

PREA AUDIT REPORT Interim Final
LOCKUPS

Date of report: 10/18/16

Auditor Information				
Auditor name: ERIC WOODFORD				
Address: PO BOX 732 BENICIA, CA 94501-0732				
Email: eiw@comcast.net				
Telephone number: (707) 333-8303				
Date of facility visit: 4/27/16				
Facility Information				
Facility name: NEVADA COUNTY SHERIFF'S OFFICE, TRUCKEE JAIL				
Facility physical address: 10879 DONNER PASS ROAD TRUCKEE, CA 96160				
Facility mailing address: (if different from above) PO BOX 699 TRUCKEE, CA 96160				
Facility telephone number: (530) 582-7838				
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County	
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit	
	<input type="checkbox"/> Private not for profit			
Facility type:	<input type="checkbox"/> Police	<input checked="" type="checkbox"/> Sheriff	<input checked="" type="checkbox"/> Court Holding	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: KEITH ROYAL				
Number of staff assigned to the facility in the last 12 months: 8				
Designed facility capacity: 12				
Current population of facility: 0				
Age range of the population: 19 - 45				
Name of PREA Compliance Manager: DAVID NINE			Title: CORRECTIONAL OFFICER	
Email address: david.nine@co.nevada.ca.us			Telephone number: (530) 265-7154	
Agency Information				
Name of agency: NEVADA COUNTY SHERIFF'S OFFICE				
Governing authority or parent agency: (if applicable) Click here to enter text.				
Physical address: 950 MAIDU AVENUE NEVADA CITY CA 95959				
Mailing address: (if different from above) Click here to enter text.				
Telephone number: (530) 265-4171				
Agency Chief Executive Officer				
Name: KEITH ROYAL			Title: SHERIFF/CORONER	
Email address: keith.royal@co.nevada.ca.us			Telephone number: (530) 265-1471	
Agency-Wide PREA Coordinator				
Name: GARY SMITH			Title: LIEUTENANT	
Email address: gary.smith@co.nevada.ca.us			Telephone number: (530) 470-2616	

AUDIT FINDINGS

NARRATIVE

The Truckee Substation Facility PREA On-Site Audit was conducted on 4/27/16. During the Pre-Audit Phase, the PREA Coordinator provided the Pre-Audit Questionnaire for review by the auditor. On 3/12/16 Notices of the Audit was posted in general areas of the facility accessible to both residents and staff. Notices were provided in English and Spanish. PREA Coordinator provided auditor with dated photos of Notice locations. Auditor and PREA Coordinator communicated throughout the Pre-Audit phase to discuss clarification issues with the Pre-Audit Questionnaire and to correct deficiencies identified prior to the On-Site Audit Phase. The audit began on 4/27/16 with short entry briefing with the PREA Coordinator. 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. All questions were answered and the physical plant review began. Resident population at time of physical plant review was 2 Trustees, no detainees. The facility is supervised by 2 Correctional staff on 12 hour shifts. Physical Plant Review was conducted as follows:

TRUCKEE SUBSTATION HAD INMATE POPULATION OF 0 AT TIME OF AUDIT. 2 TRUSTEES WORKED AND LIVED WITHIN THE FACILITY. FACILITY MAX CAPACITY IS 12 INMATES. SUBSTATION HAS 2 MALE HOUSING CELLS AND 1 FEMALE HOUSING CELL.

Living Unit: T-103 & T-104 – Male housing cells

PREA Information Posted? PREA Posters outside of housing cell

Auditor Notice Posted? Notice of Auditor posted in hallway

Opposite Sex Viewing? Opportunity for cross gender viewing as toilet is completely open & can be seen through the bars.

Camera Placement? Cameras along hallway view the outside of the cells.

Announcement made? NONE How: _____

Informal Discussion with Staff (Not Interviews): None

General Discussion with Inmates (Not Interviews): None

Phones: Located in housing cells

Supervision (staff to inmate ratio): 2 Officers each shift for substation facility. 1 female and 1 male officer assigned each shift.

Showers and Bathrooms (privacy, opposite gender viewing?): 1 shower in the facility for inmates to use. Shower is PREA compliant. Bathrooms are inside housing cells and where shower is. Bathrooms are not PREA compliant and provides opportunity for cross-gender viewing in current configuration.

Recreation Areas/TV/Multi-Purpose: NONE

Other: There is only 1 hallway which provides officers access to housing cells. Female officers must pass male housing cells to access the female housing unit which allows for cross-gender viewing.

Living Unit: T-102 - Female housing cell

PREA Information Posted?: Outside cell on wall

Auditor Notice Posted?: Entry to facility in booking

Opposite Sex Viewing?: Male officers not allowed in cell area absent exigent circumstances.

Camera Placement?: Cameras along hallways in female cell access area. Cameras do not view inside cell

Announcement made? NONE How: _____

Informal Discussion with Staff (Not Interviews): NONE

General Discussion with Inmates (Not Interviews): No female inmates housed at time of audit

Phones: Located in housing cells

Supervision (staff to inmate ratio): 2 Officers each shift for substation facility. 1 female and 1 male officer assigned each shift.

Showers and Bathrooms (privacy, opposite gender viewing?): 1 shower in the facility for inmates to use. Shower is PREA compliant. Each housing cell has a toilet and 1 toilet in Shower area. Bathrooms are not PREA compliant and provides opportunity for cross-gender viewing in current configuration.

Other: Access to female housing unit is through a closed door and is completely separate from the Male housing cells. Male officers are prohibited from entering the female housing unit absent exigent circumstances.

Living Unit: T-101 Trustee housing – 2 man unit

PREA Information Posted?: Posters inside unit

Auditor Notice Posted?: Booking area

Opposite Sex Viewing?: NONE

Camera Placement?: Hallway leading to Trustee housing door

Announcement made?: YES How: Female officers making count announce & has trustees come out to hallway to make count. Female officer do not enter trustee housing room per trustee interview.

Informal Discussion with Staff (Not Interviews): NONE

General Discussion with Inmates (Not Interviews): Female officer do not enter trustee housing room per trustee interview.

Phones: Located in housing cells

Supervision (staff to inmate ratio): 2 Officers each shift for substation facility. 1 female and 1 male officer assigned each shift.

Showers and Bathrooms (privacy, opposite gender viewing?): 1 shower in the facility for trustees to use. Shower is PREA compliant. Toilet next to shower is not PREA compliant in current configuration.

