

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

Interim Final

Date of Interim Audit Report: 7/27/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 1/26/2021

Auditor Information

Name: Eric Woodford

Email: eiw@comcast.net

Company Name: Correctional Consulting Services, LLC

Mailing Address: PO Box 732

City, State, Zip: Benicia, CA 94510

Telephone: (707) 333-8303

Date of Facility Visit: 6/9/2020 to 6/12/2020

Agency Information

Name of Agency: Santa Clara County Custody Bureau

Governing Authority or Parent Agency (If Applicable): [Click or tap here to enter text.](#)

Physical Address: 180 West Hedding Street

City, State, Zip: San Jose, CA 95110

Mailing Address: Same as above

City, State, Zip: Same as above

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.sccgov.org/sites/sheriff/jail-reforms/Pages/reforms.aspx>

Agency Chief Executive Officer

Name: Ken Binder, Undersheriff

Email: kenneth.binder@shf.sccgov.org

Telephone: (408)808-4900

Agency-Wide PREA Coordinator

Name: Thomas Duran

Email: Thomas.duran@shf.sccgov.org

Telephone: (408) 8083655

PREA Coordinator Reports to:

Asst. Sheriff Timothy Davis

Number of Compliance Managers who report to the PREA Coordinator:

3

Facility Information

Name of Facility: Elmwood Correctional Center for Women

Physical Address: 701 South Abel Street

City, State, Zip: Milpitas, CA 95035

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: <https://www.sccgov.org/sites/sheriff/jail-reforms/Pages/reforms.aspx>

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

NCCCHC

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:

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Mark Padget

Email: mark.padget@shf.sccgov.org

Telephone: (408) 957-5303

Facility PREA Compliance Manager

Name: Marcos Perez

Email: marcos.perez@shf.sccgov.org

Telephone: (408) 957-5309

Facility Health Service Administrator N/A

Name: Andrew James

Email: Andrew.s.james@hhs.sccgov.org

Telephone: (408) 504-3640

Facility Characteristics

Designated Facility Capacity:

634

Current Population of Facility:

410

Average daily population for the past 12 months:

431

Has the facility been over capacity at any point in the past 12 months?

Yes No

Which population(s) does the facility hold?

Females Males Both Females and Males

Age range of population:

18 – 71+

Average length of stay or time under supervision:

117

Facility security levels/inmate custody levels:

Minimum to Maximum

Number of inmates admitted to facility during the past 12 months:

5215

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2851
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1245
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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):	<input type="checkbox"/> Federal Bureau of Prisons <input 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 checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	326
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	30
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	269
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	121
Physical Plant	
Number of buildings: 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.	8

Number of inmate housing units: 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.	9
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Number of single cell housing units:	1
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Number of multiple occupancy cell housing units:	1
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Number of open bay/dorm housing units:	7
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Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
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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
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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
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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams
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Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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

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:	7
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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 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.)
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N/A

Administrative Investigations

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?

326

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

- Facility investigators
- Agency investigators
- 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)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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.

A Prison Rape Elimination Act (PREA) Audit was conducted at the Santa Clara County Jail (SCCJ) Elmwood Women's Facility during the week of 5/15/2020 by Eric Woodford a US Department of Justice (USDOJ) certified PREA Auditor. This was the first PREA audit for the Santa Clara County Sheriff's Department for this PREA audit cycle.

On 2/11/2020 the auditor contacted Just Detention International (JDI) and spoke with the Operations Director who indicated there has been no record of calls or correspondence regarding allegations of sexual abuse from the Santa Clara County Jail (SCCJ) Elmwood Women's Facility over the past 12 months.

On 2/27/2020 the Santa Clara County Sheriff's Office and auditor signed a PREA audit agreement to conduct PREA audit the Santa Clara County Jail (SCCJ) Elmwood Women's Facility. This was a 3-year contract extension as the current agreement ended on 6/30/2020 and the new agreement was an extension to end on 5/2/21.

On 3/5/2020, the auditor provided the agency PREA Manager with pre-audit documentation such as the roster requests for document review selection and written requests for the Investigative Matrix and Investigative Flow Chart. The PREA Manager previously obtained the latest pre-audit questionnaire, audit process map, audit documentation checklist and audit tour instructions from the PREA Resource Center website. Agency provided the Investigative Matrix and Investigative Flow Chart on 3/20/2020 to the auditor. The auditor also provided Agency with roster requests for document review selection. The roster requests were for line staff, administrative staff, specialized staff, inmates currently housed at the facility, targeted inmates, contractors and volunteers.

On 3/19/2020, Agency provided the majority of the requested lists for document review. Pending lists are for Sexual Abuse and Sexual Harassment investigative files, copies of grievances submitted over the past 12 months, Rape Crisis Hotline calls over the past 12 months, and Incident Review Team documentation for reviews conducted over the past 12 months.

A conference call was conducted with facility administration on 3/19/2020 to establish the PREA Manager as the point of contact (POC) and discuss processes and expectations with the auditor. Mail process of correspondence between inmate and auditor was also discussed.

The facility completed the Pre-Audit Questionnaire (PAQ) on 4/2/2020. Facility staff provided the auditor with a number of documents including schematics, policies, logs and other resources to the PAQ on 4/7/20. The PAQ noted that no internal or external audits except for the 2017 SCCJ Elmwood Women's Facility PREA audit. During the course of the audit the auditor exchanged numerous emails and phone conversations with the PREA Coordinator relative to document requests. The agency complied with all requests.

On 4/7/20, the PREA Manager provided auditor with Notice of Auditor poster placement verification. Poster language is in English, Vietnamese and Spanish. Agency provided verification of posting six weeks and one day prior to the onsite audit. Postings were in all housing units, hallways, classrooms, medical, and staff squad rooms and break rooms.

Auditor made selections based upon hire date, gender, job positions, inmate housing units and staff shifts. Auditor presented agency with random selections for document review on 4/8/20. Auditor also requested investigation records, grievances, training records, inmate screening records and personnel records pulled from the selections made by auditor. Auditor also requested Rape Crisis Hotline calls over the past 12 months and Incident Review Team documentation for reviews conducted over the past 12 months.

4/10/20, the PREA Manager provided auditor with the pending lists for Sexual Abuse and Sexual Harassment investigative files (both open and closed cases, copies of grievances submitted over the past

12 months, Rape Crisis Hotline calls over the past 12 months, and Incident Review Team documentation for reviews conducted over the past 12 months. The agency provided the documents by 5/1/2020 for auditor to complete the document review worksheets for verification of compliance.

During the pre-audit process, the auditor requested and reviewed a number of documents to assist in the triangulation of data and support the findings in the individual provisions. These documents included:

- Complete inmate roster – where random selections were made for document review
- Youthful inmates/detainees - NONE
- Inmates with disabilities - where random selections were made for document review
- Inmates who are LEP - where random selections were made for document review
- LGBTI Inmates - NONE
- Inmates in segregated housing - NONE
- Residents in isolation - NONE
- Inmates/residents who reported sexual abuse - NONE
- Inmates/residents who reported sexual victimization during risk screening - 4
- Complete staff roster – where random selections were made for document review
- Specialized staff - 21
- All contractors who have contact with inmates
- All volunteers who have contact with inmates
- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit. – 20 cases provided, (14 allegations of sexual harassment, 6 allegations of sexual abuse)
- All hotline calls made during the 12 months preceding the audit
- 22 Staff Files were reviewed
- 10 Contractors & Volunteer files were reviewed
- 22 Inmate screening files were reviewed.

Auditor received one correspondence letters from an inmate currently housed at the Main Jail Facility. The concerns of this inmate was not PREA related and the auditor responded via letter to the inmate explaining that since the issue was not PREA related, she would need to contact Santa Clara County staff to resolve her complaint. A second letter was received by an inmate housed at the Elmwood Women's facility following the onsite audit, who claimed a female deputy sexually harassed her. The inmate had already filed a complaint with the Chief of Corrections and Internal Affairs. Allegation was determined to be unfounded. One week prior to the onsite audit, auditor requested agency complete the Specialized listing of staff and provide a listing of staff, contractors and volunteers which provides for their duty shifts and titles or designations for onsite interviews. Listing for inmates to identify their housing units, gender, and earliest possible release date for formal interviews. Agency provided the requested lists three days later and auditor made random selections of staff based upon shifts and titles. The selections equaled 5 staff members per shift. The contractors and volunteers were selected at random based upon their job titles. Inmates were selected based upon gender and housing unit, where the female inmates were oversampled. Auditor selected one inmate per page to a total of 20 random inmates. Auditor provided agency with a completed interview listing on first day of the onsite audit.

The On-Site audit phase began on 6/9/2020 with the entry briefing. Attendees included the Elmwood Complex Commander, PREA Coordinator, PREA Manager, Elmwood Women's Compliance Manager, and Elmwood Women's Facility Sergeant, and Administrative LGBTQ Sergeant. A summary of the complete Audit process was explained. The Pre-Audit, On-Site Audit, Post-Audit and Corrective Action phases were explained and discussed. Auditor went into detail explaining how an auditor conducts each stage of the On-Site audit process. All questions were answered and the physical plant review began. The Elmwood Women's Facility contains 3 housing unit buildings. Two buildings are divided into 3 to 5 housing pods. The 3rd building has 2 open dorms and linear cell configuration in the back. The facility includes the facility laundry, medical clinic, mental health offices, processing/intake area, food preparation and storage areas, contact and non-contact visiting, attorney visiting, administrative and ancillary offices. The COVID-19 State Emergency, resulted in a diminished inmate population and closure of a number of housing units W4A, W2D and all of W1 due to construction and limited population. The site review was conducted as follows:

Total resident population at time of physical plant review was 196 inmates. The Santa Clara County

Elmwood Women's Facility houses only female inmates. Physical Plant Review was conducted as follows:

Living Unit: W-2 Building – Unit PODs F, E, & D – Minimum Supervision Inmates

PREA Information Posted: Yes, in 3 languages, English, Hispanic & Vietnamese, located in bulletin board panel case to include Notice of Auditor.

Opposite Sex Viewing: None

Camera Placement? 2 cameras in control area viewing Control Booth

Announcement: Yes, upon entry to each Unit. How: Male Officer On Deck

General Discussion with Staff (Not Interviews): 2 deputies manning control. 1 female deputy & 1 male deputy for each shift. Never 2 male deputies assigned to supervise the housing units.

General Discussion with Inmates (Not Interviews): None – COVID 19

Phones: Yes, inside each POD

Grievance Process: Grievance lock box located in each POD with access only to supervisors and above. Boxes checked each shift.

Showers and Bathrooms: both compliant with doors. Deputies can view neck up and knees down for security purposes.

Recreation Areas/TV/Multi-Purpose: Open area in each POD for recreation & tv. Inmates have access to outdoor recreation area, access to library with PREA posters

NOTE: W2D POD under construction – no inmates housed there at this time

Living Unit: W-2 Building Side #1 – Unit PODs A, B, & C – Minimum Supervision Inmates

PREA Information Posted: Yes, in 3 languages, English, Hispanic & Vietnamese, located in bulletin board panel case to include Notice of Auditor

Opposite Sex Viewing: None

Camera Placement? 2 cameras in control area viewing Control Booth

Announcement: Yes, upon entry to each Unit. How: Male Officer on Deck

General Discussion with Staff (Not Interviews): None

General Discussion with Inmates (Not Interviews): None – COVID 19

Phones: Yes, inside each POD

Grievance Process: Grievance lock box located in each POD with access only to supervisors and above. Boxes checked each shift.

Showers and Bathrooms: both compliant with doors. Deputies can view neck up and knees down for security purposes.

Recreation Areas/TV/Multi-Purpose: Open area in each POD for recreation & tv. Inmates have access to outdoor recreation area, library where PREA Posters and

Living Unit: W-4 Building POD A - Maximum Supervision Inmates

PREA Information Posted: Yes, in hallway leading to each Unit. Located in Unit bulletin board panel case, near phones and in multi-purpose room to include Notice of Auditor

Opposite Sex Viewing: None

Camera Placement? 2 cameras in control area viewing Control Booth w/4 in hallway

Announcement: N/A

General Discussion with Staff (Not Interviews): N/A

General Discussion with Inmates (Not Interviews): N/A

Phones: Yes, inside the POD in open general area

Grievance Process: Grievance lock box located in POD with access only to supervisors and above. Boxes checked each shift.

Showers and Bathrooms: both compliant with doors. Deputies can view neck up and knees down for security purposes. ADA Showers available for disabled inmates

Recreation Areas/TV/Multi-Purpose: Open area in POD for recreation & tv. Inmates have access to outdoor recreation area.

NOTE: W4A POD under construction – no inmates housed there at this time

Living Unit: W-4 Building – POD B – Medium Supervision Inmates

PREA Information Posted: Yes, in 3 languages, English, Hispanic & Vietnamese, bulletin board panel case and multi-purpose room to include Notice of Auditor
Opposite Sex Viewing: None
Camera Placement? 2 cameras in control area viewing Control Booth
Announcement: Yes, upon entry to each Unit. How: Male Officer On Deck
General Discussion with Staff (Not Interviews): 1 female deputy on duty each shift. No male deputies assigned to supervise the housing unit.
General Discussion with Inmates (Not Interviews): None – COVID 19
Phones: Yes, inside each POD
Grievance Process: Grievance lock box located in each POD with access only to supervisors and above. Boxes checked each shift.
Showers and Bathrooms: both compliant with doors. Deputies can view neck up and knees down for security purposes.
Recreation Areas/TV/Multi-Purpose: Open area in each POD for recreation & tv. Inmates have access to outdoor recreation area.

