMPLIES WITH STANDARD 115.63.

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

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

POLICY HAS NO PROTOCOL LANGUAGE TO MEET STANDARD 115.64 EXCEPT SEPARATE THE ALLEGED VICTIM & ABUSER. TRAINING CURRICULUM HAS THE PROTOCOL. THERE IS NO PROTOCOL FOR STAFF WHO IS NOT A 1ST RESPONDER. TRAINING CURRICULUM DOES NOT PROVIDE PROTOCOL FOR STAFF RESPONDER WHO IS NOT SECURITY STAFF MEMBER CONSISTENT WITH STANDARD 115.64(b).

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 14.15 TO INCLUDE NARRATIVE CRITERIA IDENTIFIED IN STANDARD 115.64(a) & PROVIDE 1ST RESPONDER STATISTICS OVER THE PAST 12 MONTHS
2. AGENCY TO AMEND POLICY 14.15 TO INCLUDE NARRATIVE IDENTIFIED IN STANDARD 115.64(b), PROTOCOL FOR STAFF RESPONDER WHO IS NOT SECURITY STAFF MEMBER
3. AGENCY TO INCLUDE PROTOCOL IDENTIFIED IN 115.64(b) IN NON-SECURITY STAFF, VOLUNTEER & CONTRACTOR TRAINING CURRICULUM

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY HAS AMENDED POLICY 14.15 TO INCLUDE NARRATIVE MANDATING PROTOCOLS AS IDENTIFIED IN STANDARD 115.64(a). AGENCY DID NOT COLLECT 1<sup>ST</sup> RESPONDER STATISTICS OVER THE PAST 12 MONTHS AS THIS IS THEIR 1<sup>ST</sup> AUDIT.

COLLECTION DATA CRITERIA HAS BEGUN AND WILL BE PROVIDED AFTER 2015. PROTOCOL FOR STAFF IDENTIFIED IN 115.64(b) HAS BEEN PROVIDED AND MANDATED IN THE AMENDED POLICY 14.15, ALONG WITH PROTOCOL FOR NON-SECURITY STAFF. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.64.

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

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

POLICIES DO NOT PROVIDE INSTITUTIONAL PLAN FOR EACH FACILITY TO COORDINATE ACTIONS TAKEN IN RESPONSE TO INCIDENT OF SEXUAL ABUSE AMONG 1ST RESPONDERS MEDICAL AND MENTAL HEALTH PRACTITIONERS, INVESTIGATORS, AND FACILITY LEADERSHIP.

**CORRECTIVE ACTION:**

AGENCY TO DEVELOP AN INSTITUTIONAL PLAN, WHICH MEETS NARRATIVE OF STANDARD 115.65(a). PLAN SHALL BE CREATED SPECIFIC FOR ELMWOOD WOMEN’S FACILITY FOR PREA COMPLIANCE.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGES 4 THRU 10 TO PROVIDE INSTITUTIONAL PLAN TO COORDINATE ACTIONS TAKEN IN RESPONSE TO AN INCIDENT OF SEXUAL ABUSE AMONG 1<sup>ST</sup> RESPONDERS, MEDICAL & MENTAL HEALTH PRACTITIONERS, INVESTIGATORS & FACILITY LEADERSHIP SPECIFIC TO ELMWOOD WOMEN’S FACILITY. AUDITOR HAS DETERMINED AGENCY HAS COMPLIED WITH STANDARD 115.65.