Receiving and Discharge (Intake)

Strip Areas (Private?): The Shower area, Female housing cell T-102 for females, Male housing cell T-103 for males if unoccupied and trustees secured out of the area. Both areas are off camera.

Interview Areas (Confidential): Interview room is outside central/dispatch room near the patrol Sergeant's office.

Access to interview room is monitored by camera and with direct supervision from central/dispatch room.

PREA Information Posted: In booking area near phone

Cameras: Located in booking area and in hallway leading off booking area

Facilities (Mechanical Services)

Camera Placement: Throughout all hallways

Storage Areas: Storage closets off Admin Hallway

Food Service/Kitchen

Dining Rooms: NONE

Officer Dining Area: Main control

Kitchen: Off Admin/Control hallway

Coolers: In kitchen

Freezers: In kitchen

Dry Goods Storage: In kitchen

Garbage Area: Dumpster off kitchen, covered by camera

Dishroom: Located in kitchen

Camera Placement: Small kitchen area, no cameras in Kitchen

Supervision: Officer on duty

Isolated areas: Hallway leading to kitchen, Laundry, Control (Old Dispatch) & Staff Bathroom is a blind spot. Indirect supervision. No cameras & inmate access.

Outside Areas

Intake?: Monitored by 2 cameras with rollup door for security

Administration

Offender Access?: Limited access by trustees, no trustee access to Control (Old Dispatch)

PREA Information: On hallway walls

Third Party Info: NONE

DESCRIPTION OF FACILITY CHARACTERISTICS

The Nevada County Sheriff Truckee Substation Facility is located at 10879 Donner Pass Road Truckee CA 96161. The facility was built in the early 1960's and has a design capacity of 12 inmates. The facility is used to temporarily house persons arrested in the Truckee area and inmates who are transported daily from the Wayne Brown Correctional Center for court appearances. The substation is a Type 1 facility that house inmates for a maximum of 96 hours excluding weekends and holidays. 2 inmate workers (trustees) are housed in the facility along with 2 correctional officers. Correctional officers work 12 hour shifts, supervised by a patrol sergeant. The facility has an intake sallyport and booking/holding area, 2 male housing cells and 1 female housing cell with each capable of housing 4 inmates. The trustee housing area houses 2 male trustees. The facility has a central control room manned by correctional staff. Laundry room, kitchen and supply room are located next to the control room and manned by inmate trustees.

SUMMARY OF AUDIT FINDINGS

On April 27, 2016 a PREA audit tour was conducted at the Truckee Substation Jail Facility, located in Truckee, California. summary of audit findings are as follows:

INTERIM AUDIT FINDINGS	FINAL REPORT FINDINGS
Number of standards exceeded: 0	Number of standards exceeded: 0
Number of standards met: 12	Number of standards met: 21
Number of standards not met: 9	Number of standards not met: 0
Number of standards not applicable: 2	Number of standards not applicable: 2

Standard 115.111 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) POLICY 2-1 PROVIDES WRITTEN POLICY WHICH MANDATES ZERO TOLERANCE FOR INMATE ON INMATE AND STAFF SEXUAL ABUSE AND SEXUAL MISCONDUCT TOWARDS INMATES. POLICY PROVIDES GUIDELINES FOR IMPLEMENTATION OF AGENCY'S APPROACH FOR THE PREVENTION, DETECTION, RESPONSE, INVESTIGATION, PUNISHMENT FOR THE PERPETRATOR, TREATMENT & SUPPORT FOR THE VICTIM AND DATA COLLECTION TO PROTECT THE INMATE POPULATION FROM SEXUAL ABUSE AND SEXUAL MISCONDUCT. POLICY PROVIDE DEFINITIONS OF PROHIBITED BEHAVIORS REGARDING SEXUAL ABUSE, SEXUAL MISCONDUCT, SEXUAL HARASSMENT AND SANCTIONS FOR PARTICIPATION IN PROHIBITED BEHAVIORS TO INCLUDE STRATEGIES & RESPONSES TO REDUCE SEXUAL ABUSE AND SEXUAL HARASSMENT OF INMATES THROUGH CORRECTIVE ACTION REVIEWS AND DATA COLLECTION.
- b) PREA COORDINATOR AT LIEUTENANT LEVEL, 4TH LEVEL DOWN FROM SHERIFF AND IS CONSIDERED UPPER LEVEL AGENCY-WIDE PREA COORDINATOR, PREA COORDINATOR IS IDENTIFIED IN THE ORGANIZATIONAL CHART REPORTING DIRECTLY TO THE CUSTODY CAPTAIN. INTERVIEW WITH PREA COORDINATOR INDICATES DUE TO ADDITIONAL ASSIGNED WORK RESPONSIBILITIES HIS AVAILABILITY TO MANAGE HIS PREA RELATED RESPONSIBILITIES IS LIMITED.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.111 AS STANDARD PROVISION 115.111(b) IS NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

1. AGENCY TO ENSURE PREA COORDINATOR IS PROVIDED THE TIME NEEDED TO SUCCESSFULLY MANAGE ALL PREA RELATED RESPONSIBILITIES.
2. AGENCY TO PROVIDE AUDITOR WITH RESTRUCTURE OF CURRENT RESPONSIBILITIES TO MEET THIS REQUIREMENT FOR COMPLIANCE.

CORRECTIVE ACTION COMPLETION 9/26/15:

WRITTEN CORRESPONDENCE FROM PREA COORDINATOR INDICATES THE TRAINING COMPLETION OF SUPERVISORS, INITIATION OF PREA STANDARD REQUIREMENTS AND CREATION OF INVESTIGATIVE TEMPLATES USED TO INVESTIGATE PREA INCIDENTS TO THE SPECIAL INVESTIGATORS HAS PROVIDED THE PREA COORDINATOR TO MANAGE PREA RESPONSIBILITIES. AGENCY PROVIDED AUDITOR WITH THE INVESTIGATIVE FORMS/TEMPLATES USED TO DOCUMENT PREA RELATED INVESTIGATIONS. AGENCY COMPLIES WITH STANDARD 115.111(b).

AGENCY COMPLIES WITH STANDARD PROVISION 115.111(b)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.111.