Living Unit: W-C Building – C1, C2, & C3 – Maximum, and Mental Health Inmates

PREA Information Posted: Yes, in 3 languages, English, Hispanic & Vietnamese, located in bulletin board panel case to include Notice of Auditor
Opposite Sex Viewing: None
Camera Placement? 1 camera in control area viewing Control Booth
Announcement: Yes, upon entry to each Unit. How: Male Officer On Deck
General Discussion with Staff (Not Interviews): NONE
General Discussion with Inmates (Not Interviews): NONE
Phones: Yes, inside each POD
Grievance Process: Grievance lock box located in each POD with access only to supervisors and above. Boxes checked each shift.
Showers and Bathrooms: Separate showers with doors. Bathrooms in cells.
Recreation Areas/TV/Multi-Purpose: Open area in each POD for recreation & tv. Inmates have access to outdoor recreation area and out of cell time. Meditation room with diffuser is available for inmate use.

Living Unit: W-1 Building – Dorms BA & BB Units – DECON Unit

NOTE: W-1 Building is closed and no longer houses inmates. The building is currently used as a Decontamination Unit due to COVID-19 outbreak.

Living Unit: W-1 Building – Rear Units (linear architecture) – DECON UNIT

NOTE: W-1 Building is closed and no longer houses inmates. The building is currently used as a Decontamination Unit due to COVID-19 outbreak.

Laundry

Hidden areas: None
Camera Placement: None
Supervision: Direct supervision – 1 deputy
Processing (Intake)
Strip Areas: 2 sides – male & female – male deputies assigned male side & female deputies for female side. Female deputy assigned each shift. Deputies wear body cameras and male deputies prohibited from going over to the female side except for exigent circumstances.
Interview Areas (Confidential): 1 room each side
Information Posted: PREA posters on both sides posted in 3 languages
Cameras: None
Phones: Located on each side
Ask for Information Provided to Offenders: Provided Sexual Awareness pamphlet & Inmate Handbook

Visitation

Strip/Shakedown Area: In housing areas for contact visiting.
Information Posted: Yes, to include hallways leading to contact visiting.
Camera Placement: In hallways leading to contact visiting.

Education (Academic)

Classrooms: Trailers 1, 2 & 3. All compliant. Trailer #1 has 2 bathrooms in back of classroom across from entrance door. 3 posters are available in various areas in plain view of the inmates which mandates that inmate obtain permission from the teacher before using the bathroom facilities. One inmate in the bathroom at a time. Staff Rover makes rounds every hour for security purposes.

Camera Placement: None – 2 cameras per trailer

Supervision: 1 teacher and rover which comes by hourly.

Front Entrance (Reception Area)

PREA Information Provided: YES to include Sexual Awareness Pamphlets in 3 languages and 3rd Party Posters.

Facilities (Mechanical Services)

Tool Rooms: Located in W4 Kitchen

Camera Placement: YES - 2

Supervision: Direct Supervision

Food Service - W4

Dining Rooms: Dining conducted in housing units

Officer Dining Area: Off Bull-Run hallway between housing units. Direct supervision from control. Always locked with PREA poster in officer dining room.

Kitchen: Hot boxes – truck crew from Main Kitchen provides food daily for inmate workers to load into hot boxes for delivery to housing units.

Coolers: None

Freezers: One

Dry Goods Storage: None

Garbage Area: In housing units

Dishroom: None

Tool Room: None

Camera Placement: Camera Placement: YES - 2

Supervision: 1 deputy assigned

Restrictive Housing – W1 Special Housing

Hearing Rooms: Interview Room

Search Areas: None – searches conducted while inmate in cells.

Bathrooms: In cells

Showers: Off the hallway. Showers compliant with screens to negate cross-gender viewing.

Recreation: Recreation area with camera reviewed by control

Library: None

Property Room: None

Stairwells/Secondary Entrance: None

Camera Placement: Over control area and 1 at end of linear hallway

Health Services

Reception Area: Mirror and PREA Posters

Exam Rooms: Four

Treatment Rooms: One

Infirmary/Observation Rooms: None – if required, inmates are transferred to either Main Jail or Elmwood Men's medical for more appropriate treatment.

Suicide Watch Room(s): None

Grievance box: Lock box located in Medical waiting room.

Recreation Yard

Bathrooms: None

Camera Placement: Special Housing Unit Yard and 4 in Medical

Hidden Areas: None

M-1 Elmwood Men's Medical Unit – Women's

PREA Posters & Notice of Auditor posters along medical unit hallways

Staff ratio: per team is 6 – 53. 3 deputies per side.

Severely Mentally Ill (SMI) supervision ratio: 3 – 40. PC supervision ratio 3 – 13

Inmate Medical rooms: per side is 2 (one for each side)

Inmates per room: Each cell capacity is 8 inmates. Currently each cell houses 4 inmates per cell due to COVID-19. Isolation cell can now house 2 inmates per cell

Formal interviews began on 6/9/2020 Random staff, specialized staff, random and targeted inmate interviews were conducted by the auditor.

Total of inmate interviews conducted: 20

- Random inmates – 16
- Youthful Inmates - 0
- Physically disabled, blind, deaf, and/or hard of hearing inmates – 3
- Cognitively disabled inmates – 0
- Gay and/or bisexual inmates – 0
- Transgender or intersex inmates – 0
- Inmates in segregation for risk of victimization - 0
- Inmates who reported sexual abuse – 0
- Inmates who disclosed victimization during a risk assessment - 3

A total of staff interviews conducted: 38

- Random staff – 17
- Director / designees-Sheriff
- Superintendent -Captain
- Contract administrator
- PREA Coordinator -1
- PREA Compliance Manager - 1
- Intermediate or higher-level supervisors - 1
- Line staff who supervise youthful inmates - 0
- Education and program staff who supervise youthful inmates - 0
- Medical and mental health staff - 2
- Human resources staff - 1
- SAFE/SANE hospital staff - 1
- Volunteers-2
- Contractors - 2
- Investigators -2
- Staff who perform risk assessments - 1
- Staff who supervise inmates in segregation - 1
- Incident review team members - 1
- Staff charged with retaliation monitoring - 1
- Intake staff - 1
- First Responders –Security - 1
- First Responders-non-security - 1
- Victim Advocacy – 1

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

The onsite audit was completed on 6/12/2020 with a closeout briefing with administrative staff. Attendees were the Assistant Sheriff, Facility Commander, PREA Coordinator, PREA Compliance Managers for both Elmwood Men's facility and Elmwood Women's Facility and Agency PREA Manager. Auditor discussed the strengths and weaknesses discovered during the onsite audit phase. Auditor provided administrative staff with the post-audit schedule which included providing agency with the Interim Summary Audit Report within 45 days after the completion of the onsite audit. The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. Agency will have 180-days to correct the non-compliant issues after which, the auditor has 30-days to submit the Final PREA Audit Report. Agency has 90-days to upload the Final Report to the agency website for public access.

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

Facility Characteristics

The 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.

Elmwood Women's Correctional Facility, established in 1964 with a design capacity of 825 inmates. The Facility is located at 701 S. Abel Street, Milpitas. The facility designated capacity provides care, housing, and retention of approximately 634 female inmates classified at various security levels. The facility is staffed by 81 correctional officers, 4 Sergeants, and 7 Custody Support Assistants and is a base of operations for a large number of volunteers and programs.

The Elmwood Women's Facility is comprised of 8 buildings, W1, W2 & W4). Due to COVID-19, There is 1 single cell housing unit, 1 multiple occupancy cell housing units, 7 open bay/dorm housing units and no administration segregation cells. The Facility is designed for both direct and indirect supervision of inmates depending on the housing unit.

The Main Building includes the Medical Clinic, Visiting and Administrative Offices. Inmates housed in W2 building are under indirect supervision due to their classification. Inmates are escorted to classrooms for educational programs and religious services. Routine medical services are provided on a daily basis. Inmates with medical concerns requiring immediate medical care are escorted to the Elmwood Men's The following units are currently closed due to construction or repurposing – W4A, W2D and the W1 building.

Inmate Programs

The Santa Clara County Programs Division delivers services which cover a vast number of recipients including, the Department of Correction, community-based organizations, the inmate population and the community at large. Based on classification, inmates are allowed to work in the W4 Kitchen, Supply and Laundry Services on grounds. Inmate programs are currently limited due to COVID-19. Inmate programs are run during both day and evening shifts when available. Female inmate programs are as follows:

C.O.P.E. IMPACT

Re-Entry Correction Program

A.W.A.K.E.

W.I.N.G.S.

Computer Training

Second Chance

Sustainability Roadmap to Recovery

Business Management

P.A.C.T.

ServSafe Program

Summary of Interim 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: 2
List of Standards Exceeded: 115.61 & 115.64

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: 3
List of Standards Not Met: 115.17; 115.71; 115.86.

Summary of Final 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: 2
List of Standards Exceeded: 115.61 & 115.64

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NONE

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.

Policy 14.15 complies with Standard Provision 115.11(a) as it mandates that "It is the policy of the Office of the Sheriff Custody Bureau/Department of Correction (DOC) to establish a "zero-tolerance" policy related to the sexual assault, sexual harassment and/or sexual abuse of inmates, or sexual misconduct toward any inmate by any person and to recognize these inmates as crime victims. It is also the policy of the DOC to comply with PREA regulations through policy, training, supervision and diligent law enforcement activities to ensure a coordinated response between staff first responders, medical and mental health practitioners, investigators, supervisors and managers, to all incidents of sexual abuse, sexual assault and/or sexual harassment."

Review of Agency Organizational Chart verifies that the PREA Coordinator position is designated 3rd position from the Undersheriff which places the position in an upper-level, Agency-wide designation per Standard provision 115.11(b). Interview with the PREA Coordinator verifies he has enough time to manage of the Agency PREA related responsibilities and coordinates reach facility's efforts to comply with the PREA standards through the assistance of the PREA Compliance Managers assigned to each facility.

The Custody Organizational Chart indicates a PREA Manager for Elmwood Women's Facility who reports directly to the PREA Coordinator. Interview with the PREA Compliance Manager indicates the position is provided enough time to manage all of the PREA related responsibilities & coordinating the facility's efforts to comply with the PREA standards through communication with counterparts at the other facilities and work on any issues that may arise.

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

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.12 does not apply to this Agency/Facility as Agency does not contract for the confinement of inmates.

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*)

Instructions for Overall Compliance Determination Narrative

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

Review of 1/27/2020 Elmwood Women's Facility Jail Staffing Plan (Rev 5/1/2020), verifies compliance with this Standard provision. 431 is the average daily number of inmates on which the Staffing Plan was predicated. Interview with Facility Commander, PREA Compliance Manager and Staffing Plan review indicate Staffing Plan is specific to Elmwood Women's Facility. Staffing levels and determination of the need for video monitoring is made through consideration of the criteria outlined in Standard provision 115.13(a). Classroom #1 has 2 bathrooms at the back of the long classroom. Agency has posted the instructor's directive between the bathrooms, on the middle column and wall near the teacher's desk, which informs inmates they are to obtain permission from the instructor before entering the bathrooms. Only one inmate at a time in the bathrooms. Rover makes rounds to classroom once every hour.

Standard 115.13 is not applicable as Agency reports there have been no deviations from the staffing plan over the past 12 months.

Agency provided auditor with copy of the PREA Staffing Plan Review Board meeting dated 2/25/20, attended by the PREA Coordinator, Elmwood and Main Jail PREA Compliance Manager, the LGBTQI Compliance Manager and the PREA Manager. Topics discussed were Staffing Plan Decisions Made, discussion regarding video cameras and staffing plans for Elmwood Men's and Women's facilities and an explanation of the requirement to document any deviations from the Staffing Plan.

Division Commanders and PREA Coordinator annually review the Staffing Plan and submit to Division Chief for review and approval. In reviewing staffing levels, and the need for video monitoring to protect inmates against abuse, the Agency follows the 11 criteria outlined in Standard provision 115.13(a). Auditor's review of Elmwood Women's Facility Jail Staffing Plan verifies compliance with Standard provision 115.13(c). Agency provided auditor with copy of the 2020 Staffing Plan Review. Interview with PREA Coordinator and Facility Commander indicates they are both consulted regarding any assessments of or adjustments to the Staffing Plan on an annual basis in conjunction with the Annual Staff Transfer per PREA Policy 14.15. Review of the revised Annual Staffing Plan dated 5/1/20 for Elmwood Women's Complex indicated a 18 sexual abuse/harassments incidents over the past 12 months and assessed the staffing and video capabilities of the Complex. Video upgrade began in 2017 and was fully operational by 5/4/18. Cameras placed in all housing areas, sundecks and other locations to alleviate blind-spots. A total of 845 cameras were installed at the Elmwood Facility, with 27 local viewing workstations and 8 remote viewing workstations that record. Roving security deputy conducts thorough physical searches in addition to welfare checks within the housing units and documents these actions.