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

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

AGENCY HAS NOT ENTERED INTO OR RENEWED ANY COLLECTIVE BARGAINING AGREEMENT SINCE AUGUST 2012

**115.67**

**Agency protection against retaliation**

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

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

AGENCY'S RETALIATION POLICY PROHIBITS EMPLOYEES FROM RETALIATING AGAINST INMATES AND OTHER EMPLOYEES WHO ALLEGES RETALIATION OR COOPERATES IN ANY SEX ABUSE INVESTIGATION. NO MENTION OF INMATE ON INMATE RETALIATION PROTECTION. THERE IS NO POLICY IN PLACE WHICH IDENTIFIES PROTECTION MEASURES FOR INMATE VICTIMS OF RETALIATION. NO POLICY WHICH IDENTIFIES ANY TREATMENT PROTOCOL OR TIMEFRAMES FOR INMATES WHO HAVE SUFFERED SEXUAL ABUSE TO SEE IF THERE ARE ANY CHANGES THAT MAY SUGGEST POSSIBLE RETALIATION. NO PERIODIC MONITORING IS IDENTIFIED IN POLICY.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 3.31 TO INCLUDE PROTECTION OF INMATES FROM RETALIATION FROM OTHER INMATES PER 115.67(a).
2. AGENCY TO CREATE POLICY WHICH MANDATES THE EMPLOYMENT OF MULTIPLE MEASURES OF PROTECTION FOR INMATES IN ACCORDANCE WITH STANDARD 115.67(b)
3. AGENCY TO CREATE POLICY WHICH PROVIDES MONITORING CONDUCT & TREATMENT FOR AT LEAST 90 DAYS FOLLOWING A REPORT OF SEXUAL ABUSE PER STANDARD 115.67(c)
4. AGENCY TO CREATE POLICY WHICH PROVIDES FOR MONITORING TO INCLUDE PERIODIC CHECKS AS IDENTIFIED IN STANDARD 115.67(d)
5. AGENCY TO CREAT POLICY WHICH STATES ANY OTHER INDIVIDUAL WHO COOPERATES WITH AN INVESTIGATION OR EXPRESSES FEAR OF RETALIATION SHALL BE PROTECTED BY THE AGENCY PER STANDARD 115.67(e).

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETED:**

AGENCY AMENDED POLICY 14.15 PAGES 12 & 13, TO MANDATE PROTECTION OF INMATES FROM RETALIATION FORM OTHER INMATES PER 115.67(a). MULTIPLE MEASURES OF PROTECTION FOR INMATES ARE PROVIDED PER STANDARD 115.67(b). POLICY MANDATES MONITORING OF VICTIMS OF SEXUAL ABUSE FOR AT LEAST 90 DAYS PER STANDARD 115.67(d). INMATES WHO ARE VICTIMS OR AT RISK OF BEING A VICTIM OF RETALIATION OR COOPERATING WITH AN INVESTIGATION WILL BE PROTECTED BY EMPLOYING MULTIPLE MEASURES INCLUDING BUT NOT LIMITED TO HOUSING CHANGES, FACILITY TRANFERS & PROVISION OF EMOTIONAL SUPPORT SERVICES PER STANDARD 115.67(e). AUDITOR HAS DETERMINED AGENCY COMPLIES WITH STANDARD 115.67.

**115.68**

**Post allegation protective custody**

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



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

POLICY MEETS PREA STANDARDS. REVIEW OF SCREENING RECORDS VERIFIES COMPLIANCE WITH POLICY.

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

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

AGENCY CONDUCTS BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS INTO ALLEGATIONS OF SEX ABUSE/HARASSMENT. THERE IS NO POLICY WHICH MANDATES THE USE OF INVESTIGATORS WITH SPECIAL TRAINING IN SEX ABUSE INVESTIGATIONS. POLICY MANDATES INVESTIGATORS GATHER & PRESERVE EVIDENCE IN ACCORDANCE WITH STANDARD 115.71(c). POLICY DOES NOT PROVIDE FOR COMPELLED INTERVIEWS DURING AN INVESTIGATION. POLICY DOES NOT PROVIDE NARRATIVE IDENTIFIED IN STANDARD 115.71(e) AS IT RELATES TO THE CREDIBILITY OF ALLEGED VICTIM NOR DOES POLICY INCLUDE NARRATIVE AS IDENTIFIED IN STANDARD 115.71(f) RELATING TO DETERMINATION OF STAFF ACTIONS CONTRIBUTING TO ABUSE. POLICY DOES PROVIDE FOR DOCUMENTATION OF INVESTIGATIVE INFORMATION, INVESTIGATIVE FACTS & FINDINGS. SUBSTANTIATED ALLEGATIONS OF CONDUCT APPEARING TO BE CRIMINAL ARE REFERRED FOR PROSECUTION. INVESTIGATIVE RECORD MAINTENANCE IS NOT PROVIDED IN POLICY. STANDARD 115.71(j) IS NOT PROVIDED IN POLICY.