Standard 115.112 Contracting with other entities for the confinement of detainees

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) N/A - AGENCY DOES NOT CONTRACT FOR THE CONFINEMENT OF INMATES
- b) N/A - AGENCY DOES NOT CONTRACT FOR THE CONFINEMENT OF INMATES

Standard 115.113 Supervision and monitoring

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) STAFFING PLAN DEVELOPMENT AND CORRECTIVE DIVISION DIRECTIVE 20 - FACILITY STAFFING 1027 POLICY IS BASED ON DESIGN AND ABILITY TO COMPLY WITH PENAL CODE 4021 AND CALIFORNIA CODE OF REGULATIONS TITLE 15 SECTION 1027. POLICY DD 69 MANDATES STAFFING PLAN IS PREDICATED ON DAILY NUMBER OF INMATES WHICH IS 12. THIS ALLOWS FOR MINIMAL STAFFING OF ONE ON-DUTY SUPERVISOR AND ONE CORRECTIONAL OFFICER. THE CURRENT WRITTEN STAFFING POLICY PROVIDES FOR FINDINGS OF INADEQUACY FROM INTERNAL OR EXTERNAL OVERSIGHT BODIES, COMPONENTS OF FACILITY'S PHYSICAL PLANT, COMPOSITION OF THE INMATE POPULATION, INSTITUTIONAL PROGRAMS OCCURRING ON A PARTICULAR SHIFT, PREVALENCE OF SUBSTANTIATED AND UNSUBSTANTIATED INCIDENTS OF SEXUAL ABUSE OR ANY OTHER RELEVANT FACTORS AS DESCRIBED IN THE REQUIRED CRITERIAL OUTLINED IN STANDARD PROVISION 115.13(a) THAT IS MANDATED TO BE CONSIDERED WHEN CALCULATING ADEQUATE STAFFING LEVELS TO INCLUDE THE NEED FOR VIDEO MONITORING. REVIEW OF POLICY 20 STAFFING PLAN FINDS PLAN TO BE INADEQUATE TO COMPLY WITH STANDARD PROVISION 115.13(a). THE CURRENT STAFFING PLAN DOES NOT DISCUSS ANY FINDINGS FROM OUTSIDE AGENCIES, DESCRIPTIONS OF BLIND SPOTS IN PHYSICAL PLANT, COMPOSITION OF INMATE POPULATION, INSTITUTIONAL PROGRAMS AND IS DEEMED NON COMPLIANT WITH POLICH DD-69 OR STANDARD PROVISION 115.13(a). CURRENT STAFFING PLAN IS NOT SPECIFIC TO THE TRUCKEE FACILITY AS MANDATED BY THE STANDARD PROVISION. INTERVIEWS WITH FACILITY COMMANDER AND PREA COMPLIANCE

MANAGER INDICATE STAFFING PLAN IS REVIEWED ANNUALLY. VIDEO MONITORING HAS BEEN ENHANCED TO ASSIST STAFF SUPERVISION.

- b) N/A – STANDARD PROVISION IS NOT APPLICABLE. FACILITY COMMANDER INTERVIEW INDICATES NO DEVIATIONS FROM STAFFING PLAN OVER PAST 12 MONTHS
- c) TITLE 15 1025 & 1027 MANDATE STAFFING PLAN BE REVIEWED AT THE SAME TIME AS THE BIENNIAL INSPECTION. AGENCY IS NON COMPLIANT WITH STANDARD PROVISION 115.13(c), WHICH REQUIRES A STAFFING PLAN REVIEW FOR EACH FACILITY NO LESS THAT ANNUALLY. STAFFING PLAN REVIEW MUST BE DOCUMENTED. PREA COORDINATOR INTERVIEW INDICATES STAFFING PLAN IS REVIEWED ANNUALLY FOR EACH FACILITY TO INCLUDE VIDEO MONITORING, STAFFING, AND RESOURCES AVAILABLE TO COMMIT TO THE STAFFING PLAN. AUDITOR WAS NOT PROVIDED A COMPLIANT STAFFING PLAN DURING THE ON-SITE REVIEW. PREA COORDINATOR IS CONSULTED IN THE STAFFING PLAN REVIEWS.
- d) POLICY DD-69 MANDATES UNANNOUNCED ROUNDS THAT COVERS DAY AND NIGHT SHIFTS TO BE CONDUCTED BY INTERMEDIATE OR HIGHER-LEVEL STAFF. ALL ROUNDS ARE TO BE DOCUMENTED IN THE JMS SYSTEM. POLICY ALSO PROHIBITS STAFF FROM ALERTING OTHER STAFF MEMBERS OF THE CONDUCT OF SUCH ROUNDS UNLESS SUCH ANNOUNCEMENT IS RELATED TO THE LEGITIMATE OPERATIONAL FUNCTIONS OF THE FACILITY. DURING ON-SITE FACILITY REVIEW, AUDITOR OBSERVED SINGLE CELL AVAILABILITY FOR INMATES WHO ARE IDENTIFIED AS VULNERABLE PER STANDARD 115.141. SINGLE CELL IS MONITORED BY VIDEO AND BY CONTINUED DIRECT SUPERVISION THROUGH SECURITY CHECKS TO ENSURE HEIGHTENED PROTECTION.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.113 AS STANDARD PROVISIONS 115.113(a) AND 115.113(c) ARE NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

1. AGENCY TO AMEND CURRENT STAFFING PLAN TO PROVIDE FOR ANY FINDINGS FROM OUTSIDE AGENCIES, DESCRIPTIONS OF BLIND SPOTS IN PHYSICAL PLANT, COMPOSITION OF INMATE POPULATION, INSTITUTIONAL PROGRAMS AND IS DEEMED NON COMPLIANT WITH POLICY DD-69 AND STANDARD PROVISION 115.113(a).
2. AMEND STAFFING PLAN TO BE SPECIFIC TO THE TRUCKEE FACILITY.
3. AGENCY TO AMEND POLICY TO MANDATE STAFFING PLAN REVIEW FOR EACH FACILITY TO BE CONDUCTED NO LESS THAN ANNUALLY. STAFFING PLAN REVIEW MUST BE DOCUMENTED.

CORRECTIVE ACTION COMPLETION 9/26/16:

AGENCY AMENDED POLICY DD-20 TO INCLUDE A MANDATE THAT STAFFING PLAN CONSIDER FINDINGS FROM OUTSIDE AGENCIES, DESCRIPTIONS OF BLIND SPOTS IN PHYSICAL PLANT, COMPOSITION OF INMATE POPULATION AND INSTITUTIONAL PROGRAMS. AGENCY COMPLIES WITH STANDARD PROVISION 115.113(a). AGENCY AMENDED POLICY DD-20 TO INCLUDE NARRATIVE TO MANDATE STAFFING PLAN REVIEW WILL BE CONDUCTED NO LESS FREQUENTLY THAN ONCE EACH YEAR. THE REVIEW TEAM SHALL DOCUMENT ITS FINDINGS, INCLUDING JUSTIFICATION FOR ALL DEVIATIONS FROM THE STAFFING PLAN. AGENCY PROVIDED AUDITOR WITH PREA COMPLIANT STAFFING PLAN SPECIFIC TO TRUCKEE SUBSTATION LOCKUP FACILITY WHICH MEETS MANDATED CRITERIA OUTLINED IN STANDARD PROVISIONS 115.113(a). AGENCY COMPLIES WITH STANDARD PROVISION 115.113(c).