Review of PREA Policy 14.15 mandates that each shift sergeant or Watch Commander will conduct and document unannounced rounds to identify and deter staff sexual abuse with particular detention to remote (isolated) areas of the facility. Staff is prohibited from alerting other staff members during supervisory rounds, unless such announcements are related to an emergency or a legitimate operational function. 6/12/20, Agency provided auditor with M1A and M1B Log-book copies of entry sheets from 2/2/20 to 3/5/20. While onsite, auditor randomly reviewed housing unit Log-Books throughout Elmwood facility. In both instances, leadership and

Watch Sergeants conducted unannounced rounds on all shifts, entered rounds verification through red unannounced stamp and signature of staff member conducting said rounds. Elmwood Women's Facility conducts only two shifts per day, 6am to 6pm and 6pm to 6am. Interview with Shift Sergeant indicates she conducts unannounced rounds on each shift and logs her presence in the main floor control log and each housing unit logs. Auditor onsite review of control and housing logs verifies the Sergeant's statement. The Shift Sergeant prevents staff from alerting other staff while conducting unannounced rounds is through her expectations of the shift staff. Staff is trained of the Shift Sergeant expectations during the Shift meetings.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

N/A - Standard 115.14 is not applicable to Santa Clara County Jails as they do not house youthful inmates per policy. Policy 13.13 page #3 II identifies procedure for housing for inmates who were booked & housed as adults & later claim or are suspected to be juveniles. Procedure indicates inmate is to be immediately separated from the inmate population and mandates "sight and sound separation between juvenile and adult inmates" before being transported to juvenile hall.

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

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, 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*)

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.

Policy 14.15 mandates staff who supervise inmates will receive cross-gender supervision training & training shall be tailored to the gender of inmates at the employee's facility. PAQ indicates that no cross - gender body cavity or strip searches have been conducted over the past 12 months. Policy includes narrative, which specifically prohibits cross-gender strip or cross-gender visual body cavity searches of inmates. Curriculum for Cross-Gender Supervision training for custody staff has been provided by Agency and is compliant with Standard 115.15. Interview with custody staff, all indicate they have been trained on cross-gender pat down searches, but cross gender strip or visual searches are prohibited. Only medical staff conduct these types of searches on inmates.

Policy 14.15 & Policy 09.05 prohibits cross gender pat-down searches of female inmates absent exigent circumstances. Such searches will be documented if conducted. Over the past 12 months, no cross-gender pat down searches of females were per PAQ. The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Curriculum for Cross-Gender Supervision training for custody staff has been provided by Agency and is compliant with Standard 115.15. Interview with random sample of 17 staff and random sample of 20 inmates indicate male staff do not conduct cross- gender pat-down searches of female inmates.

Policy 14.15 & Policy 09.05 prohibits cross gender pat-down searches of female inmates absent exigent circumstances. Such searches will be documented if conducted. Any and all cross-gender strip searches and cross-gender visual body cavity searches be documented. Over the past 12 months, no cross-gender pat down searches of females were per PAQ. Interviews with custody staff, indicate they have been trained on cross-gender pat down searches, but cross gender strip or visual searches are prohibited. Only medical staff conduct these types of searches on inmates. There is no instances of custody or medical staff conducting any cross-gender strip searches or visual body cavity searches of inmates.

Policy 14.15 requires staff of opposite gender to announce their presence when entering a housing unit and inmates are provided areas of privacy where they are in a situation of undress barring exigent circumstances. Policy also includes narrative which mandates facility provide shower screens for Transgender and Intersex inmates for privacy purposes. Curriculum for Cross-Gender Supervision training for custody staff and Elmwood Administrative Directive #2016-014 PREA Cross Gender Announcement has been provided by Agency and is

compliant with Standard 115.15. Interview with Random Sample of 15 inmates and Random Sample of 17 Staff indicates inmates are provided the ability to perform bodily functions and shower without non-medical staff of the opposite gender viewing body parts.

Observation of Elmwood Women's Facility physical plant verifies no cross-gender viewing incident to routine count or security checks. Housing units all have separate showers and possess either doors or curtain barriers for privacy. Housing POD bathrooms have doors and linear cells have toilets which rely on staff announcements before entering the housing linear hallway. Review of video surveillance cameras in control areas verify no cross-gender viewing of bathrooms or showers are available. During On-Site Physical Plant Review, Auditor observed staff announcing presence of males entering the housing units to include ancillary staff such as medical practitioners or mental health practitioners.

Policy 14.15 prohibits pat searches or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Over the past 12 months no search of transgender or intersex inmate for the sole purpose of determining the inmate's genital status has been conducted.

Interview with Random Sample of 17 staff verifies their training on the prohibition of searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no transgender or intersex inmates housed at the Elmwood Women's Facility during the onsite audit.

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

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15, 13.11, 13.17, PREA Pamphlet in both English & Spanish, PREA Posters in both English, Vietnamese & Spanish were reviewed by Auditor. Contract for deaf or hard of hearing interpreter services provided with PAQ. Supporting documentation such as pamphlet inserts and policy narrative regarding verbal communication to verify disabled inmates are provided effective communication as it relates to PREA education. Policy requires posted signs in all housing units to provide effective communication and understanding for disabled and non-English speaking inmates. Policy mandates staff document on PREA Reporting Information Worksheet all steps taken to provide effective communication and understanding to inmates with disabilities or limited English proficiency (LEP), TDD & TTY access for deaf & blind inmates. Agency has provided auditor with Voiance Language Services and Partners in Communications Interpreter contracts, which complies with Standard 115.16. Agency provided auditor with the Sharepoint access for Language Line. Interview with Agency Head and three disabled and LEP Inmates indicate Agency works with disabled inmates to assist them with effective communication and understanding of the PREA education. There are numerous methods inmates are provided different modes of communication.

Policy 14.15 compliant with Standard provision 115.16(b). Interpreter contract with Partners in Communication LLC for deaf & hard of hearing inmates provided with new expiration date of 6/30/2023. Inmate rule book provided in English, Spanish & Vietnamese to verify effective communication for disabled or limited English proficient inmates to include TTY access. Policy requires posted signs in housing units in all languages to provide effective communication. Policy mandates staff document on PREA Reporting Information Worksheet all steps taken to provide effective communication and understanding to inmates with disabilities or limited English proficiency. Voiance Language Services MOU provides for effective communication for inmates who are limited English proficient on a 24/7/365 availability basis. Services includes American Sign Language to include 79 additional languages. New Agreement term is from 7/1/18 through 6/30/2023. Auditor was also provided the auditor with a link to the Sharepoint site where contracts are maintained. Agency provided auditor with the Sharepoint access for Language Line.

Interview with disabled and LEP Inmates indicate interpreters are available at any time they need to communicate to staff or visa-versa. Auditor observed staff certified in Spanish to interpret during an inmate interview. The inmate approved of this method of communication prior to starting the interview. Auditor also noticed TTY & TDD machines available to inmates during the physical plant review.

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

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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*)

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.

Policy 14.15 complies with Standard provision 115.17 and uses exact same criteria as outlined in the Standard provision. Review of 22 staff and 10 contractors verifies that proper criminal record background checks were conducted. These background checks also verified completion of CLETS/CJIC/FBI/DOJ background clearance checks. Review of **custody** and **contractor** applications indicated that the 3 required questions regarding past sexual misconduct were not asked prior to 2017. Agency to implement the 3 required questions in their hiring and promotional interview packet. Review of the 4 custody staff promotions that occurred over the past 12 months indicated that only 1 was provided the 3 required questions prior to promotion. Agency provided the documentation for compliance verification. Since the promotional questionnaire was not implemented until after 9/26/19, the remaining 3 custody staff promotions did not possess the 3 required questions as they were all promoted prior to 9/26/19.

Policy 14.15 mandates consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or enlist services of any contractor who may have contact with inmates. Interview with Human Resources Director verifies the facility considers prior incidents of sexual harassment when determining hiring or promotion or enlisting services of contractors who may have contact with inmates. None of the selected custody staff came from previous law enforcement institutions, therefore, no institutional employers were contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Policy 14.15 and Policy 09.05 mandates use of Standard provision criteria before hiring any new employees who may have contact with inmates. Agency indicates over the past 12 months 19 staff were hired who may have contact with inmates who have had criminal background record checks. This is 100% of the total number of new employees hired during that period. Interview with Human Resources Director indicates the Agency performs background checks for all newly hired employees who may have contact with inmates. Those in consideration for promotion must complete a pre-interview application which asks questions regarding and prior sexual abuse misconduct. All law enforcement and contractors have an affirmative duty to report any police contact and arrest. Interview with Human Resources Director indicates that criminal records background checks are conducted using CLETS/CJIC/FBI & DOJ clearances. A subsequent arrest notification database provides notice if any employee or contractor is arrested. Review of 19 randomly selected employee background checks of employees and 10 contractors hired in the past 12 months verified all completed the FBI/DOJ, background clearance checks. None of the selected custody staff came from previous law enforcement institutions, therefore, no institutional employers were contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Policies 14.15 & 09.07 mandates the use of Standard provision criteria before it hires any new employees who may have contact with inmates. PAQ indicates 2038 contracts for services throughout the Agency were granted in past 12 months and 100% of said staff covered in these contracts who may have contact with inmates, had criminal background record checks conducted. Interview with Human Resources Director indicates contractors & volunteers go through the same background check as employees to obtain a 30 day or 2-year gate clearance. Background clearance checks for 10 contractors were provided to auditor for verification of compliance. None of the selected custody staff came from previous law enforcement institutions, therefore, no institutional employers were contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Policy 14.15 mandates conducting employee criminal background records checks at least every 5 years per Standard provision 115.17(e). Policy also mandates employees & contractors shall report within 24 hours when arrested or charged with any violation of the law associated with sexual abuse, sexual misconduct or sexual harassment. The Personnel Unit receives notification on any criminal arrest or conviction of an employee hired by the department. Interview with Human Resources Director indicates Federal & State criminal history checks, Law Enforcement version of the Public Records Check, contact with references & secondary references are used to conduct the background checks. Background checks for contractors and volunteers are reoccurring every 30-days for temporary security clearances and every 2 years for contractors.

Policy 14.15 mandates Agency ask all job applicants who may have contact with inmates about previous sexual abuse/sexual harassment in written applications and/or interviews for hiring & promotions or written self-evaluation conducted as part of reviews of current employees. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Interview with Human Resources Director indicates a self-disclosure mandate is provided on the background form all job applicants and employees prior to promotion. Review of personnel records verify the self-disclosure forms. Agency provided auditor with copies of employee application forms (Personal History Statement, Pre-Background Questionnaire and Pre-background Interview Questionnaire) for verification of compliance.

Policy 14.15 mandates material omissions regarding misconduct identified in this Standard provision or provision of materially false information, shall be grounds for termination per Standard provision 115.17(g).

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

Corrective Action Recommended:

1. Agency to provide auditor with **either** an unlocked version of the Rev 2/18 POST application which includes the 3 required questions signed by applicants or provide auditor with signed supplemental documentation which has initial applicant's response and signature in response to the 3 required questions completed prior to hire date.
2. Agency to provide copy of signed 3 required questions for all custody staff pending promotion prior to or during promotional interview.

3. Agency to provide auditor with list of custody applicants who were hired between 8/2/20 and 9/25/20 for document review selection in order to verify compliance.

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completion 1/22/21:

1. Agency provided auditor with 3 Required Questions supplemental documentation for new hires of both contractors and custody staff.
2. Agency provided auditor with 3 Required Questions supplemental documentation for new hires of both contractors and custody staff.
3. On 9/24/20 Agency initiated a hiring freeze effective 4/10/20. Agency does not have promotions forecasted as of now due to the freeze on hiring and promotional opportunities. Law Enforcement Records Check Lateral application & Pre hire questionnaire was provided to auditor via email on 09/24/20. The attachments were finalized on 07/30/20. Agency did not implement the 3 required questions prior to 9/26/19. Agency provided auditor with four custody staff who promoted in 2019. These were the only promotions that occurred in 2019. Three of the promotions occurred prior to 9/26/19, so the 3 required questions were not conducted for those promotions as the promotion questionnaire was not available or initiated at that time. One custody staff member was promoted to Lieutenant on 10/21/19. The 3 required questions were completed and signed prior to the promotion date. On 1/22/21, Agency provided auditor with promotional documentation for a custody staff member who was promoted from Lieutenant to Captain on 1/11/21. This promotion occurred since this was an executive level position. Agency provided auditor with signed copy of the Promotion Interview Questionnaire which included the 3 required questions completed and signed on 1/11/21. Agency also provided auditor with the Sheriff's Sworn Position Hiring Process Flow Chart and a written letter from the Personnel Division Director to the auditor which provides information regarding the hiring and promotions freeze due to severe budget reductions which has been ongoing since the beginning of July 2020. The hiring freeze is ongoing and the Agency is hopeful they can revisit the ability to hire or promote during sometime in March 2021. On 1/22/21, auditor interviewed the Personnel Division Captain who outlined the application and interview process for both promotions and new hires where a supplemental questionnaire is utilized in both questions to satisfy the 3 Required Questions mandate under PREA. The questions are completed prior to the official hire of new hires and promotions.

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

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

N/A - Standard 115.18 does not apply to Agency/facility as they have not acquired any new facility, planned any substantial expansion, modification of existing facilities or installed/updated a video monitoring system since last PREA audit which occurred in 2014.

Agency indicates they have installed or updated a video monitoring system, electronic surveillance system, and other monitoring technology since last PREA audit. A total of 845 cameras were installed at the Elmwood Facility with 27 local viewing workstations and 8 remote viewing workstations that record. Cameras are placed in all housing areas, and other locations previously identified as PREA blind spots. Custody staff have also been assigned Body-Worn cameras with both audio and video recording.