**CORRECTIVE ACTION:**

1. POLICY 1.19 & 9.29 TO BE AMENDED TO INCLUDE LANGUAGE MANDATING USE OF INVESTIGATORS TRAINED IN SEXUAL ABUSE INVESTIGATIONS PER STANDARD 115.71(b)
2. POLICY 1,19 OR 9.29 AMENDED TO INCLUDE COMPELLED INTERVIEW LANGUAGE AS IDENTIFIED IN STANDARD 115.71(d)
3. POLICY 1.19 & 9.29 AMENDED TO INCLUDE CRITERIA #1 IN STANDARD 115.71(f) "EFFORT TO DETERMINE WHETHER STAFF ACTIONS OR FAILURES TO ACT CONTRIBUTED TO ABUSE.:
4. POLICY 1.19 & 9.29 AMENDED TO INCLUDE INVESTIGATIVE REPORT RETENTION STANDARDS AS OUTLINED IN STANDARD 115.71(i)
5. POLICY 1.19 & 9.29 AMENDED TO INCLUDE NARRATIVE IN STANDARD 115.71(j) WHICH MANDATES CONTINUATION OF INVESTIGATION DESPITE ALLEGED ABUSER TERMINATES EMPLOYMENT

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGES 14 & 15 MANDATING USE OF INVESTIGATORS TRAINED IN SEX ABUSE INVESTIGATIONS PER STANDARD 115.71(b). POLICY INCLUDES LANGUAGE MANDATING THE USE OF COMPELLED INTERVIEWS DURING INVESTIGATIONS ONLY WITH APPROVAL OF PROSECUTOR AND DETERMINATION OF WHETHER STAFF ACTIONS OR FAILURES TO ACT CONTRIBUTED TO SEX ABUSE. POLICY ALSO WAS AMENDED TO INCLUDE INVESTIGATIVE REPORT RETENTION STANDARDS AS OUTLINED IN STANDARD 115.71(i) AND INCLUDES STANDARD NARRATIVE MANDATING CONTINUATION OF INVESTIGATION DESPITE ALLEGED ABUSER TERMINATES EMPLOYMENT IN COMPLIANCE WITH STANDARD 115.71(j). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.71.

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

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

POLICY & INVESTIGATIVE OFFICES ARE COMPLIANT WITH PREA STANDARDS. CRIMINAL INVESTIGATIONS USE PROBABLE CAUSE AS THIS IS THE INITIAL ACTION IN A SEXUAL ABUSE OR SEXUAL HARASSMENT INVESTIGATIVE PROCESS & IF SUBSTANTIATED CASE WILL BE REFERRED TO THE DISTRICT ATTORNEY'S OFFICE, IF UNSUBSTANTIATED, THE CASE IS REFERRED TO INTERNAL AFFAIRS WHERE THE STANDARD IS PREPONDERANCE OF THE EVIDENCE TO DETERMING WHETHER THE ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT ARE SUBSTANTIATED.

**115.73**

**Reporting to residents**

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

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

INVESTIGATIVE POLICIES PROVIDE FOR INFORMING A COMPLAINING PARTY OF SEX ABUSE ALLEGATION WHEN THE COMPLAINT INVOLVES AN EMPLOYEE. POLICY DOES NOT IDENTIFY NOTIFICATION PROTOCOL WHEN ALLEGATION AND INVESTIGATION CONCERNS INMATE ON INMATE SEX ABUSE.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICIES 1.19 & 9.29 TO INCLUDE NARRATIVE IN COMPLIANCE WITH STANDARD 115.73(a) TO INCLUDE INMATE ON INMATE COMPLAINT
2. AGENCY TO AMEND POLICIES 1.19 & 9.29 TO INCLUDE CRITERIA IDENTIFIED IN STANDARD 115.73(C) REGARDING INFORMING INMATE REGARDING STAFF EMPLOYMENT AND/OR LEGAL STATUS AT IT RELATES TO THE INSTANT SEX ABUSE INVESTIGATION
3. AGENCY TO AMEND POLICIES 1.19 & 9.29 TO COMPLY WITH STANDARD 115.73(d) TO INFORM VICTIM OF ALLEGED ABUSER INDICTMENT OR CONVICTION
4. AGENCY TO AMEND POLICIES 1.19 & 9.29 TO COMPLY WITH STANDARD 115.73(e) IN THAT ALL NOTIFICATIONS OR ATTEMPTED NOTIFICATIONS ARE DOCUMENTED