AGENCY HAS COMPLIED WITH STANDARD PROVISIONS 115.113(a) AND 115.113(c)

AUDITOR HAS DETERMINED AGENCY COMPLIES WITH STANDARD 115.113

Standard 115.114 Juveniles and youthful detainees

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a) thru 115.14(c) - N/A - FACILITY DOES NOT HOUSE YOUTHFUL INMATES

Standard 115.115 Limits to cross-gender viewing and searches

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) CORRECTIONS DIVISION DIRECTIVE 2 PROHIBITS CROSS-GENDER STRIP OR CROSS GENDER VISUAL BODY CAVITY SEARCHES OF INMATES. STRIP SEARCHES WILL BE CONDUCTED BY STAFF OF THE SAME SEX AS THE INMATE BEING SEARCHED. SHOULD A BODY CAVITY SEARCH NEED TO BE CONDUCTED, A SEARCH WARRANT MUST BE OBTAINED PRIOR TO SEARCH AND ONLY MEDICAL PERSONNEL WITH SECURITY PRESENT WILL CONDUCT THE SEARCH. ALL PERSONS PRESENT DURING THE PHYSICAL BODY CAVITY SEARCH SHALL BE OF THE SAME SEX AS PERSON BEING SEARCHED EXCEPT FOR LICENSED MEDICAL PERSONNEL.
- b) PREA POLICY DD-69 MANDATES FACILITY DOCUMENT ALL CROSS-GENDER PHYSICAL BODY CAVITY SEARCHES AND STRIP SEARCHES FOR PERSONS WHO ARE ARRESTED AND HELD IN CUSTODY ON FRESH FELONY WARRANTS, PAROLE VIOLATIONS, DETAINEES WHO ARE ARRESTED FOR INFRACTIONS OR MISDEMEANOR PRE-ARRAIGNMENT DETAINEES IN THE JMS SYSTEM. STRIP AND VISUAL BODY CAVITY SEARCHES WILL BE CONDUCTED BY AN OFFICER OF THE SAME SEX AS THE INMATE.
- c) PREA POLICY 69 MANDATES AGENCY ENABLE INMATES TO CONDUCT BODILY FUNCTIONS, SHOWER, CHANGE CLOTHING WITHOUT NON-MEDICAL STAFF OF THE OPPOSITE GENDER VIEWING BREASTS, BUTTOCKS OR GENITALIA EXCEPT IN EXIGENT CIRCUMSTANCES OR WHEN VIEWING IS INCIDENTAL TO ROUTING CELL CHECKS (INCLUDING VIDEO CAMERA). POLICY ALSO MANDATES STAFF OF THE OPPOSITE GENDER ANNOUNCE THEIR PRESENCE WHEN ENTERING AN INMATE HOUSING UNIT. INTERVIEW WITH RANDOM SAMPLE OF INMATES AND STAFF INDICATE INMATES HAVE THE ABILITY TO SHOWER, TOILET AND PERFORM BODILY FUNCTIONS WITHOUT BEING VIEWED BY STAFF OF THE OPPOSITE SEX. DURING FACILITY REVIEW, AUDITOR OBSERVED OPPORTUNITY

FOR CROSS-GENDER VIEWING FROM THE HALLWAYS LEADING TO EACH MALE AND FEMALE HOUSING CELLS AS THERE ARE OPEN TOILETS IN EACH HOUSING CELL. TOILET NEXT TO THE SHOWER IS ALSO AN OPEN TOILET WHICH ALLOWS FOR CROSS GENDER VIEWING FROM THE HALLWAY AS THE HALLWAY ENTRY DOOR HAS A WINDOW.

- d) INTERVIEW WITH STAFF INDICATE FEMALE STAFF DO NOT ANNOUNCE PRIOR TO COMING ONTO THE HALLWAY OR PRIOR TO VIEWING THE MALE HOUSING CELLS. MALE STAFF ARE PROHIBITED FROM ENTERING FEMALE HOUSING SECTIONS WITHOUT A FEMALE OFFICER STANDING BY AND ANNOUNCING OR EXIGENT CIRCUMSTANCES. IN THE EVENT THAT ONLY MALE STAFF ARE ON DUTY, THE FEMALE HOUSING CELL PROVIDES FOR CROSS-GENDER VIEWING OF THE TOILET.
- e) CORRECTIONS DIVISION DIRECTIVE 2 POLICY PROHIBITS STAFF FROM PHYSICALLY SEARCHING TRANSGENDER OR INTERSEX INMATES FOR THE SOLE PURPOSE OF DETERMINING THEIR GENITAL STATUS. INTERVIEW WITH RANDOM SAMPLE OF 12 STAFF DETERMINES THEIR EDUCATION AND KNOWLEDGE OF PREA MANDATES AND POLICY REGARDING PROHIBITED SEARCHES OF INMATES TO DETERMINE THEIR GENITAL STATUS. AGENCY PROVIDED CONTENTS OF TRAINING CURRICULA AND EXERPT FROM FIELD TRAINING MANUAL WHICH PROVIDES LESSON PLAN TO TRAIN STAFF HOW TO CONDUCT CROSS-GENDER PAT-DOWN SEARCHES OF TRANSGENDER AND INTERSEX INMATES AS OUTLINED IN THE CALIFORNIA PENAL CODE. INTERVIEW WITH RANDOM SAMPLE OF 12 STAFF INDICATES THEY HAVE RECEIVED TRAINING ON HOW TO CONDUCT CROSS-GENDER PAT-DOWN SEARCHES OF INMATES IN 2015 & 2016.