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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*)

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.

Agency is responsible for conducting administrative and criminal sexual abuse investigations. PREA Policy 14.15 mandates use of uniform evidence protocol for sex abuse allegation investigations and outlines said protocol for Santa Clara County. Evidence Protocol for Elmwood Complex is provided by Agency and reviewed by Auditor to be found compliant with this Standard provision. Interview with random sample of 20 staff indicates extensive knowledge of protocol used when obtaining usable physical evidence for administrative proceedings & criminal prosecutions.

PREA Policy 14.15 mandates staff investigating allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Said protocol shall be developmentally appropriate for youth, where applicable. Policy includes detailed responsibilities for 1st responders, medical, mental health, advocacy, facility leadership and investigators in a Coordinated Response plan.

PREA Policy 14.15 mandates victims of sexual abuse have access to forensic medical examinations without financial cost. Safe/Sane nurses are available through outside hospital facility (Valley Medical Center) contracted with the County. Policy also includes mandate that if SAFE/SANE nurse not available to conduct forensic examination, facility will document efforts to obtain SAFE/SANE nurse. No forensic medical exams have been conducted over the past 12 months. Interview with SAFE/SANE Program Coordinator at Valley Medical Center indicates the Center has an MOU (provided by Agency) with Santa Clara County Valley Medical Center to provide forensic examinations for victims of sexual abuse housed at Santa Clara County Correctional Facilities. The SAFE/SANE/SART nurses are on call 24/7. Forensic exams are conducted in the Emergency Room. Advocates are allowed to be present during the exams. If no advocate traveling with the victim, SART calls YWCA advocate services to have advocate present. Agency indicated that no inmates have had forensic examinations provided over the past 12 months.

PREA Policy 14.15, page #41 mandates facility provide sex abuse victim an advocate from Rape Crisis Center (YWCA) or qualified staff member from Adult Custody Mental Health Services to provide emotional support, crisis intervention, information and referrals as necessary. On 7/9/2020, Agency provided auditor with the current YWCA MOU which expires on 6/30/2021. MOU complies with the PREA as it provides for inmate emotional support, victim advocacy and reporting. Interview with PREA Compliance Manager indicates inmates are provided contact with YWCA rape crisis center which provides a reporting entity outside Agency and also provides advocacy for emotional support. Interview with random sample of 15 random inmates and 5 targeted inmates indicate the majority are aware of outside agency support if they need it and all are aware of the posters by the phones in housing units which provide toll free numbers to access these services.

PREA Policy 14.15 mandates if requested by victim the advocate or Alameda County Health Services (ACHS) Mental Health Staff member shall provide support to victim throughout the medical examination process. Interview with PREA Compliance Manager indicates inmates are provided contact with YWCA, an outside rape crisis center which provides a reporting entity outside Agency and also provides advocacy for emotional support. Interview with random sample of inmates indicate most are aware of outside agency support if they need it and are aware of the posters by the phones in housing units which provide toll free numbers to access these services.

N/A - Standard provision 115.21(f) does not apply to this facility as it is responsible for both administrative and criminal investigations.

Auditor is not required to audit Standard provision 115.21(g).

N/A – Standard provision 115.21(h) does not apply to this facility as Agency uses only SAFE/SANE/SART nurses at Santa Clara County Valley Medical Center to provide forensic examinations.

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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*)

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.

PREA Policy 14.15 mandates Agency ensures administrative or criminal investigations are completed for all allegations of sex abuse & sex harassment. Agency reports that in past 12 months, a total of 20 sex abuse & sex harassment allegations were received. Review of the total number of allegations of sexual abuse/sexual harassment received, 17 resulted in administrative investigations and 3 were referred for criminal investigation. 14 cases were investigated as sexual harassment allegations and 6 cases were investigated as sexual abuse allegations. 7 investigations remain as open cases. The remaining 13 investigations have been completed. Review of all 20 cases provided by Agency verify compliance with this Standard provision 115.22(a). Interview with the Undersheriff designee verifies that all administrative & criminal allegations of sexual abuse are fully investigated.

Policy 14.15 mandates sex abuse/sex harassment allegations be referred for investigation with agency with legal authority to conduct criminal investigations. Santa Clara County Sheriff's office conducts its own criminal investigations. Policy 09.29 mandates that the Sheriff's Department of Corrections is responsible for reporting and investigating crimes. Agency's investigation policy as it relates to sexual abuse/harassment allegations is posted on the Agency website. The agency documents all referrals of sexual abuse/harassment for administrative and criminal investigations. Auditor reviewed all 20 sexual misconduct investigations that occurred over the past 12 months and all were documented. Policy 14.15

mandates sex abuse/sex harassment allegations be referred for investigation with the Santa Clara County Sheriff's office agency which has the legal authority to conduct criminal investigations..

N/A - Agency is responsible for conducting both administrative and criminal investigations.

Auditor is not required to audit Standard provisions 115.22(d) and 115.22(e).

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates all staff including contractors & volunteers responsible for supervision inmates or who may come in contact with inmates will receive PREA training. The 10 criteria identified in Standard provision 115.31(a) is included in the policy. PREA training curriculum, Academy Lesson Plan, Orientation and Employee handouts were provided to auditor and covers all criteria outlined in Standard provision 115.31(a) & training documentation for 22 custody staff. Documentation covers Zero Tolerance, Inmate rights, Reporting, Effective Communication and Sexual Harassment. Training Power-point is the 115 complete PREA Training platform for Employee Education. Review of 22 custody staff training files indicates that of the four promotional training files, all were compliant except one was without a training acknowledgement document. The remaining 18 training files consisted of custody line staff. Two staff members were lateral hires who received PREA training after their hire date. One staff member completed the training same day she began working in the jail system, signed the training acknowledgement form six months after she began working in the jail system. On 6/18/20, Agency provided auditor with copies of an additional 14 randomly selected PREA training attestation forms for custody staff. Training for these staff members was conducted between 8/16/18 and 6/16/20. All forms were compliant with the Standard.

Policy dictates that the PREA training shall be tailored to the gender of the inmates at the employee's facility. If employee is reassigned from a facility that houses only male inmates to one that houses only female inmates or visa-versa, that employee shall receive additional training. Agency provided Auditor with New PREA Employee Handout which outlines Zero Tolerance policy & provides acknowledgement page to be signed by new employee and submitted to PREA Coordinator for tracking, training rosters for sexual abuse, sexual harassment and cross gender training for 30 Agency employees who were hired over the past 12 months. Interviews with random sample of 17 randomly selected staff verifies their education and training in each of the training criteria identified in Standard provision 115.31(a). Prior to the on-site review, auditor was provided electronic PREA training records, to include sign-in sheets and acknowledgement forms for all custody staff. Training acknowledgement forms were provided for all volunteers, contractors, medical & mental health staff.

Policy 14.15 mandates PREA training shall be tailored to the gender of the inmates at the employee's facility. If employee is reassigned from a facility that houses only male inmates to one that houses only female inmates or visa-versa, that employee shall receive additional training. Review of sample of 22 electronic training records of staff and training curriculum verifies compliance with Standard 115.31(b).

Policy 14.15 mandates PREA training shall be tailored to the gender of the inmates at the employee's facility. If employee is reassigned from a facility that houses only male inmates to one that houses only female inmates or visa-versa, that employee shall receive additional training. Interview with random sample of 17 randomly selective staff indicate they have taken cross-gender pat-down search training and gender responsive training annually. Review of electronic training records verify their statements. Refresher PREA training is provided bi-annually as verified with review of training rosters for staff and interview of 17 random staff sampling.

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 page #18 mandates all volunteers & contractors who have contact with inmates be trained in PREA. Agency provided Auditor with copy of the New PREA Contractors & Volunteers handout which provides for Zero-Tolerance Policy, definitions of sexual misconduct, reporting methods for sexual misconduct, confidentiality and acknowledgement page to be completed by contractors & volunteers after training to be submitted to PREA Coordinator. Agency reports 121 volunteers and 269 contractors assigned to work in the Elmwood Facility have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Review of training records of a random sample of 10 contractors & 10 Volunteers who routinely work at Elmwood Women's Facility. The training records of the 10 contractors verifies compliance via the signed acknowledgement documentation as PREA training was completed for all contractors prior to their hire date. Due to the Coronavirus outbreak 5 comprehensive training classes were cancelled. Comprehensive training classes for 5 contractors have been rescheduled for 6/13/2020 and 1 for 7/14/2020. Review of the 10 volunteer training records verifies compliance via the signed acknowledgement documentation that all 10 received initial PREA

training prior to hire date. PREA comprehensive training classes cancelled between 3/14/20 and 5/12/20 due to Covid-19 restrictions. Volunteers will receive comprehensive PREA training between 6/14/20 & 7/18/20. On 7/25/20, Agency provided documented verification that the remainder of the volunteers and contractors have been PREA trained. Nine selected contractors and 12 selected volunteers found that one contractors and four volunteers had their clearance revoked due to their failure to complete or participate in the PREA training. Facility currently refuses to allow non-badge staff in the facility due to COVID-19 precautions.

Interview with volunteer and contractor indicate they both have received PREA training along with custody staff to include 1st Responder responsibilities as non-custody staff and Zero Tolerance. The signed statement of acknowledgement to verify they understand the PREA training received was provided by Agency. Interviews with sample of 2 contractors and 2 volunteers verify their understanding of their 1st responder duties and Zero Tolerance Policy.

Policy 14.15 page #18 mandates all staff including contractors and volunteers responsible for supervision inmates or whom may come in contact with inmates in custody facilities and in all out-of-custody programs will receive PREA training. New PREA Contractors & Volunteers handout which provides for Zero-Tolerance Policy, definitions of sexual misconduct, reporting methods for sexual misconduct, confidentiality and acknowledgement page to be completed by contractors & volunteers after training to be submitted to PREA

Coordinator. Interview with volunteer and contractor indicate they both have received PREA training along with custody staff to include 1st Responder responsibilities as non-custody staff and Zero Tolerance. Review of training records for 10 Volunteers and 10 Contractors verifies compliance.

Policy 14.15 mandates the facility PREA Manager maintain the PREA training documentation of contractors and volunteers. Agency maintains training acknowledgement documentation both electronically and signed documentation. Auditor reviewed training records of 10 contractors and 10 volunteers to verify compliance with Standard provision 115.32(c).

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.32.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received 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*)

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.

Inmates are provided a PREA pamphlet at intake which outlines the Department's Zero Tolerance policies on both sexual harassment and acts of sexual violence. Reporting options are outlined. At the intake desk, a laminated poster affixed to the Booking and Classification desk outlines Inmate Rights under PREA. All inmates are required to read the Comprehensive Education poster to determine understanding of their rights and English proficiency or other disability that may hinder effective communication. Agency reports that over the past 12 months, 5215 inmates (100%), were provided this information at intake. Inmate Sexual Assault Awareness pamphlets, provided at intake, are printed in English, Spanish and Vietnamese for effective communication in compliance with Standard 115.33. Interview with intake staff at both Main Jail and Elmwood Complex Intake Processing Unit verifies provision of Inmate Handbook and Sexual Awareness Pamphlet at Intake. Interview with random sample of 15 inmates and 5 targeted inmates determine the majority remember receiving the documentation at Intake. Some but did not read it. All admitted to auditor that the PREA videos are played in the housing units in English, Spanish and Vietnamese every morning at 8am with closed caption. During on-site review, Auditor observed both the handbook and pamphlet on both the female and male booking desks written in English, Spanish and Vietnamese. Intake booking and initial classification is conducted at Main Jail Booking processes inmates and provides documentation at the end of their Intake session before moving to Classification. The Elmwood Complex Processing Intake Unit area ensures inmates have Zero Tolerance information, inmate handbook and Sexual awareness pamphlet when transferred from Main Jail to the Elmwood Women's facility. On 6/12/20, Agency provided auditor with Vietnamese, Spanish and English PREA videos to auditor. These four to six minute videos provide inmate with the required PREA training as mandated in Standard provisions 115.33(a) and 115.33(b). Videos also have closed caption available while playing.

Agency reports that over the past 12 months 1245 inmates (100%), received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Intake staff indicate provision of comprehensive education during intake/booking and ongoing education while housed in the facilities. Auditor observation at the Elmwood Intake Desk processes verified Intake Staff statements. Interview with random sample of 15 inmates and 5 targeted inmates indicate the majority inmate interviewed verified they were provided handbook and/or pamphlet at intake and received comprehensive education by viewing the PREA video played in English, Spanish and Vietnamese languages in their housing units. Upon review of randomly selected 22 inmate screening files verified that the inmates

signed for the inmate handbook and verified receiving comprehensive PREA education through signed acknowledgement documentation. On 6/12/20, Agency provided auditor with Vietnamese, Spanish and English PREA videos to auditor. These four to six-minute videos provide inmate with the required PREA training as mandated in Standard provisions 115.33(a) and 115.33(b). Videos also have closed caption available while playing.

Auditor reviewed 22 randomly selected intake screening records. Auditor verified all 22 inmates received comprehensive education through signed acknowledgement documentation. Auditor conducted a review of the intake process at the Main Jail and discovered that inmates awaiting transportation to Elmwood Women's Facility are maintained in holding tank, unable to view the PREA video. Once at Elmwood Women's Intake Processing, they are provided the PREA Video. PREA Video is played in a loop on housing unit televisions 8am daily.