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY HAS AMENDED POLICY 14.15 PAGES 17 & 18, MANDATING PROTOCOL FOR INMATE SEXUAL ABUSE REPORTING. FOLLOWING AN INMATES ALLEGATION OF SEX ABUSE BY STAFF MEMBER, THE AGENCY WILL PROVIDE NOTIFICATION TO VICTIM PER STANDARD 115.73(c), INCLUDING SAME NOTIFICATION IN THE CASE OF INMATE ON INMATE PER STANDARD 115.73(d). ALL NOTIFICATIONS WILL BE DOCUMENTED PER STANDARD 115.73(e). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.73.

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

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

EMPLOYEE DISCIPLINE POLICIES PROVIDES FOR DISCIPLINARY SANCTIONS UP TO AND INCLUDING TERMINATION FOR VIOLATING AGENCY SEX ABUSE/HARASSMENT POLICY. SANCTIONS SHALL BE COMMENSURATE WITH NATURE & CIRCUMSTANCES OF ACTS COMMITTED AS OUTLINED IN STANDARD 115.76(c). POLICIES DO NOT PROVIDE LANGUAGE COMPLIANT WITH STANDARD 115.76(d) TO INDICATE TERMINATIONS BY STAFF WHO WOULD HAVE BEEN TERMINATED IF NOT FOR RESIGNATION ARE REPORTED TO LAW ENFORCEMENT AGENCIES UNLESS ACTIVITY WAS CLEARLY NOT CRIMINAL .

**CORRECTIVE ACTION:**

AGENCY TO AMEND EMPLOYEE DISCIPLINE SANCTION POLICY TO INCLUDE NARRATIVE OUTLINED IN STANDARD 115.76(d) INDICATING TERMINATIONS BY STAFF WHO WOULD HAVE BEEN TERMINATED IF NOT FOR RESIGNATION ARE REPORTED TO LAW ENFORCEMENT AGENCIES UNLESS ACTIVITY WAS CLEARLY NOT CRIMINAL .

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY HAS AMENDED POLICY 14.15 PAGE #30, MANDATING ALL STAFF TERMINATIONS FOR VIOLATIONS OF AGENCY SEX ABUSE OR SEUAL HARASSMENT POLICIES, OR RESIGNATIONS BY STAFF IN LIEU OF BEING TERMINATED SHALL BE REPORTED TO THE LAW ENFORCEMENT AGENCIES OF JURISDICTON, UNLESS THE ACTIVITY WAS CLEARLY NOT CRIMINAL. AUDITOR HAS DETERMINED AGENCY IS COMPLIANT WITH STANDARD 115.76.

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

POLICY NOT COMPLIANT FOR EITHER STANDARD PROVISION 115.77(a) NOR 115.77(b).

**CORRECTIVE ACTION:**

AGENCY TO AMEND POLICY TO INCLUDE NARRATIVE IDENTIFIED IN STANDARD 115.77(a) AND 115.77(b) PROHIBITING CONTRACTORS/VOLUNTEERS WHO ENGAGE IN SEX ABUSE FROM CONTACT WITH INMATES &

REPORTED TO LAW ENFORCEMENT. FACILITY TO TAKE MEASURES TO CONSIDER PROHIBITING FURTHER CONTACT WITH INMATES IN THESE CASES.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGE #30, MANDATING CONTRACTORS /VOLUNTEERS WHO ENGAGE IN SEXUAL ABUSE OR SEXUAL HARASSMENT SHALL BE PROHIBITED FROM CONTACT WITH INMATES AND SHALL BE REPORTED TO LAW ENFORCEMENT AGENCIES AND TO RELEVANT LICENSING BODIES, UNLESS THE ACTIVITY WAS CLEARLY NOT CRIMINAL. AUDITOR HAS DETERMINED AGENCY IS COMPLIANT WITH STANDARD 115.77.