AUDITOR TO VERIFY COMPLIANCE BY REVIEWING CROSS-GENDER COMPLIANCE AND STAFF ANNOUNCEMENTS DURING A CORRECTIVE ACTION SITE REVIEW TO BE SCHEDULED 90 DAYS PRIOR TO THE CORRECTIVE ACTION DEADLINE.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.115 AS STANDARD PROVISIONS 115.115(c) AND 115.115(d) ARE NON-COMPLIANT.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

- 1. AGENCY TO ENSURE THROUGH COVERING OF PORTION OF HOUSING CELL BARS OR PROVIDE COVERED TOILET AREA WHICH DISSUADE FROM CROSS-GENDER VIEWING BUT PROVIDES FOR SECURITY CHECKS AND CROSS-GENDER ANNOUNCEMENTS:
 - a. HOUSING CELL T-101
 - b. HOUSING CELL T-102
 - c. HOUSING CELL T-104
 - d. TOILET ADJACENT TO SHOWER (WINDOW FROSTING AND/OR PARTIAL CURTAIN TO ALLOW FOR SECURITY/SAFETY CHECK.

CORRECTIVE ACTION COMPLETION 10/11/16:

AUDITOR CONDUCTED ON-SITE REVIEW ON 10/11/16. AUDITOR OBSERVED THE FOLLOWING COMPLIANCE UPDATES:

- FROSTING PLACED ON SOBERING CELL WINDOW IN THE BOOKING AREA.
- SHOWER/TOILET AREAS HAVE PLASTIC CURTAINS TO SERVE AS VIEWING BARRIER
- WELDED CELL BAR BARRIERS W/VENTS FOR VIEWING MOVEMENT FOR HOLDING CELLS 104, 101 & 102
- DEPUTIES INTERVIEWED AND DEMONSTRATED CROSS-GENDER ANNOUNCEMENTS.

AGENCY COMPLIES WITH STANDARD PROVISIONS 115.115(c) & 115.115(d)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.115

Standard 115.116 Detainees with disabilities and detainees who are limited English proficient

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) CORRECTIONS DIVISION DIRECTIVE 31 – MENTALLY DISORDERED INMATES – 1052, CORRECTIONS DIVISION DIRECTIVE 50 – DEVELOPMENTALLY DISABLED INMATES – 1057, PREA POLICY DD-69 MANDATE THE NEVADA COUNTY CORRECTIONS DIVISION TO ADOPT PROCEDURES, WHICH PROVIDE FOR THE IDENTIFICATION, HOUSING, AND EVALUATION OF ALL MENTALLY DISORDERED INMATES AND DEVELOPMENTALLY DISABLED INMATES. PREA POLICY 2-1 MANDATES PREA EDUCATION SHALL BE COMMUNICATED ORALLY, VISUALLY OR IN WRITING ACCESSIBLE TO ALL INMATES INCLUDING THOSE WHO ARE LEP, DEAF, VISUALLY IMPRAIRED OR OTHERWISE DISABLED AS WELL AS TO INMATES WHO HAVE LIMITED READING SKILL. AGENCY HAS NOT PROVIDED WRITTEN MATERIALS OR METHODS USED FOR EFFECTIVE COMMUNICATION AS IT RELATES TO VISUALLY IMPAIRED OR BLIND INMATES. AGENCY PROVIDED INVOICE FOR LANGUAGE LINE SERVICES, WHICH PROVIDES INTERPRETERS FOR LEP, SIGN LANGUAGE AND A NUMBER OF DIFFERENT LANGUAGES. THERE IS NO AGREEMENT FOR SERVICES AS THIS ANNUAL COST USE IS FLUID, THERE FORE THEIR BUDGET PROVIDES A BLANKET ORDER TO PAY FOR SERVICES AS THEY ARE BEING USED. NO DOCUMENTATION PROVIDED OF STAFF TRAINING ON PREA-COMPLIANT PRACTICES FOR INMATES WITH DISABILITIES. INTERVIEW WITH DISABLED INMATES WITH LIMITED READING SKILLS INDICATE STAFF READ ORIENTATION INFORMATION THEM BUT DO NOT READ PREA LITERATURE FORM TO THEM BEFORE THEY SIGN. STAFF DO NOT DETERMINE IF INMATES HAVE LITTLE OR NO READING ABILITIES DURING THE INTAKE AND SCREENING PROCESS. AUDITOR OBSERVED INTAKE OFFICER READING THE AGENCY’S ZERO TOLERANCE POLICY TO INCOMING INMATE DURING PROCESSING. INTERVIEW WITH AGENCY HEAD INDICATES FACILITY HAS MULTIPLE WAYS OF COMMUNICATING WITH DISABLED, LEP INMATES THROUGH STAFF INTERPRETERS AND LANGUAGE LINE INTERPRETER CONTRACT. AGENCY ALSO USES COMMUNITY-BASED GROUPS TO ASSIST DEVELOPMENTALLY DISABLED AND LIMITED READING SKILLS (FREED), AND CAN CALL THE COUNTY’S 211 FOR REFERRAL HELP 24/7.
- b) AGENCY PROVIDED COPY OF PREA “WHAT YOU NEED TO KNOW PAMPHLET”, WHICH IS IN ENGLISH. NO PAMPHLET IN ALTERNATE LANGUAGE PROVIDED. PAMPHLET DOES NOT PROVIDE LIMITS OF CONFIDENTIALITY OR WHETHER OR NOT THE DOMESTIC VIOLENCE AND SEXUAL ASSAULT COALITION HOTLINE IS MONITORED BY THE AGENCY.
- c) AGENCY PROVIDED OPERATIONAL DIRECTIVES FOR MENTALLY DISORDERED AND DEVELOPMENTALLY DISABLED INMATES. BOTH DIRECTIVES ONLY DISCUSS HOUSING AND PLACEMENT OF THESE INMATES. NO MENTION OF EFFECTIVE COMMUNICATION AS IT RELATES TO SEXUAL ABUSE/HARASSMENT IN THOSE DIRECTIVES. ONLY 2 TRUSTEES, BOTH ENGLISH SPEAKING WERE HOUSED IN THE FACILITY AT THE TIME OF ON-SITE AUDIT. INTERVIEW WITH STAFF INDICATE THEIR KNOWLEDGE AND EDUCATION ON THE USE OF LANGUAGE LINE INTERPRETER CONTRACT SERVICES.
- d) PREA POLICY DD 69 PROHIBITS THE USE OF INMATE INTERPRETERS EXCEPT IN LIMITED CIRCUMSTANCES WHERE A DELAY IN OBTAINING INFORMATION COULD COMPROMISE THE INMATES’S SAFETY, THE PERFORMANCE OF FIRST-RESPONDER DUTIES OR THE INVESTIGATIONS OF THE INMATE’S ALLEGATIONS. THERE HAVE BEEN NO INSTANCES OF INMATE INTERPRETERS BEING USED OVER THE PAST 12 MONTHS. INTERVIEW WITH STAFF DETERMINE THEY ARE WELL EDUCATED ON THE PROHIBITED USE OF INMATE INTERPRETERS DURING 1ST RESPONDER INVESTIGATION OF AN INMATE’S ALLEGATION OF SEXUAL ABUSE.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.116 AS STANDARD PROVISIONS 115.116(a), 115.116(b) AND 115.116(c) ARE NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH WRITTEN MATERIALS OR METHODS USED FOR EFFECTIVE COMMUNICATION FOR VISUALLY IMPAIRED AND BLIND INMATES.
2. AGENCY TO PROVIDE STAFF TRAINING ON PREA-COMPLIANT PRACTICES FOR INMATES WITH DISABILITIES WHICH INSTRUCT STAFF HOW TO DETERMINE INMATES' READING ABILITIES DURING THE INTAKE AND SCREENING PROCESS PRIOR TO HAVING THEM SIGN ANY DOCUMENTATION ACKNOWLEDGING RECEIPT AND UNDERSTANDING OF RULES, REGULATIONS AND INMATE RIGHTS RELATED TO PREA EDUCATION.
3. AGENCY TO ENSURE THE "WHAT YOU NEED TO KNOW PAMPHLET" IS PRINTED IN BOTH ENGLISH AND SPANISH AND AVAILABLE FOR STAFF TO PROVIDE INMATES IN BOTH BOOKING AND HOUSING AREAS.
4. AGENCY TO AMEND THE "WHAT YOU NEED TO KNOW PAMPHLET" TO PROVIDE LIMITS OF CONFIDENTIALITY OR WHETHER OR NOT THE DOMESTIC VIOLENCE AND SEXUAL ASSAULT COALITION HOTLINE IS MONITORED BY THE AGENCY.
5. AGENCY TO AMEND OPERATIONAL DIRECTIVES FOR MENTALLY DISORDERED AND DEVELOPMENTALLY DISABLED INMATES TO INCLUDE EFFECTIVE COMMUNICATION AS IT RELATES TO SEXUAL ABUSE/HARASSMENT AS SHOULD BE PROVIDED IN THE "WHAT YOU NEED TO KNOW PAMPHLET.