Agency reports all inmates are provided initial and comprehensive education at intake. Comprehensive education is provided during booking on a continuous loop video with closed caption. Directive memorandum dated 4/15/16 mandates staff to offer and provide the Sexual Assault Awareness education pamphlet in one of three languages of their choice to any female inmate transferred between Elmwood Women's Facility and the Main Jail. Directive Memorandum dated 5/29/17 Inmate Transfer Receipt PREA Acknowledgement REMINDER P2017-01 is a training reminder of the 4/15/16 female inmate transfer memorandum and is used during refresher training. Interview with Main Jail Intake staff and Elmwood Intake Processing staff indicate inmates are provided Comprehensive education via video. Auditor conducted a review of the intake process at the Main Jail and discovered that inmates awaiting transportation to Elmwood Women's Facility are maintained in holding tank, unable to view the PREA video. Once at Elmwood Women's Intake Processing, they are provided the PREA Video with closed caption (in Vietnamese, Spanish and English) while in processing awaiting housing and available again in their respective housing units. PREA Video is played in a loop on housing unit televisions daily with closed caption available. On 6/12/20, Agency provided auditor with Vietnamese, Spanish and English PREA videos to auditor. These four to six-minute videos provide inmate with the required PREA training as mandated in Standard provisions 115.33(a) and 115.33(b). Videos also have closed caption available while playing.

Policy 14.15 page #41 mandates all inmates will have meaningful access to all aspects of the Department's effort to prevent, detect, and respond to sexual abuse, sexual assault, sexual misconduct and sexual harassment including inmates with disabilities and limited English proficiency. All PREA communications, both written and verbal, will provide effective communication and understanding for disabled and non-English speaking inmates. Staff will document on the PREA Reporting Information Worksheet, all steps taken to provide effective communication and understanding to inmates with disabilities or limited English proficiency. Inmate interpreter contractors are also made available. PREA inmate education pamphlets are provided in English, Spanish and Vietnamese and PREA video is provided with closed caption for otherwise disabled inmates. Agency provides directive specific to classification staff which mandates protocol which identifies inmates who are limited in their reading skills or otherwise disabled. The protocol is as follows, "during every classification interview with an inmate, classification staff will have each and every inmate read a couple of basic sentences aloud that are PREA related. Classification staff will ask the inmate if they understood what they just read and the inmate can either confirm or deny that they understood. That confirmation or denial will be documented on the supplemental worksheet. If the inmate says that they do not understand, the classification deputy will attempt to explain the information contained in the sentences the inmate just read as simply and clearly as possible. If the inmate still does not understand, classification staff will fill out a med/psych referral for the inmate as possibly being developmentally disabled (DD) and potentially needing further assessment. That referral would be forwarded to the intake nurse for processing from there. This referral would also be

documented on the supplemental PREA worksheet as box to be checked. A copy of the referral would then be attached to the entire PREA packet that gets submitted up the chain.” Review of inmate education materials indicate the inmate handbook and sexual assault pamphlets are provided in English, Spanish and Vietnamese. Interpreters are provided should an inmate requires them. Comprehensive Education Video in all three languages provided to auditor for review.

Policy 14.15 mandates during every classification interview with an inmate, classification staff will have each and every inmate read a couple of basic sentences aloud that are PREA related. Classification staff will ask the inmate if they understood what they just read and the inmate can either confirm or deny that they understood. That confirmation or denial will be documented on the supplemental worksheet. Inmate education is also provided via video in Classification and in the housing units which have closed caption in Spanish. Review of a random sample of 25 inmate screening records document all inmates have received both initial and comprehensive PREA education within 72 hours. Auditor reviewed 22 randomly selected intake screening records. Auditor verified all 22 inmates received comprehensive education through signed acknowledgement documentation.

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

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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*)

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.

Policy 14.15 mandates where sexual abuse is alleged, the investigation shall be conducted by JCI Unit investigators that have received special training in sexual abuse investigations in confinement settings. Training for all investigators is through NIC. Agency has identified 7 investigators for sex abuse cases. Interview with Investigative staff indicate they receive training in conducting Sexual Abuse Investigations in a confinement setting through National Institute of Corrections (NIC).

Training for all investigators is through NIC which has been deemed PREA Compliant as they provide training in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interview with Investigative staff indicate their training include Miranda, Garrity and Lybarger warnings.

Agency provided auditor with copies of the NIC certificates for 7 special investigators which verifies completion of the PREA Investigating Sexual Abuse in a Confinement Setting training.

Auditor is not required to audit Standard provision 115.34(d) per DOJ.

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

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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*)

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.

Policy 14.15 mandates all staff, contractors & volunteers who supervise or come in contact with inmates will receive PREA training which consists of the 10 criteria identified with the badge staff training. Agency indicates 173 medical and mental health practitioners who work regularly at the facility who received training, and indicate 94% have received PREA training. Interview with Medical and Mental Health Staff indicate they have received training on all 4 criteria outlined in Standard provision 115.35(a). Most of the training received was addressed during their professional certification training in addition to the PREA training. Review of training records verify that all medical and mental health practitioners who work regularly at the Elmwood Women's facility have been trained.

N/A - Medical staff at this facility does not conduct forensic examinations.

Agency indicates 173 medical and mental health practitioners who work regularly at the facility who received training, and indicate 94% have received PREA training. Agency provided auditor with copy of the electronic training verification documentation. On 7/1/20, Agency provided auditor with the completed PREA electronic training verification for the remaining 6% of clinicians in need of the required training. The initial PREA training was completed between 11/10/18 and 6/22/20. 4 clinicians were no longer employed as of 6/12/20 due to failure to complete the required PREA training.

On 6/17/20, Agency provided auditor through the electronic PREA training documentation for 10 medical and mental health practitioners which verifies training conducted and completed between HealthStream 1/1/17 and 12/31/18. 5 clinicians remain to complete the PREA training. Auditor awaits training verification for the remaining 6% of clinicians who have not completed the initial PREA training. On 7/1/20, Agency provided auditor with the completed PREA electronic training verification for the remaining 6% of clinicians in need of the required training. The initial PREA training was completed between 11/10/18 and 6/22/20. 4 clinicians were no longer employed as of 6/12/20 due to failure to complete the required PREA training.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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 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.

Policy 14.15 mandates that all inmates shall be assessed during an intake screening, Classification

interview and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. Information from the risk screening will be used to separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Agency reports 2851 inmates entered the facility either through intake or transfer were reassessed for their risk of victimization or of being sexually abused within 30 days after their arrival at the facility based upon any additional relevant information received since intake. Review of 22 randomly selected inmate screening files from Elmwood Women's housing roster indicates that all inmates have received 30-day reassessment within 30 days of intake.

Interview with Risk Screening Staff and Random Sample of 15 inmates indicate inmates receive both the initial and comprehensive education at intake. PREA Video is played in a loop in the housing units in all three languages with closed caption to provide continuous effective PREA education.

Policy 14.15 mandates that all those detained or incarcerated be screened for history of sexual abuse at intake to identify history of sexually assaultive behavior and potential vulnerabilities. Over the past 12 months 2851 inmates whose length of stay in the facility for 72 hours or more were screened per PREA mandate. 100% of all inmates whose length of stay in the facility for 72 hours or more were screened. 72-hour screening is conducted at the Main Jail facility. Interview with random sample of 15 inmates verifies they were screened by Classification after booking. Review of random sample of 22 screening files indicate all received screening from classification within 72 hours of intake.

Policy 14.15 mandates classification staff to identify those inmates who have experienced sexual victimization through the use of the Classification Supplemental PREA Worksheet. Auditor was provided a copy of the PREA Worksheet which acts as an objective screening instrument in conjunction with the intake and booking forms for the classification officer to make a determination and conclusion as to how to house and program each individual inmate and protect him or her from sexual victimization. Review of 22 random selection of inmate screening files from Elmwood Women's housing roster indicate each inmate has been screened using the Classification Supplemental PREA Worksheet. Each worksheet has determination made for housing placement and any other risk and needs based upon the interview with the inmate from intake, booking medical, mental health and classification. The intake classification worksheet provides for 9 of the 10 criteria identified in Standard provision 115.41(d). Agency does not honor holding an individual solely for immigration purposes due to County Policy and approved by the Board of Supervisors of the County of Santa Clara per Board Policy 3.54 for Civil Immigration Detainer Requests, therefore Criteria #10 is not included in the Classification Assessment PREA Worksheet. Review of Screening instrument indicates prior acts of sexual violence, prior convictions for violent offenses and history of prior institutional violence or sexual abuse is considered when assessing inmates for risk of being sexually abusive. Interview with staff responsible for risk screening mirror's the above information in their responses.

Policy 14.15 mandates continual risk assessment for all inmates will be conducted upon each report, referral and incident of abuse or receipt of additional information that may affect the inmate's risk of sexual victimization or abusiveness. Review of 22 randomly selected inmate screening files from Elmwood Women's housing roster indicates that all inmates have received 30-day reassessment within 30 days of intake.

Policy 14.15 specifically prohibits disciplining inmates for refusing to answer or for not disclosing complete information in response to questions asked regarding sexual victimization or abusiveness. Interview with Risk Screening Staff indicate inmates are not disciplined refusing to answer questions or disclosing information as it relates to the Classification PREA

questions.

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

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (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*)

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.

Policy 14.15 mandates all inmates shall be assessed during an intake screening, Classification interview and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. Information from the risk screening will be used to separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Risk Screening Instrument information is considered to inform for housing and programming with the goal of inmate safety in mind. Interview with PREA Compliance Manager and Risk Screening Staff indicate risk screening information is utilized for housing and programming assignments. Review of random sample of 22 inmate screening files indicate classification decisions on the screening instrument after input from intake/booking, medical, mental health and interview with the inmate.

Policy 14.15 states "Information from the initial Classification risk assessment screening shall be used to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Auditor reviewed 22 randomly selected screening files from the facility housing roster and verified written documentation from Screening Staff on the Objective Screening Instrument and also on Classification Case Notes related to answers gleaned from the screening instruments, Classification Officer observations and any information received from Medical & Mental Health practitioners to make individual determinations for each inmate with regards to housing and programming assignments.

Policy 14.15 complies with Standard provision 115.42(c) with regards to decisions based on case by case evaluation for LGBTI inmate housing, programming and placement. No transgender or intersex inmates housed at Elmwood Women's facility at time of the onsite audit.

Policy 14.15 mandates transgender & intersex inmates be reassessed at least twice a year to review any threats to safety experienced by the inmate. Interview with PREA Compliance Manager indicates transgender and Intersex inmates are reassessed at least twice a year to review any threats to safety experience by the inmate. Interview with Risk Screening Staff indicates the updated electronic Jail Management System provides for alerts 25 days prior to the 30-day reassessment deadline and every 6 months for Transgender inmates from the date of intake. Transgender inmates are usually reassessed every 30 days and more should they require mental health treatment.

Policy 14.15 mandates that a transgender or intersex inmate's own views with respect to his or her own safety will be given serious consideration. Interview with PREA Compliance Manager and Risk Screening Staff indicate a transgender or Intersex inmate's own views with respect

to his or her own safety shall be given serious consideration absent concerns over safety and security of the institution and the inmate.

Policy 14.15 mandates transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Interview with PREA Compliance Manager and Risk Screening Staff indicate a Transgender or Intersex inmate has the opportunity to shower separately from other inmates. Observation of Elmwood Women's Facility verifies single showers with privacy doors available for that purpose. Showers are under direct supervision of staff.

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

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts 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*)

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.

Policy 14.15 mandates the prohibition of placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. Facility will not hold the inmate in involuntary segregated

housing for more than 24 hours if an immediate assessment has not been conducted. No inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Interview with Facility Commander indicates Agency prohibits placement of inmates at high risk for sexual victimization in involuntary segregated housing unless all available alternatives have been made and an immediate assessment of all available alternatives are conducted.

Policy 14.15 mandates inmates placed in involuntary segregated housing for the purpose outlined in standard provision 115.43(a), shall have access to programs, privileges, education & work opportunities to the extent possible. Any restrictions to programs will be documented as to reason the limitation(s) are in place and duration of limitation. Interview with Staff who supervise inmate in segregated housing indicates there have been no housing placement for inmates at high risk for sexual victimization over the past 12 months.

In the past 12 months, there have been no involuntary assignment of inmates to segregated housing for longer than 30 days while awaiting alternative placement. Interview with Facility Commander indicates Agency prohibits placement of inmates at high risk for sexual victimization in involuntary segregated housing unless all available alternatives have been made and an immediate assessment of all available alternatives are conducted. Inmates are moved within 24 hours if the case arises.

Agency reports in the past 12 months, there have been no involuntary assignment of inmates to segregated housing for longer than 30 days. There is no documentation or electronic files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months.

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

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

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

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.

Policy 14.15 provides multiple internal ways for inmates to privately report sex abuse, sex

harassment or retaliation by other inmates or staff via confidential letter to the Sheriff, Undersheriff, Facility Captain, or Internal Affairs Unit. Contact information is provided to inmates through the inmate handbook and the Sexual Assault Awareness Pamphlet.