<b>115.78</b>	<b>Disciplinary sanctions for residents</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

INMATES ARE SUBJECT TO A FORMAL DISCIPLINARY PROCESS WHICH MAY RESULT IN SANCTIONS FOLLOWING AN ADMINISTRATIVE FINDING THAT INMATE ENGAGED ON INMATE ON INMATE SEXUAL ABUSE OR CRIMINAL FINDING OF GUILT FOR SAME BEHAVIOR. SANCTIONS ARE COMMENSURATE WITH NATURE AND CIRCUMSTANCE OF ABUSE COMMITTED. POLICY DOES NOT INCLUDE CONSIDERATION OF WHETHER INMATES MENTAL DISABILITIES OR MENTAL ILLNESS CONTRIBUTED TO BEHAVIOR WHEN DETERMINING SANCTIONS. FACILITY DOES NOT OFFER THERAPY TO THE OFFENDER, ONLY THE VICTIM OF SEX ASSAULT. INMATE SEXUAL CONTACT WITH STAFF WITHOUT STAFF CONSENT IS CONSIDERED A MAJOR CRIMINAL VIOLATION WHICH RESULTS IN DISCIPLINARY ACTION TO INCLUDE POSSIBLE PROSECUTION. NO MENTION IN POLICY WITH REGARDS TO PROHIBITION OF DISCIPLINARY ACTION SHOULD AN INMATE MAKE A GOOD FAITH EFFORT AND REASONABLE BELIEF A SEXUAL ASSAULT OCCURRED WHEN REPORTING SAME. THE AGENCY PROHIBITS SEXUAL ABUSE AMONG INMATES.

**CORRECTIVE ACTION:**

1. AGENCY TO AMEND POLICY 15.01 TO INCLUDE NARRATIVE COMPLIANT WITH STANDARD 115.78(c) REGARDING INMATES MENTAL STATUS WHEN DETERMINING SANCTION
2. AGENCY TO AMEND POLICY 15.01 TO INCLUDE PROHIBITION OF DISCIPLINARY ACTION WHEN INMATE MAKES GOOD FAITH EFFORT WHEN ALLEGING SEXUAL ABUSE WHEN HE/SHE REASONABLY BELIEVES THE ACTION TOOK PLACE

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGE #29 MANDATING INMATES MENTAL STATUS BE CONSIDERED WHEN DETERMINING SANCTIONS FOR SEXUAL ABUSE & SEXUAL HARASSMENT. SEXUAL ABUSE ALLEGATION MADE IN GOOD FAITH BASED UPON A REASONABLE BELIEF THAT THE ALLEGED CONDUCT OCCURRED, SHALL NOT CONSTITUTE FALSELY REPORTING AN INCIDENT OR LYING, EVEN IF THE INVESTIGATION DOES NOT ESTABLISH EVIDENCE SUFFICIENT TO SUBSTANTIATE THE ALLEGATION. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.78.

**115.81**

**Medical and mental health screenings; history of sexual abuse**

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

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

PREA & MENTAL HEALTH POLICIES DO NOT PROVIDE SPECIFIC TIMEFRAME AS TO WHEN INMATE RECEIVES MENTAL HEALTH CARE UPON AGENCY RECEIVING INFORMATION AT SCREENING THAT INMATE WAS VICTIM OF SEXUAL ABUSE. INFORMATION RELATED TO SEXUAL VICTIMIZATION OR ABUSIVENESS THAT OCCURRED IN INSTITUTIONAL SETTING IS MAINTAINED IN THE MENTAL HEALTH UNIT AND CLASSIFICATION UNIT FOR CONFIDENTIALITY PURPOSES AND SECURITY. MEDICAL & MENTAL HEALTH PRACTITIONERS OBTAIN INFORMED CONSENT FROM INMATES BEFORE REPORTING INFORMATION ABOUT PRIOR SEXUAL VICTIMIZATION.

**CORRECTIVE ACTION:**

AGENCY TO AMEND POLICIES 14.14 & 12.03 TO MANDATE INMATE VICTIM OF SEXUAL VICTIMIZATION, DISCOVERED DURING SCREENING, BE PROVIDED A FOLLOW-UP MENTAL HEALTH MEETING WITHIN 14 DAYS OF INTAKE SCREENING, IN ACCORDANCE WITH STANDARD 115.81(a).