CORRECTIVE ACTION COMPLETION 9/26/16:

1. PREA POLICY DD-69 MANDATES INFORMATION PROVIDED DURING INTAKE AND PREA EDUCATION SHALL BE COMMUNICATED ORALLY, VISUALLY OR IN WRITING ACCESSIBLE TO ALL INMATES INCLUDING THOSE WHO ARE LIMITED ENGLISH PROFICIENT, DEAF, VISUALLY IMPAIRED, OR OTHERWISE DISABLED, AS WELL AS TO INMATES WHO HAVE LIMITED READING SKILLS PER STANDARD PROVISION 115.116(a).
2. AGENCY AMENDED PREA POLICY DD-69 TO MANDATE INTAKE STAFF HAVE INMATES READ TELEPHONE PIN LAMINATED POSTING TO DETERMINE INMATE READING AND COMPREHENSION ABILITY PRIOR TO HAVING THEM SIGN ANY DOCUMENTATION PER STANDARD PROVISION 115.116(a).
3. AGENCY PROVIDED AUDITOR WITH INMATE HANDBOOK IN BOTH ENGLISH AND SPANISH PER STANDARD PROVISION 115.116(b).
4. AGENCY AMENDED THE PREA HANDBOOK TO PROVIDE LIMITS OF CONFIDENTIALITY AND MONITORING WITH REGARDS TO REPORTING AND ADVOCACY OUTSIDE AGENCIES PER STANDARD PROVISION 115.116(B).
5. AGENCY AMENDED PREA POLICY DD-69 & DD-50 MANDATING APPROPRIATE PROVISIONS TO ENSURE EFFECTIVE EDUCATION FOR INMATES WITH LOW LITERACY LEVELS AND THOSE WITH DISABILITIES THAT HINDER THEIR ABILITY TO UNDERSTAND THE INFORMATION IN THE MANNER PROVIDED. STAFF CONDUCTING THE INITIAL EDUCATION AND INITIAL ASSESSMENT FOR INMATES SHALL HAVE THEM READ ALOUD THE PIN AND TRUST ACCOUNT ADMONISHMENT TO DETECT VISUAL IMPAIRMENT AND OTHER DISABILITIES PER STANDARD PROVISION 115.16(c).