Policy 14.15 provides several methods for inmates to report abuse or harassment to a public or private entity that is not part of the Agency. Agency provided Auditor with copy of Inmate Rule Book Sexual Awareness Pamphlet and PREA posters are all provided to inmates in English, Spanish and Vietnamese. The Inmate Rulebook outlines the inmate's right to be free from sexual abuse and sexual harassment, provided at intake. The Sexual Awareness Pamphlet outlines contact information to report sexual abuse and obtain advocacy for emotional support provided at intake. The PREA posters outline the limits of confidentiality, monitoring and contact information for outside services for reporting allegations of sexual abuse placed throughout the facility accessible to both inmates and staff. Policy, Handbook, and Pamphlet provides contact information with YWCA confidential non-monitored phone contact, Santa Clara County Human Relations Office, Department of Homeland Security. Santa Clara County is a Safe Haven County & prohibited from housing inmates detained solely for civil immigration purposes, however, Policy mandates Agency provide access for immigrants held on local or federal charges to contact the Relevant Consulate.

Policy 14.15 provides staff method of externally reporting incidents of sexual abuse, sexual harassment including 3rd party & anonymous reports through the Dept. of Fair Employment and Housing (DFEH) & Federal Equal Employment Opportunity Commission (EEOC). Staff can privately report sexual abuse and sexual harassment internally through the Department's Personnel Manager or Department's Equal Opportunity Officer. Interview with random sample of 17 staff indicate all know how to privately report sexual abuse/harassment of inmates through the EEOC, Medical, Jail Crimes Unit (JCU), outside law enforcement agencies and Santa Clara County Human Resources.

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Policy 14.15 & Policy 14.05 indicates Agency is not exempt from this Standard provision. Agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

Policy 14.15 prohibits imposition of a time limit on when an inmate submits a grievance regarding an allegation of sexual abuse. Inmates are not required to use an informal grievance process or otherwise attempt to resolve with staff any alleged incident of sexual abuse. Inmate Handbook (Revised June 2011) states "Grievances concerning any allegations of sexual harassment, sexual abuse or sexual misconduct by staff or inmates will also be considered a priority as well. If you are alleging sexual harassment, sexual abuse or sexual misconduct by staff or another inmate, you do not have to use any informal grievance process to voice your concerns. You may go straight to the formal grievance process. There will be no time limitations imposed on when you can submit a grievance concerning sexual harassment, sexual abuse or sexual misconduct." During On-Site facility review, Auditor observed locked Grievance boxes throughout the facility and located in every housing unit at the Elmwood Main Men's facility and key locations at the Ranch facility. Interview with upper-level staff, custody staff and inmates all indicate Grievances are picked up by Shift Sergeants at least once per shift.

Policy 14.15 prohibits inmates submitting grievance of sexual abuse from having to submit said grievance to a staff member who is the subject of the complaint & such grievance will not be referred to the staff member who is the subject of the complaint. Revised inmate handbook which informs inmates of the updated PREA related grievance procedures on page #9. Handbook includes narrative which states inmates are not required to use the informal process for PREA related grievances and no time limit to submit PREA related grievances. Emergency grievances are handled as a priority. agency has installed locked grievance boxes in all housing units and along the hallways of the south segregated housing unit for inmates to anonymously submit grievances. Only the shift sergeants have access to the locked boxes and review grievances on each shift to refer to proper authorities for resolution.

Policy 14.15 complies with Standard provision 115.52(d) and provides for Agency issuing grievance decision in accordance with the Standard provision. In the past 12 months, 11 grievances were filed that alleged sexual abuse/harassment. Review of grievances verifies that Agency provided the inmate with initial responses within 30-days of grievance receipt in compliance with the PREA Standard. No 3rd party reports or declination of 3rd party assistance information.

Policy 14.15 mandates that "Should a third-party file 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. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision."

Policy 14.15 mandates that after staff receives an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in

response to the emergency grievance. Agency reports that in the past 12 months, there have been no imminent sexual abuse grievances filed.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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*)

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.

Policy 14.15 mandates inmate access to outside victim advocates for emotional support services via I/M Sex Assault Pamphlet in 3 languages & PREA posters throughout the facility, in every housing unit and next to inmate phones. Inmates are not held solely for civil immigration per County Policy. Interview with random sample of inmates & inmate who reported sexual abuse indicate access is provided to outside victim advocates through toll free number identified in inmate handbook and PREA posters located wall of housing unit near phones to YWCA Rape Crisis. Auditor verified inmate statements during on-site audit review of each housing unit.

Sexual Assault Awareness Pamphlet and Inmate Handbook are provided to all inmates at intake. They provide reporting rules governing confidentiality, disclosures and monitoring. PREA Posters available in every housing unit and general areas throughout the facility provide same information. Agency reports that the *99 speed dial in inmate phones used to connect to outside agencies is not monitored or recorded. Interview with random sample of inmates & inmate who reported sexual abuse indicate their belief that all calls to the YWCA are confidential and not monitored as identified in the PREA handbook and on PREA posters throughout the facility. PREA Posters, Inmate Handbook and Sexual Awareness Pamphlet, which provide confidential phone contact information to YWCA, include narrative indicating that the contact is not monitored by Agency. When auditor used the toll-free access number, the call went straight through to the Rape Crisis Center and was answered by an advocate who indicated the phone call was not monitored and information is confidential.

Agency provided auditor with copies of 12 phone calls to YWCA from inmates housed at both the Main Jail and Elmwood facility from 1/10/19 to 12/5/19, requesting services. YWCA MOU agreement provided to auditor by Agency expires in 6/30/2021.

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

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency has established multiple methods to receive 3rd party reports of sexual abuse and sexual harassment by writing a confidential letter to the Facility Captain, write confidential letter to Chief of Corrections or contacting the Internal Affairs Unit and submitting a complaint per Policy 14.15. Methods are provided publicly on Agency website and on 3rd party posters in public lobbies and visiting areas verified during the onsite facility review. 3rd party posters are in English, Spanish and Vietnamese.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual assault, sexual misconduct, retaliation or sexual harassment against inmates. This includes any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All incidents will be reported whether or not the incident occurred within a Santa Clara County Department of Correction facility or any other agency. Interview with random sample of staff verifies their training & education related to mandatory reporting per Policy. Agency provides each custody staff member with a PREA Quick Reference card to be carried on their person at all times during shift which provides 1st responder responsibilities in the event of an allegation of sexual abuse. During formal interviews of staff, Auditor randomly requested to see the card. Each staff member proudly displayed the card from their pockets. Staff responded to the Auditor's 1st Responder questions without looking at the card, which verifies the custody 1st Responder protocol is institutionalized and Agency **exceeded** the requirements of Standard 115.61 to ensure Staff had all the tools necessary to respond to an allegation of sexual abuse/harassment or imminent sexual abuse allegation.

Policy 14.15 mandates staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary to report sexual abuse on need-to-know basis. Interview with random staff verifies their training & education with regards to providing information related to a sex abuse report only to staff on a need-to-know basis.

Policy 14.15 mandates medical and mental health practitioners to report sex abuse and inform inmates of practitioner's duty to report & inform of limitations of confidentiality at the initiation of services. Agency provided the Santa Clara Valley Health & Hospital System adult custody health services correction plan for the PREA deficiencies. Interview with Medical and Mental Health Director indicates this plan, called the notice of privacy practices (NPP), mandates medical and mental health practitioners to provide information regarding reporting obligations and confidentiality as part of receiving information about the notice of privacy practices at the intake/booking stage. A copy of this mandate is posted on the wall in the booking and clinic areas. For reporting prior sexual victimization that did not occur in an institutional setting, medical and mental health practitioners will have the inmate sign a HIPPA compliant authorization form before incident is reported to custody bureau/sheriff's office. Inmate will sign the notice of privacy practices acknowledgement at booking. Attachment b of this mandate outlines the responsibility of medical and mental health practitioners to comply with standard provision 115.61(c).

Policy 14.15 indicates that if the victim is under age 18 or vulnerable adult, Agency shall report the allegation to the designated state or local services agency under applicable mandatory laws. Standard provision 115.61 and Agency policy to indicate that an investigation is immediately conducted via Internal Affairs and Criminal division investigative units & treated the same as any other sex abuse investigation using Agency protocols. There have been no allegations of sexual abuse by victims under-age of 18 years or vulnerable adults. Interview with Facility Commander and PREA Coordinator indicate these cases are referred to Jail Crimes unit for investigation and responded to as we would any other sexual abuse investigations. In the case of an 18 year old victim, Child Protective Services (CPS) would be notified and in the case of a vulnerable adult, proper notifications by law, such as Elder Abuse Agency, would be notified.

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates all staff to immediately report any knowledge that an inmate is subject to substantial risk of imminent sexual abuse. The Agency shall take immediate action to protect the inmate. Agency reports no inmate was subject to substantial risk of imminent sexual abuse over the past 12 months. Interview with Undersheriff, Facility Captain & random sample of staff verifies the staff training and education in compliance with Standard provision 115.62(a). All 17 interviewed staff indicated they would immediately separate victim from alleged abuser, contact Supervisor, & conduct written documentation to request Classification rehouse either the victim or alleged abuser.

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates that Sergeants are responsible, upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the Captain in charge of the facility where the report was generated. The Facility Captain will notify the head of the facility or an appropriate person where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation and provide the reported information. The Captain will ensure that the information and the proper notifications are recorded and reported to the PREA Coordinator. Agency reports that in the past 12 months, no allegations of sexual abuse while confined at another facility have been received.

Policy 14.15 mandates the Facility Captain will notify the head of the facility or an appropriate person where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation and provide the reported information. The Captain will ensure that the information and the proper notifications are recorded and reported to the PREA Coordinator.

Policy 14.15 mandates the Facility Captain will notify the head of the facility or an appropriate person where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation and provide the reported information. The Captain will ensure that the information and the proper notifications are recorded and reported to the PREA Coordinator. Agency reported 20 sexual abuse/harassment investigations have been conducted over the past 12 months. Six cases were sexual abuse allegations. Two cases remain open, three cases in which inmates were released prior to the completion of the investigation and one case was identified where the inmate was not provided notification.

Policy 14.15 mandates the Office of the Sheriff/Department of Correction will immediately respond to allegations, fully investigate reported in-custody incidents (in our facilities as well as reported to the Department by another facility), pursue disciplinary action, and refer for criminal investigation and prosecution of those inmates who perpetrate sexual misconduct and threats of sexual assault or intimidation. Agency reports that no allegations of sexual abuse have been received from other facilities during the past 12 months. Interview with Undersheriff & Facility Captain indicate Policy procedures are followed to the letter once an allegation of sexual abuse is received from another facility. Internal Affairs and Jail Criminal Investigators are promptly notified and investigation is conducted immediately.

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

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates upon learning of an allegation that an inmate was sexually abused, deputies/officers shall be required to immediately notify the on-duty Supervisor, separate the alleged victim and abuser; identify and separate any witnesses; preserve and protect any crime scene until steps can be taken to collect all evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, 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. During the on-site audit Agency reported there have been 14 allegations of sexual harassment and 6 allegations of sexual abuse over the past 12 months at the Elmwood Women's Facility.

There are no reports that a security staff member responded to separate the alleged victim & abuser during the 6 alleged incidents of sexual abuse. Of the 6 incidents of alleged sexual abuse, staff were not notified within a time period that still allowed for the collection of physical evidence. None of the 6 incidents of sexual abuse were timely for protecting the crime scene, ensured victim and abuser did not take actions to destroy evidence. Agency provides each custody staff member with a PREA Quick Reference card to be carried on their person at all times during shift which provides 1st responder responsibilities in the event of an allegation of sexual abuse. During formal and informal interviews of staff, Auditor randomly requested to see the card. Each staff member proudly displayed the card from their pockets. Staff responded to the Auditor's 1st Responder questions without looking at the card, which verifies the custody 1st Responder protocol is institutionalized and Agency **exceeded** the requirements of Standard 115.61 to ensure Staff had all the tools necessary to respond to an allegation of sexual abuse/harassment or imminent sexual abuse allegation. None of the inmates who alleged sexual abuse were housed in the Elmwood Women's facility during the onsite audit.

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

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Policy 14.15 provides for written response protocol specific to Santa Clara County Elmwood Women's facility, which provides for coordinated actions taken in response to an incident of sexual abuse among staff 1st responders, medical and mental health practitioners, investigators and facility leadership. The protocol also includes non-badge staff who respond to allegations of sexual abuse. Interview with Facility Captain indicates knowledge of the facility plan to coordinate actions among staff 1st responders & supporting staff in response to an incident of sexual abuse.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.65.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency provided auditor with copies of the MOU between the County of Santa Clara and Santa Clara County Correctional Peace Officers Association 2/1/16 to 8/23/2020 and MOU between the County of Santa Clara and the Deputy Sheriffs Association of Santa Clara 12/10/12 through 9/13/15 modified and extended through 9/6/2020. Neither of the MOU's 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.

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates all incidents of sexual abuse, sexual harassment and retaliation shall be reported to the PREA Coordinator. Agency provided auditor with the name, title and department of staff member who monitors for possible retaliation. The PREA Coordinator is responsible for monitoring retaliation.