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY HAS AMENDED POLICY 14.15 PAGE #26, MANDATING THAT IF, DURING INTAKE SCREENING PROCESS, IT IS DETERMINED THAT THE INMATE HAS EXPERIENCED PRIOR SEXUAL VICTIMIZATION, WHETHER IT OCCURRE IN AN INSTITUTIONAL SETTING OR IN THE COMMUNITY, AND THE INMATE REMAINS IN CUSTODY, ACHS/MENTAL HEALTH WILL CONDUCT, WITHIN 14 DAYS A FOLLOWUP MEETING WITH THE INMATE. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.81.

**115.82**

**Access to emergency medical and mental health services**

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

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

INMATES VICTIMS ARE PROVIDED UNIMPEDED ACCESS TO EMERGENCY MEDICAL SERVICES & SERVICES ARE DETERMINED BY MEDICAL PRACTITIONERS ACCORDING TO THEIR PROFESSIONAL JUDGEMENT. MEDICAL & MENTAL HEALTH PRACTITIONERS ARE ON DUTY 24/7 IN ALL FACILITIES, 1ST RESPONDERS TAKE PRELIMINARY STEPS TO PROTECT VICTIM OF SEXUAL ABUSE THEN IMMEDIATELY NOTIFYING APPROPRIATE MENTAL HEALTH & MEDICAL PRACTITIONERS. VICTIMS OF SEXUAL ABUSE ARE TREATED AT

VALLEY MEDICAL CENTER AND ARE PROVIDED WITH HIGHEST LEVEL OF CARE. REVIEW OF INVESTIGATIVE FILE OF RECENT SEXUAL ABUSE CASE VERIFIES HIGH LEVEL OF CARE AT THAT FACILITY. INMATE CARE IS PROVIDED THROUGH THE SANTA CLARA COUNTY VALLEY MEDICAL CENTER ADULT CUSTODY HEALTH SERVICES WITHOUT FINANCIAL COST. AUDITOR HAS DETERMINED THE AGENCY IS COMPLIANT WITH STANDARD 115.83.

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

FACILITY OFFERS MEDICAL & MENTAL HEALTH CARE FOR ALL INMATES VICIMIZED BY SEXUAL ABUSE CONSISTENT WITH THE COMMUNITY LEVEL OF CARE. EVALUATION OF VICTIMS INCLUDES TREATMENT PLANS AS IDENTIFIED IN STANDARD 115.83(b). POLICY FAILS TO INCLUDE NARRATIVE INDICATING PREGNANCY TESTS PROVIDED TO VICTIMS OF VAGINAL PENETRATION OR TIMELY & COMPREHENSIVE INFORMATION ABOUT LAWFUL PREGNANCY-RELATED MEDICAL SERVICES. POLICY DOES NOT PROVIDE FOR TESTS FOR STD'S. TREATMENT FOR SERVICES ARE PROVIDED WITHOUT FINANCIAL COST.

**CORRECTIVE ACTION:**

POLICY 12.01 AMENDED TO PROVIDE LANGUAGE CONSISTENT WITH STANDARDS 115.83(d), 115.83(e), and 115.83(f) REGARDING PREGNANCY TESTS, PREGNANCY RELATED MEDICAL SERVICES AND TESTING FOR STD'S FOR VICTIMS OF SEXUAL ABUSE.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGE #26 & 27, MANDATING HEALTH CARE CONSISTENT WITH THE LEVEL OF CARE IN THE COMMUNITY. IN ADDITION, INMATES ARE TO BE PROVIDED MENTAL HEALTH CARE, PREGNANCY RELATED MEDICAL SERVICES & TESTING FOR STD FOR VICTIMS OF SEXUAL ABUSE. SERVICES ARE TO BE PROVIDED WITHOUT FINANCIAL COST TO VICTIM REGARDLESS OF WHETHER THE VICTIM NAMES THE ABUSE OR COOPERATES WITH ANY INVESTIGATION ARISING OUR TO THE INCIDENT. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.83.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