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.116

Standard 115.117 Hiring and promotion decisions

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 PROHIBITS THE HIRING OR PROMOTING ANYONE WHO MAY HAVE CONTACT WITH INMATES OR ENLISTING THE SERVICES OF ANY CONTRACTOR WHO MAY HAVE CONTACT WITH INMATES WHO HAVE ENGAGED IN SEXUAL ABUSE IN A CORRECTIONAL FACILITY, CONVICTED OF ENGAGING OR ATTEMPTING TO ENGAGE IN SEXUAL ACTIVITY IF VICTIM DID NOT CONSENT OR REFUSE, HAS BEEN CIVILLY OR ADMINISTRATIVELY ADJUDICATED TO HAVE ENGAGED IN THE ACTIVITIES(S) DESCRIBED ABOVE. NO STAFF ASSIGNED TO THE TRUCKEE FACILITY HAS BEEN HIRED OVER THE PAST 12 MONTHS.
- b) PREA POLICY DD-69 MANDATES THE CONSIDERATION OF ANY INCIDENTS OF SEXUAL HARASSMENT IN DETERMINING WHETHER TO HIRE OR PROMOTE ANYONE OR ENLIST THE SERVICES OF ANY CONTRACTOR, WHO MAY HAVE CONTACT WITH INMATES. INTERVIEW WITH HR STAFF ADMINISTRATOR INDICATES STAFF ARE CLOSELY SCREENED DURING BACKGROUND CHECKS. REVIEW OF PERSONNEL FILES INDICATE MANAGERS REVIEW FILES ANNUALLY.
- c) GENERAL ORDER 11 MANDATES THE NEVADA COUNTY SHERIFF'S OFFICE TO CONDUCT A THOROUGH PRE-EMPLOYMENT BACKGROUND INVESTIGATION ON ALL APPLICANTS FOR SWORN, NON-SWORN, PART-TIME, FULL-TIME, VOLUNTEER, AND CONTRACT SERVICE POSITIONS WITHIN THE SHERIFF'S OFFICE. POLICY ALSO MANDATES BACKGROUND INVESTIGATORS CONTACT PREVIOUS EMPLOYERS, PAST AND PRESENT. OVER THE PAST 12 MONTHS NO EMPLOYEES HAVE BEEN HIRED WHO MAY HAVE CONTACT WITH INMATES ASSIGNED TO THE TRUCKEE FACILITY. THE 4 PERSONNEL CURRENTLY HIRED HAVE COMPLETED BACKGROUND CHECKS THROUGH CBI/FBI.
- d) GENERAL ORDER 11 MANDATES THE NEVADA COUNTY SHERIFF'S OFFICE TO CONDUCT A THOROUGH PRE-EMPLOYMENT BACKGROUND INVESTIGATION ON ALL APPLICANTS FOR SWORN, NON-SWORN, PART-TIME, FULL-TIME, VOLUNTEER, AND CONTRACT SERVICE POSITIONS WITHIN THE SHERIFF'S OFFICE. OVER THE PAST 12 MONTHS 3 CONTRACTORS HAVE BEEN HIRED WHO MAY HAVE CONTACT WITH INMATES. ALL HAVE COMPLETED BACKGROUND CHECKS VIA CBI/FBI. INTERVIEW WITH HR ADMINISTRATOR INDICATE AGENCY CONDUCTS THEIR OWN BACKGROUND CHECKS ON BOTH CONTRACTORS AND ADMINISTRATORS. CONTRACTORS ARE DIRECTLY SUPERVISED BY STAFF WHEN ON SITE. VOLUNTEERS ARE NOT PERMITTED ACCESS TO TRUCKEE FACILITY. REVIEW OF AGENCY PERSONNEL FILES FOR VOLUNTEERS AND CONTRACTORS CORROBORATES THAT STATEMENT.
- e) PREA POLICY DD-69 MANDATES CRIMINAL BACKGROUND RECORDS CHECKS BE CONDUCTED EVERY 5 YEARS OF CURRENT EMPLOYEES & CONTRACTORS OR OTHERWISE CAPTURE SUCH INFORMATION FOR CURRENT EMPLOYEES. INTERVIEW WITH HR ADMINISTRATOR INDICATE ALL STAFF HAVE AN AFFIRMATIVE DUTY TO REPORT AND SUBSEQUENT ARREST NOTIFICATION FROM DOJ TO INCLUDE CLETS, DOJ AND FBI CHECKS.
- f) PREA POLICY DD-69 MANDATES AGENCY TO ASK APPLICANTS AND EMPLOYEES ABOUT PREVIOUS SEXUAL MISCONDUCT IN WRITTEN APPLICATIONS, INTERVIEWS FOR HIRING OR PROMOTIONS OR SELF EVALUATIONS CONDUCTED AS PART OF INTERVIEWS OF CURRENT EMPLOYEES. POLICY ALSO MANDATES THAT AGENCY IMPOSE A CONTINUING AFFIRMATIVE DUTY TO DISCLOSE SUCH MISCONDUCT. INTERVIEW WITH HR ADMINISTRATOR INDICATE ALL STAFF HAVE AN AFFIRMATIVE DUTY TO REPORT AND ARE ASKED QUESTIONS REGARDING PREVIOUS SEXUAL MISCONDUCT IN THEIR APPLICATIONS AS VERIFIED BY AUDITOR REVIEW OF PERSONNEL FILES.

- g) GENERAL ORDER 11 MANDATES APPLICANTS SHALL BE INSTRUCTED THAT THEY WILL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT FOR BEING DECEPTIVE, DECEITFUL, NOT TRUTHFUL, OR UNCOOPERATIVE DURING ANY PORTION OF THE PRE-EMPLOYMENT BACKGROUND INVESTIGATION.
- h) PREA POLICY DD-69 MANDATES AGENCY TO PROVIDE INFORMATION ON SUBSTANTIATED ALLEGATIONS OF SEXUAL ABUSE/HARASSMENT INVOLVING A FORMER EMPLOYEE UPON RECEIVING A REQUEST FROM AN INSTITUTIONAL EMPLOYER FOR WHOM SUCH EMPLOYEE HAS APPLIED TO WORK. INTERVIEW WITH HR ADMINISTRATOR INDICATES SUBSTANTIATED ALLEGATIONS OF SEXUAL ABUSE/HARASSMENT INFORMATION INVOLVING A FORMER EMPLOYEE IS PROVIDED TO AN INSTITUTIONAL EMPLOYER UPON RECEIPT OF A RELEASE OF INFORMATION SIGNED BY THE FORMER EMPLOYEE.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.117

Standard 115.118 Upgrades to facilities and technologies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) N/A - AGENCY/FACILITY HAS NOT ACQUIRED A NEW FACILITY OR MADE SUBSTANTIAL EXPANSION TO EXISTING FACILITIES SINCE 8/20/12.
- b) AGENCY HAS INDICATED THEY HAVE INSTALLED OR UPDATED MONITORING TECHNOLOGY SINCE 8/20/12. IN 2015, AGENCY UPGRADED THE VIDEO MONITORING SYSTEM FROM CCTV MONITORS, WITH 9 VIEWS TO AN LED MONITOR, HYBRID DVR CAPABLE OF VIEWING ALL CAMERAS (14). DVR SYSTEM HAS STORAGE CAPABILITY EXCEEDING 12 MONTHS. EXTERIOR & INTERIOR CAMERAS WERE INSTALLED IN AREAS FOR BEST VIEWING OF COMMON AREAS. AUDITOR OBSERVED UPGRADED VIDEO MONITORING SYSTEM WHICH RECORDS UP TO 1 YEAR. RECORDING IS TIME IS INCREASED SHOULD ANYONE REVIEW A SPECIFIC RECORDING. DURING ON-SITE REVIEW ON 10/11/16, AGENCY POINTED OUT NEW CAMERA PLACED IN HALLWAY LEADING TO CONTROL ROOM, LAUNDRY AND KITCHEN TO ENHANCE STAFF SUPERVISION AND SAFETY IN THOSE BLIND AREAS.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.118