Policy 14.15 outlines multiple protection measures for inmates or staff who fear retaliation. Inmates who fear retaliation are provided emotional support through Alameda County Health Services Mental Health referrals. Interviews with Undersheriff, Facility Captain, PREA Coordinator & inmate who reported a sexual abuse all verify Agency's protection measures for inmates and staff who fear retaliation. Both inmates and staff are monitored to ensure they are not experiencing additional retaliation, check on their well-being and to ensure they are offered emotional support for at least a 90-day period. Inmates can contact the Jail Observer program or the County Human Relations Council if they choose to seek monitoring outside of Agency. Additional referral measures provided for inmates inside the Agency is provided through the PREA video, posters inside facility, mental health practitioners, chaplaincy and through the grievance process. Staff are referred to the Employee Assistance Program (EAP) per union contract. Agency is kept apprised of any ongoing retaliation.

Policy 14.15 mandates that following the report of sexual abuse, Classification Unit and Mental health will monitor the conduct of inmates of sexual abuse for at least 90 days & continue to monitor beyond 90 days if the initial monitoring indicates the continued need. Agency reports there have been no incidents of retaliation over the past 12 months. Interview with Facility Captain indicate any allegation of retaliation is investigated immediately through Internal Affairs & Jail investigative division. PREA Compliance manager indicates he documents monitoring efforts. Over the past 12 months there have been no incidents of retaliation.

Policy 14.15 mandates that monitoring shall also include periodic checks. Interview with PREA Coordinator, responsible for monitoring retaliation, indicate face-to-face contacts are made during the periodic status checks which usually occur twice monthly.

Policy 14.15 provides for any individual who cooperates with an investigation expresses fear of retaliation, Agency shall take steps to protect that individual against retaliation. Interview with Undersheriff and Facility Captain indicates in the case of an inmate, they are engaged and informed regarding the monitoring process. Inmates are moved to a safe environment (housing unit) and referred to Mental Health to provide emotional support. Monitoring conducted by classification and mental health for 90 days to ensure no retaliation is occurring. Monitoring may be extended beyond 90-days if the initial monitoring indicates the continuing need per Policy. PREA Compliance Manager also monitors. In the case of Staff, they are monitored constantly by PREA Coordinator and EAP. There is continual follow-up and disciplinary action taken upon the perpetrator. Monitoring is established through continual contact.

Auditor is not required to audit Standard provision 115.67(f) per DOJ

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

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of Standard 115.43. Over the past 12 months no inmates who alleged to have suffered sexual were held in involuntary segregated housing awaiting completion of an assessment.

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates that all investigations shall be done promptly thoroughly and objectively including anonymous and 3rd party reporting. Interview with Investigative Staff indicate sexual abuse investigations are initiated immediately upon notification to include 3rd party reports.

Policy 14.15 mandates that only criminal investigators who have received special training in the investigating sexual abuse will conduct sexual abuse investigations. Agency has identified 7 sexual abuse investigators. Agency provided auditor with copies of the NIC certificates for 7 special investigators which verifies completion of the PREA Investigating Sexual Abuse in a Confinement Setting training.

Policy 14.15 mandates that investigators shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Interview with Investigative Staff indicate they employ the services of the Agency Crime Scene Investigation Unit to secure crime-scene evidence and Forensic Nurses from the hospital to obtain and secure forensic evidence.

Policy 14.15 mandates compelled interviews are conducted only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interview with Investigative Staff indicate Criminal Investigative Unit does not conduct compelled interviews. Interview with Internal Affairs Unit indicate they conduct compelled interviews only with the approval of prosecutor.

Policy 14.15 mandates that the credibility of an alleged victim, suspect or witness shall be assessed on an individual bases & shall not be determined by the person's status as inmate or staff. Agency prohibits use of polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interview with Investigative Staff

indicate credibility is established through the investigative process to determine if there is enough evidence to sustain the allegation.

Policy 14.15 mandates that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and/or sexual harassment. Interview with Internal Affairs staff indicate investigators use policy & procedure violation found during the investigation to make a determination on findings. All reports are written and documented. Interview with Internal Affairs Investigative Staff indicate they review policies and procedures to determine if violation of either or both. Discipline or corrective action may be taken due to the violation. Investigations are documented in written reports and include any information gleaned from a documented Criminal Investigation, to include interviews, forensic examinations, additional reports from other investigations, policy violations, findings and physical evidence. Auditor found that two of the completed investigations provided to the auditor, did not include the crime report or investigative notes.

Policy 14.15 mandates that all criminal investigations shall be documented in a written report, containing a thorough description of the physical, testimonial, and documentary evidence. Documentary evidence will be attached to the report where feasible. All reports are documented providing for victim & suspect information, evidence collected, recordings of interviews, video/photo evidence, forensic evidence, witness statements, evaluation of date & findings. Auditor's review of the 15 administrative and six criminal sexual abuse/harassment investigations, auditor determined that 17 investigations were documented in a written report. Auditor found that two of the completed investigations provided to the auditor, did not include the crime report or investigative notes. These two cases were provided in the Corrective Action Issue Log to the Agency in order to obtain the required documentation in order for the auditor to complete the document review for PREA compliance.

Interview with both administrative and criminal investigative staff indicates each investigation is documented in a written report which contains description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence. All reports are documented providing for victim & suspect information, evidence collected, recordings of interviews, video/photo evidence, forensic evidence, witness statements, evaluation of date & findings.

Agency indicates two Agency-wide substantiated allegations of conduct that appear to be criminal were referred for prosecution over the past 12 months. Auditor reviewed all 21 investigations from the Elmwood Women's Facility verifies that two of them were referred to the DA for prosecution. Interview with criminal investigative staff and review of the investigative files indicates the DA declined to prosecute on both cases.

Policy 14.15 mandates the Agency shall retain all written investigative reports for as long as the victim and the alleged abuser are incarcerated, +5 years. This policy is mandated for cases involving both inmate on inmate and staff on inmate sexual misconduct.

Policy 14.15 mandates the departure of the alleged abuser or victim from the employment or control of the department shall not provide a basis for terminating investigation. Interview with Investigative Staff indicate the departure of Staff, victim or inmate perpetrator from the facility or Agency does not provide a basis for terminating the investigation. The investigation continues to completion and referred to DA office for prosecution if sustained as a possible criminal matter.

Auditor is not required to audit Standard provision 115.71(k) per DOJ.

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

Corrective Action Recommended:

1. Agency to provide auditor with the investigative reports from Jail Crimes Unit and/or Internal Affairs Unit for each of the 2 cases identified in the Corrective Action Issue Log.

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completion 9/25/20 :

1. On 9/25/20, Agency provided auditor with the investigative documentation for both sexual harassment cases. Both cases were documented, closed and found to be unsubstantiated.

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates that agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with Investigative Staff indicate they impose no standard higher than preponderance of the evidence for sexual abuse/harassment cases.

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates Agency inform the alleged victim whether the allegation was determined to be substantiated, unsubstantiated or unfounded. Agency indicates that in the past 12 months, 20 criminal/administrative investigations of alleged inmate sexual abuse were conducted by Agency with 5 inmates were notified as to the outcome of the investigation. Agency has provided Auditor with copies of written notifications provided to inmates of the 5 sexual abuse/sexual harassment cases. 6 inmates were released prior to the completion of the investigation. 6 cases remain open. Agency provided victim notification on one case. On 6/17/20, Agency informed auditor that they provided victim written notification for one inmate and provided the documented verification. The remaining 6 cases that were open prior to the onsite audit, inmate victims were

released from custody prior to the case being closed. Interview with Facility Captain & Investigative staff indicate the victim is notified of the outcome of the investigation to inform them of the findings. Criminal investigators indicate Crimes Unit notifies the victim and Internal Affairs indicate they are legally mandated to provide the victim with disposition of any investigation in accordance with Penal Code section 832.5(c). On 7/10/2020, the PREA Coordinator submitted an Administrative Directive to the PREA Manager and PREA Compliance Manager mandating the process utilized to complete victim notification letters for every PREA investigative case.

N/A - Standard provision 115.73(b) does not apply to this Agency as they are responsible for conducting both administrative and criminal investigations.

Policy 14.15 mandates that following an inmate allegation that a staff member has committed sexual abuse against the inmate, Agency shall subsequently inform the inmate whenever staff member is no longer posted in inmate's unit, Agency learns staff member has been indicted, Agency learns staff member has been convicted of charge related to sexual abuse in the facility. Agency reports no substantiated allegations of sex abuse were committed by a staff member against an inmate in an agency facility in past 12 months.

Policy 14.15 mandates that following an inmate allegation that he or she has been sexually abused by another inmate, Agency shall subsequently inform the alleged victim whether the allegation was determined to be substantiated, unsubstantiated or unfounded and whenever Agency learns the inmate has been indicted if the Agency learns the inmate has been convicted of charge related to sexual abuse in the facility.

Policy 14.15 mandate all such notifications are documented. In past 12 months, Agency reports 5 notifications were provided to inmates and all were documented.

Auditor is not required to audit provision 115.73(f) per DOJ.

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates and discipline resulting from violations of the sexual abuse or sexual harassment policies 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 histories. All staff terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff in lieu of being terminated, shall be reported to the law enforcement agencies of jurisdiction, unless the activity was clearly not criminal.

Policy 14.15 mandate all staff terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff in lieu of being terminated, shall be reported to the law enforcement agencies of jurisdiction, unless the activity was clearly not criminal. Agency reports that in the past 12 months no staff assigned to the facility violated Agency sexual abuse or sexual harassment policies. In the past 12 months, no staff from the facility was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

Policy 14.15 mandates that any discipline resulting from violations of the sexual abuse or sexual harassment policies 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 histories. No disciplinary sanctions taken against staff for sexual abuse violations in the past 12 months.

Policy 14.15 mandate all staff terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff in lieu of being terminated, shall be reported to the law enforcement agencies of jurisdiction, unless the activity was clearly not criminal. Agency reports that In the past 12 months, no staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates any contractor or volunteer who engages in sex abuse or sex harassment shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months no sexual abuse or sexual harassment has involved contractor or volunteer.

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- 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*)

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.

Policy 14.15 mandate inmates who engaged in inmate-on-inmate sexual abuse or were found guilty of inmate-on-inmate sexual abuse shall be subject to disciplinary sanctions pursuant to a formal disciplinary process. Agency reports that in the past 12 months there has been 1 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. Review of all 20 sexual abuse/harassment investigations, Auditor determined there were 2 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility.

Policy 14.15 mandates that "Sanctions shall 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." Interview with Facility Captain indicates sanctions are consistent based upon the investigative findings, inmate disciplinary history and history of mental illness or disability.

Policy 14.15 indicates that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of

sanction, if any, should be imposed. Interview with Facility Commander indicates the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Out of the 20 investigations conducted during the past 12 months none of the investigative findings were substantiated, 11 cases remain open.

Policy 14.15 indicates that if available, therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interview with Medical and Mental Health Staff indicates that inmates are offered therapy, counseling or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse on a case-by-case basis. If they were to request a counseling program to address their predatory issues, they can be referred to a regular practitioner who runs the Trauma Recovery Group which is conducted inside the facility.

Policy 14.15 indicates an inmate may be disciplined if found guilty of sexual assault upon a staff member or sexual contact with a staff member without consent. Agency reports that in the past 12 months, no disciplinary actions against inmates for sexual conduct with staff member was conducted.

Policy 14.15 mandates that for the purpose of disciplinary action, a report of sexual abuse 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 an investigation does not establish evidence sufficient to substantiate the allegation.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.78

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates that if, during the intake screening process, it is determined that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Agency indicates that all inmates who disclosed prior victimization during screening were offered a follow up meeting with a medical or mental health professional. Agency reports that in the past 12 months, 92% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Four inmates were seen by a clinician, but the clinician failed to note that the interview was PREA related. Three inmates were released before they could be seen. Interview with Risk Screening Staff indicates should an inmate disclose any prior sexual victimization during screening, they are referred to Mental Health immediately each time they report it. Two inmates who disclosed Sexual Victimization at Risk Screening was interviewed and indicated they were referred to Mental Health the same day they disclosed prior victimization during screening. Auditor reviewed this inmate's screening record and determined they were referred to Mental Health after Classification and was seen by the Mental Health Practitioner within 2 days of the referral. Auditor requested a referral roster of all inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner over the past 12 months. Agency provided auditor with 18 inmates who disclosed prior victimization during screening between 1/28/19 and 12/28/19. All who were in custody were seen by Mental Health within 14 days of intake except for one inmate who was released from custody 6 days after intake. 92% of inmates who disclosed prior victimization during screening were given a follow-up meeting with medical or mental health practitioner. (4) inmates were seen by a clinician, but the clinician did not reflect that it was PREA related in the classification notes. (3) inmates who disclosed prior victimization during screening were released from custody before they could be seen.

N/A - Standard 115.81(b) does not apply to this facility as it is a Jail, not a Prison.

Policy 14.15 mandates that if, during the intake screening process, it is determined that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Agency indicates that all inmates who disclosed prior victimization during screening were offered a follow up meeting with a medical or mental health professional. 92% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Four inmates were seen by a clinician, but the clinician failed to note that the interview was PREA related. Three inmates were released before they could be seen. Policy 14.15 to mandate that information related to sexual victimization or abusiveness is strictly limited to medical and mental health practitioners & other staff necessary to inform treatment plans and security management decisions unless otherwise required by federal, state or local law, in accordance with standard provision 115.81(d). 92% of inmates who disclosed prior victimization during screening were given a follow-up meeting with medical or mental health practitioner. (4) inmates were seen by a clinician, but the clinician did not reflect that it was PREA related in the classification notes. (3) inmates who disclosed prior victimization during screening were released from custody before they could be seen. Interview with Medical and Mental Health practitioners indicate medical records are accessed only through the Medical and Mental Health electronic system. They share information only with Classification for housing, programming, safety and security issues and upper management on a need-to-know basis.