PER FACILITY HEAD, AND POLICY AN INCIDENT REVIEW IS CONDUCTED ON ALL INCIDENTS OCCURRING WITHIN THE FACILITY. NO POLICY TO MANDATE REVIEW TO ORDINARILY OCCUR WITHIN 30 DAYS AFTER CONCLUSION OF INVESTIGATIONS. NO POLICY MANDATING THE MAKEUP OF THE INCIDENT REVIEW TEAM OR CRITERIA THE INCIDENT REVIEW TEAM WILL CONSIDER WHEN REVIEWING A SEXUAL ASSAULT INCIDENT. NO POLICY WHICH MANDATES FACILITY TO IMPLEMENT RECOMMENDATIONS FOR IMPROVEMENT FROM THE INCIDENT REVIEW TEAM AND DOCUMENT REASONS FOR NOT IMPLEMENTING RECOMMENDATIONS SHOULD THE FACILITY DEEM NOT TO.

**CORRECTIVE ACTION:**

AGENCY TO AMEND POLICY 1.19 TO INCLUDE A SEX ABUSE INVESTIGATION REVIEW TEAM PROTOCOL. PROTOCOL SHALL INCLUDE TIMEFRAME FOR CONDUCTING THE REVIEW CONSISTENT WITH STANDARD 115.86(b), MAKEUP OF MEMBERS AS IDENTIFIED IN STANDARD 115.86(c), CRITERIA FOR CONSIDERATION BY THE TEAM AS IDENTIFIED IN STANDARD 115.86(d), AND IMPLEMENTATION LANGUAGE AS IDENTIFIED IN STANDARD 115.86(e).

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGE #15 & 16, MANDATING SEX ABUSE INVESTIGATION REVIEW TEAM BE CONDUCTED WITH 30 DAYS OF THE CONCLUSION OF EVERY SEX ABUSE INVESTIGATION ON ALL FOUNDED AND UNSUBSTANTIATED CASE DETERMINATIONS. SPECIFIC PROTOCOL CRITERIA COMPLIANT WITH STANDARD 115.86(d) AND IMPLEMENTATION LANGUAGE AS IDENTIFIED IN STANDARD 115.86(e) IS PROVIDED IN POLICY. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.86.

<b>115.87</b>	<b>Data collection</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

AGENCY DOES NOT COLLECT DATA CONSISTENT WITH STANDARD 115.87(a)/(c). AGENCY DOES NOT AGGREGATE INCIDENT-BASED SEXUAL ABUSE DATA AT LEAST ANNUALLY. AGENCY INTERNAL AFFAIRS UNIT MAINTAINS ALL AVAILABLE INCIDENT-BASED DOCUMENTS.

**CORRECTIVE ACTION:**

1. AGENCY TO CREATE PROTOCOL TO COLLECT DATA CONSISTENT WITH STANDARD 115.87(a)/(c)
2. AGENCY SHALL AGGREGATE INCIDENT-BASED SEXUAL ABUSE DATA AT LEAST ANNUALLY.

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**



**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGE #31 THROUGH 33, MANDATING AGENCY COLLECT, REVIEW AND MAINTAIN ALL INCIDENT BASE DATA, INCLUDING REPORTS, INVESTIGATION FILES AND SEX ABUSE INCIDENT REVIEW IN ACCORDANCE WITH STANDARD 115.87(a)/(c). AGENCY SHALL ALSO OBTAIN INCIDENT-BASED AND AGGREGATED DATA FROM EVERY PRIVATE FACILITY WHICH IT CONTRACTS FOR THE CONFINEMENT OF INMATES. ALL INCIDENT-BASE SEXUAL ABUSE DATA SHALL BE AGGEGATED ANNUALLY. AUDITOR HAS DETERMINED AGENCY COMPLIES WITH STANDARD 115.87.

<b>115.88</b>	<b>Data review for corrective action</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

AGENCY DOES NOT HAVE ANY DATA COLLECTION PROTOCOL WHICH MEETS STANDARD 115.88(a). AGENCY HAS NO PROTOCOL TO COMPARE SEXUAL ABUSE DATA WITH PREVIOUS YEARS PER 115.88(b). SEXUAL INCIDENT DATA INFORMATION IS NOT MADE PUBLICLY AVAILABLE AT THIS TIME.

**CORRECTIVE ACTION:**

1. AGENCY TO CREATE PROTOCOL TO PROVIDE AGGREGATED DATA IN ORDER TO ASSESS & IMPROVE EFFECTIVENESS OF SEX ABUSE PROTECTION PER STANDARD 115.88(a)
2. AGENCY TO MAINTAIN AVAILABLE DATA AND CREATE PROTOCOL TO COMPARE SEXUAL ABUSE DATA FROM CURRENT YEAR WITH PRIOR YEARS PER STANDARD 115.88(b)
3. AGENCY TO MAKE ANNUAL REPORT AVIALABLE TO THE PUBLIC THROUGH AGENCY WEBSITE OR OTHER MEANS PER STANDARD 115.88(c)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

AGENCY AMENDED POLICY 14.15 PAGES 26 THROUGH 33, IDENTIFYING PROTOCOL OF AGGREGATED DATA PROVISION TO IMPROVE EFFECTIVE NESS OF SEX ABUSE PROTECTION PER STANDARD 115.99(a). AGENCY TO PROVIDE ALL AGGREGATED INCIDENT BASED SEXUAL ABUSE DATA ANNUALLY AND MAKE DATA AVAILABLE TO THE PUBLIC ANNUALLY VIA AGENCY WEBSITE OR OTHER MEANS WITH PERSONAL IDENTIFIERS REMOVED PRIOR TO PUBLISHING. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.88.

<b>115.89</b>	<b>Data storage, publication and destruction</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

AGENCY HAS NO SEX ABUSE DATA STORAGE, PUBLICATION OR DESTRUCTION POLICY COMPLIANT WITH STANDARD 115.89.

**CORRECTIVE ACTION:**

1. AGENCY TO CREATE SEX ABUSE DATA RETENTION STORAGE POLICY PER STANDARD 115.89(a)
2. AGENCY TO CREATE SEX ABUSE DATA FROM ALL AVAILABLE SOURCES PER STANDARD 115.89(b)
3. AGENCY TO MAKE AGGREGATED SEXUAL ABUSE DATA PUBLICLY AVAILABLE WITH PERSONAL IDENTIFIERS REMOVED PER STANDARD 115.89(c)
4. AGENCY TO CREATE POLICY TO MAINTAIN SEX ABUSE DATA FOR AT LEAST 10 YEARS AFTER THE DATE OF THE INITIAL COLLECTION UNLESS FEDERAL, STATE, OR LOCAL LAW REQUIRES OTHERWISE PER STANDARD 115.89(d)

**AGENCY TO PROVIDE VERIFICATION OF CORRECTIVE ACTION COMPLIANCE BY APRIL 24, 2015**

**CORRECTIVE ACTION COMPLETION:**

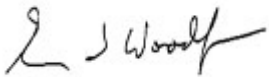
AGENCY AMENDED POLICY 14.15 PAGES 32 & 33 MANDATING THE FOLLOWING:

1. SEX ABUSE DATA RETENTION STORAGE AT THE CRIMINAL INVESTIGATION UNIT PER STANDARD 115.89(a)
2. AGENCY TO CREATE SEX ABUSE DATA FROM ALL INCIDENT-BASED DOCUMENTS, INCLUDING REPORTS, INVESTIGATIVE FILES AND SEXUAL ABUSE INCIDENT REVIEWS PER STANDARD 115.89(b)
3. AGENCY TO MAKE AGGREGATED SEXUAL ABUSE DATA PUBLICLY AVAILABLE WITH PERSONAL IDENTIFIERS REMOVED PER STANDARD 115.89(c)
4. AGENCY TO CREATE POLICY TO MAINTAIN SEX ABUSE DATA FOR AT LEAST 10 YEARS AFTER THE DATE OF THE INITIAL COLLECTION UNLESS FEDERAL, STATE, OR LOCAL LAW REQUIRES OTHERWISE PER STANDARD 115.89(d)

AUDITOR HAS DETERMINED THE AGENCY IS COMPLIANT WITH STANDARD 115.89.

**AUDITOR CERTIFICATION:**

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



SEPTEMBER 15, 2014

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Auditor Signature

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Date

**FINAL PREA REPORT AUDITOR CERTIFICATION:**

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

MAY 23, 2015

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Auditor Signature

Date

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