PREA Policy 14.15 mandates 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. Policy 14.15 mandates medical and mental health practitioners to report sex abuse and inform inmates of practitioner's duty to report & inform of limitations of confidentiality at the initiation of services. Agency provided the Santa Clara Valley Health & Hospital System adult custody health services correction plan for the PREA deficiencies. Interview with Medical and Mental Health Director indicates this plan, called the notice of privacy practices (NPP), mandates medical

and mental health practitioners to provide information regarding reporting obligations and confidentiality as part of receiving information about the notice of privacy practices at the intake/booking stage. A copy of this mandate is posted on the wall in the booking and clinic areas. For reporting prior sexual victimization that did not occur in an institutional setting, medical and mental health practitioners will have the inmate sign a HIPPA compliant authorization form before incident is reported to custody bureau/sheriff's office. Inmate will sign the notice of privacy practices acknowledgement at booking. Attachment b of this mandate outlines the responsibility of medical and mental health practitioners to comply with standard provision 115.61(e).

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

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates Alameda County Health Services shall offer medical and mental health evaluations and timely unimpeded access to emergency medical treatment and crisis intervention services to all inmates who have been sexually victimized in any correctional setting. The care provided will be consistent with the community level of care. Interview with Medical and Mental Health Staff indicates inmates are provided medical and mental health evaluations and timely unimpeded access to emergency medical treatment and crisis intervention services to all inmates who have been sexually victimized in any correctional setting consistent with the community level of care. Auditor observed the Medical Unit and verifies the care is consistent with the community.

Policy 14.15 provides sex abuse response protocol for Santa Clara County Elmwood Complex, which complies with this provision. Agency provided Auditor with SCCJ Evidence Protocol for Elmwood Women's Facility. Interview with Security Staff indicates they follow the written protocol and procedures provided on their 1st Responder cards to take preliminary steps to protect the victim until Medical and Mental Health arrive. Non-Security Staff 1st Responders indicate they separate the victim, immediately contact custody staff and remain to provide emotional support and assistance until Medical and Mental Health practitioners arrive. Medical and Mental Health practitioners are on duty 24/7.

Policy 14.15 mandates inmate victims of sexual abuse shall be offered timely information about STDs and access to emergency contraception in accordance with professionally accepted standards, where medically appropriate, in compliance with standard provision 115.82(c). Interview with Medical and Mental Health Staff indicates inmate victims of sexual abuse are provided timely information regarding emergency contraception and STD prophylaxis to include follow-up care without cost to the inmate.

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

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *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*)

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.

Policy 14.15 mandates Alameda County Health Services shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The care provided will be consistent with the community level of care.

Interview with Medical and Mental Health Staff indicate when an inmate is being treated for any medical or mental health issues, there are individual treatment plans that follow them through transfers to other facilities and referrals to community providers upon their release from custody. Interview with Medical and Mental Health Staff indicate when an inmate is being treated for any medical or mental health issues, there are individual treatment plans that follow them through transfers to other facilities and referrals to community providers upon release from custody. Interview with Medical and Mental Health Staff indicate when an inmate is being treated for any medical or mental health issues, there are individual treatment plans that follow them through transfers to other facilities and referrals to community providers upon their release from custody.

Policy 14.15 mandates facility to provide victims of sexual abuse with medical and mental health services consistent with the community level of care. Interview with medical & mental health staff indicate they provide all inmates with level of care consistent with the community. Medical & Mental health records review determined focused treatment for all inmates. Interview with medical & mental health staff indicate they provide all inmates with level of care consistent with the community. Medical & Mental health records review, determine focused treatment for all inmates.

Policy 14.15 mandates that if pregnancy results from sexual abuse by vaginal penetration while incarcerated, such victims shall receive timely and comprehensive information about, and have timely access to, all lawful pregnancy-related medical services. No inmates who

reported sexual abuse experienced vaginal penetration while incarcerated. Interview with Medical staff and SAFE/SANE nurse verified that pregnancy tests, treatment, and information are provided to female victims of sexual abuse. None of the female victims of sexual abuse experience vaginal penetration while incarcerated.

Policy 14.15 mandates that if pregnancy results from sexual abuse by vaginal penetration while incarcerated, such victims shall receive timely and comprehensive information about, and have timely access to, all lawful pregnancy-related medical services. Inmate victims of sexual abuse by vaginal penetration while incarcerated shall be offered a pregnancy test. No inmates who reported sexual abuse experienced vaginal penetration while incarcerated. Interview with Medical staff and SAFE/SANE nurse indicates pregnancy tests, treatment, and information are provided to female victims of sexual abuse. o inmates who reported sexual abuse experienced vaginal penetration while incarcerated. Interview with Medical staff and SAFE/SANE nurse indicates pregnancy tests, treatment, and information are provided to female victims of sexual abuse. None of the female victims of sexual abuse experience vaginal penetration while incarcerated.

Policy 14.15 mandates that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. No inmates who reported sexual abuse experienced vaginal penetration while incarcerated. Interview with Medical staff and SAFE/SANE nurse indicates pregnancy tests, treatment, and information are provided to female victims of sexual abuse. Interview with inmate who reported a sexual abuse indicated this Standard provision did not apply to her in his case. Review of investigative records found forensic exam could not be conducted as vaginal penetration was not a factor in this case and the allegation was not received within 72 hours of the alleged incident.

Policy 14.15 mandates treatment services shall be provided without financial cost to the victim inmate regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Inmates who reported a sexual abuse indicated that they were not charged for any services provided by the agency.

N/A - Standard provision 115.83 does not apply to this facility as it is a Jail.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates a sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation. The review will be conducted on all founded and not substantiated case determinations. Reviews will not be conducted on cases with unfounded determinations. Such review shall be conducted within 30 days of the conclusion of the investigation. In the past 12 months, Agency provided auditor with six criminal investigations conducted over the past 12 months, all which were deemed unsubstantiated except one which was later determined to be consensual and not PREA related. Two cases were determined to be unsubstantiated but, over 60 days after completion of the investigation, the case lacked the required Incident Review Board results as mandated by the Standard. Review of the remaining three criminal cases, found that an incident Review was conducted and provided to the auditor. The auditor found the reports are comprehensive, complete, provide recommendations, if needed, which aimed to provide sexual safety for inmates at the facility.

Policy 14.15 mandates the Incident Review will be conducted on all substantiated and unsubstantiated case determinations. Reviews will not be conducted on cases with unfounded determinations. Such review shall be conducted within 30 days of the conclusion of the investigation. In the past 12 months, Agency reports 6 investigations of alleged sexual abuse investigations were conducted over the past 12 months with five being completed at the facility and one investigation still pending. Review of the five completed investigations determined unsubstantiated investigative findings. Incident Review Board results of the five cases were provided to the auditor by the Agency.

Policy 14.15 mandates the Incident Review Team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Auditor's review of the five Incident Review Board summary results verifies compliance with Standard provision 115.86(c). Interview with Facility Commander indicates the Incident Review Team is comprised of upper-level management officials with input from staff, investigators, Medical and Mental Health practitioners. Review of Incident Review Team reports verifies compliance with Standard provision 115.86(c).

Policy 14.15 mandates the Incident Review Team Summary Report include the following considerations:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Auditor's review of the five Incident Review Board summary results verifies compliance with Standard provision 115.86(c). Interview with Facility Commander, PREA Compliance Manager and member of the Incident Review Team indicates the Incident Review Team considers all 6 criteria as outlined in Standard provision 115.86(d). Review of each Incident Review Team report verifies compliance with the Standard provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.86(a) and corrective action is required.

Corrective Action Recommended:

Review of 6 sexual abuse investigations that were completed over the past 12 months found that 2 of those cases were closed over 60 days and were determined to be unsubstantiated. Incident Review Board has not reviewed these cases as mandated by Standard provision.

1. Agency to provide auditor with copy of the (2) two Incident Review Board results identified in the Corrective Action Issue Log, in accordance with Standard provision 115.86(a) thru (e).

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completion 10/1/2020:

1. On 10/1/2020, Agency provided auditor with copies of Incident Review Board (IRB) results for the two cases identified above. The first case agreed with the initial findings of the case and there were no additional recommendations. The second case reversed the initial findings of unsubstantiated to unfounded as it was determined that review of video recordings provided nothing to substantiate the original determination. IRB board members in attendance were the Assistant Sheriff, Support Services Captain, Investigations, Internal Affairs, PREA Compliance Manager and PREA Manager. Neither case involved Medical or Mental Health practitioners so they were not invited to be in attendance.

The agency/facility has met the requirements of Standard provision(s) 115.86(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates agency shall collect accurate, uniform data for every allegation of sexual abuse in facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV)

conducted by the Department of Justice. PAQ indicated that the Agency provided DOJ with data from the previous calendar year per DOJ request. Agency provided auditor a copy of the SSV data forwarded to the DOJ for compliance verification.

Policy 14.15 mandates the agency shall aggregate the incident-based sexual abuse data at least annually. Review of the 2019 Agency Annual Statistical Report provides aggregated statistical data from the Main Jail Facility, Elmwood Men's Facility and Elmwood Women's Facility.

Policy 14.15 mandates agency shall collect accurate, uniform data for every allegation of sexual abuse in facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall 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.

Policy 14.15 mandates the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data collection includes information from incident-based documents, employee reports, investigation files, and sexual abuse incident reports. Review of agency 2019 Annual Statistical Report provides aggregated statistical data from the Main Jail facility, Elmwood Men's Facility and Elmwood Women's Facility, in compliance with standard provisions 115.87(a)/(c) and 115.87(b). Agency provided auditor with 5 incident reviews completed by the Incident Review Team that was used in their calculations in the 2019 Annual Statistical Report.

Standard provision 115.87(e) does not apply as Agency does not contract for the confinement of its inmates.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.87

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates the agency to 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. All 3 criteria as outlined in Standard provision 115.88(a) is included in the policy. The 2019 Annual Statistical Report is located on Agency's website for public viewing. Interview with Undersheriff indicates Agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection and response policies, practices and training. Agency has obtained funding through a grant to update the current JMS system and obtain an IA-PRO system to collect data in accordance with PREA mandates. The Agency has also obtained approval through the County Board of Supervisors for increased video surveillance in each of the Agency's correctional facilities as a capital project, which has been implemented in each of its detention facilities.

Interview with PREA Coordinator & PREA Compliance Manager indicates data is collected for the Annual Report. Agency is meeting the PREA requirement. Review of 2019 Annual Statistical Report includes aggregated data & corrective action processes. The Annual Report identifies prevention measures taken on behalf of Santa Clara County Sheriff's Office to provide sexual safety for inmates under their supervision.

Policy 14.15 mandates that PREA data reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. 2019 Annual Statistical Report review found annual statistical comparisons from 2014 to 2019. The comparisons also identified issues between each year as to why the sexual abuse crimes primarily occur and included the agency's corrective action recommendations and progress in acting on those recommendations. The 2019 Annual Statistical Report is available on the Agency website. The report identifies inmate reporting and education, annual statistics and definitions, PREA reports by facility, annual statistical comparison from 2014 - 2019, continuous prevention measures taken from 2014 - 2019 and scheduled staffing and electronic monitoring updates.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy 14.15 mandates “Retention of data and records of any claims associated with any sexual offense, sexual assault, including but not limited to rape, and sexual misconduct will be securely maintained with the PREA Coordinator per Departmental Policy.” Interview with PREA Coordinator indicates he is responsible for retention and security of data related to aggregated data collection.

Policy 14.15 mandates the Department’s PREA Data Report shall be made readily available to the public through the Department’s website or through other means as necessary. The 2019 Annual Statistical Report is available on Agency Website as verified by auditor’s review.

Policy 14.15 mandates Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. Review of the 2019 Annual Statistical Report verifies no personal identifiers involved in the report. On 5/8/20, auditor reviewed the agency website and found the 2019 Annual Statistical Report to be available. The report identifies inmate reporting and education, annual statistics and definitions, PREA reports by facility, annual statistical comparison from 2014 - 2019, continuous prevention measures taken from 2014 - 2019 and scheduled staffing and electronic monitoring updates. Review of the 2019 Annual Statistical Report verifies compliance with the Standard.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the prior 3-year period, the Agency has completed a PREA audit for each of their 3 facilities. Audit of the Elmwood Women's Facility in year 2020 is the first audit in the 3-year cycle beginning in year 2020. During the onsite audit, the auditor was provided access to, and ability to observe all areas of the audited facility. Auditor was provided copies of any relevant documents requested and conduct private interviews with inmates through glass visiting booths due to COVID-19 concerns. Inmates were permitted to send confidential correspondence to the auditor as if they were communicating with legal counsel. Auditor received one such communication from a Main Jail inmate and provided a documented response to the inmate's issue as it was not PREA related.

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*)

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 Agency has published the Final PREA Audit Reports from the previous 3-year cycle and placed them on its website:

<https://www.sccgov.org/sites/sheriff/Pages/Search.aspx?k=PREA>

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Eric Woodford

1/26/2021

Auditor Signature

Date

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

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