Standard 115.121 Evidence protocol and forensic medical examinations

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

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) AGENCY IS RESPONSIBLE FOR CONDUCTING BOTH ADMINISTRATIVE AND CRIMINAL SEX ABUSE INVESTIGATIONS. AGENCY PROVIDED THEIR UNIFORM EVIDENCE PROTOCOL WHEN CONDUCTING SEXUAL ABUSE INVESTIGATION. PREA POLICY DD-69 MANDATES 1ST RESPONDERS PRESERVE & PROTECT CRIME SCENE UNTIL APPROPRIATE STEPS CAN BE TAKEN TO COLLECT EVIDENCE. THIS INCLUDES SEPARATE VICTIM & ABUSER AND REQUEST VICTIM & ENSURE ABUSER NOT TAKE ANY ACTIONS THAT COULD DESTROY PHYSICAL EVIDENCE, INCLUDING WASHING, BRUSHING TEETH, CHANGING CLOTHES, URINATING, DEFECATING, SMOKING, DRINKING OR EATING. DIVISION DIRECTIVE 15 PROTOCOL PROVIDES FOR THE COLLECTION OF EVIDENCE BY USING A DOJ SEXUAL ASSAULT EVIDENCE KIT FROM THE GATHERING MEDICAL PROFESSIONAL & SUBMITTING IT TO THE DOJ CRIME LAB. THE EVIDENCE PROTOCOL PROVIDED BY AGENCY DISCUSSES EVIDENCE TAGGING AND LOGGING TO INCLUDE IMPOUNDING OF EVIDENCE. INTERVIEW WITH RANDOM SAMPLE OF 4 STAFF INDICATES AGENCY CONDUCTS BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS.
- b) DIVISION DIRECTIVE #15 AND PREA POLICY DD-69 OUTLINES THE UNIFORM EVIDENCE PROTOCOL USED. THIS PROTOCOL IS NOT DEVELOPMENTALLY APPROPRIATE FOR YOUTH AS AGENCY DOES NOT HOUSE YOUTHFUL INMATES IN THE ADULT FACILITIES. EVIDENCE PROTOCOL WAS DEVELOPED USING FIELD SHERIFF EVIDENCE COLLECTION PROTOCOL COUPLED WITH THE NIC TRAINING PROVIDED FOR INVESTIGATORS CERTIFIED TO CONDUCT INVESTIGATIONS IN A CORRECTIONAL SETTING.
- c) PREA POLICY DD-69 & RAPE & SEXUAL DETECTION AND PREVENTION MANUAL MANDATES IN RESPONSE TO ALLEGATION OF SEXUAL ABUSE A MEDICAL OPINION SHALL BE OBTAINED TO DETERMINE WHETHER THE VICTIM IS TO BE TAKEN FOR A FORENSIC EXAMINATION. IN ADDITION, THE VICTIM SHOULD BE ASKED IF HE/SHE RETAINED ANY EVIDENCE OF THE ASSAULT (E.G., SOILED BEDDING, CLOTHING, ETC.). HOSPITAL MEDICAL STAFF WILL BE RESPONSIBLE TO CONDUCT AN EXAMINATION OF THE VICTIM AND ALLEGED SUSPECT TO DETERMINE THE PRESENCE OR ABSENCE OF PHYSICAL TRAUMA, AND PERFORM FOLLOW-UP TESTING FOR SEXUALLY TRANSMITTED DISEASES AND PREGNANCY TESTING, AS APPROPRIATE. FACILITY DOCUMENTS EFFORTS TO LOCATE SANES OR SAFEs AND WHEN NOT AVAILABLE, A QUALIFIED MEDICAL PRACTITIONER PERFORMS FORENSIC MEDICAL EXAMINATIONS. PREA POLICY DD-69 & RAPE & SEXUAL DETECTION AND PREVENTION MANUAL POLICY FOR CFMG MANDATES THAT FORENSIC MEDICAL EXAMINATIONS ARE OFFERED WITHOUT FINANCIAL COST TO THE VICTIM. IN THE PAST 12 MONTHS NO FORENSIC EXAMINATIONS WERE CONDUCTED. INTERVIEW WITH FORENSIC DIRECTOR AT SUTTER MEMORIAL HOSPITAL IN SACRAMENTO INDICATE THEY HANDLE ALL FORENSIC EXAMINATIONS FOR NEVADA COUNTY JAIL. THEY ARE AVAILABLE 24/7 AND USE THE OUTPATIENT BEAR CLINIC TO CONDUCT THE FORENSIC EXAMINATIONS. ADVOCATES ARE PROVIDED BY THE HOSPITAL IN THE EVENT AN ADVOCATE DOES NOT ACCOMPANY THE VICTIM. THEY PROVIDE STD PROPHYLAXIS, PREGNANCY TESTS, EMERGENCY CONTRACEPTION AND PREGNANCY EDUCATION.
- d) PREA POLICY DD-69 MANDATES THAT AT THE TIME THE VICTIM IS SENT TO THE HOSPITAL, THE FACILITY COMMANDER IS REQUIRED TO CONTACT THE RAPE CRISIS CENTER TO REQUEST A VICTIM SEXUAL ASSAULT ADVOCATE BE DISPATCHED TO THE HOSPITAL. THESE EFFORTS ARE DOCUMENTED. RAPE & SEXUAL ASSAULT DETECTION AND PREVENTION DIRECTIVE PAGE #314 FROM THE NEVADA COUNTY JAIL POLICY & PROCEDURE MANUAL INDICATE CFMG STAFF HEALTHCARE CLINICIANS SHALL PROVIDE COORDINATION AND REFERRAL ASSISTANCE AS NECESSARY FOR FORENSIC MEDICAL EXAMINATIONS AND EVIDENCE COLLECTION TO BE PROVIDED THROUGH THE DESIGNATED SEXUAL ABUSE RESPONSE TEAM MEMBER. INTERVIEW WITH PREA COMPLIANCE MANAGER INDICATE AGENCY IS COMMUNICATING WITH DVSAC, WORKING TOWARDS AN AGREEMENT OR MOU LANGUAGE THAT IS ACCEPTABLE TO BOTH PARTIES. AGENCY PROVIDED AUDITOR WITH E-MAIL COMMUNICATIONS TO VERIFY AGENCY IS WORKING TOWARDS SECURITY AN MOU WITH DVSAC.
- e) N/A - AGENCY IS RESPONSIBLE FOR BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS.
- f) N/A - AGENCY IS RESPONSIBLE FOR BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.121

Standard 115.122 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY 2-1 MANDATES INVESTIGATIONS INTO ALLEGATIONS OF SEXUAL ABUSE AND SEXUAL HARASSMENT SHALL BE CONDUCTED PROMPTLY, THOROUGHLY, AND OBJECTIVELY FOR ALL ALLEGATIONS, INCLUDING THIRD-PARTY AND ANONYMOUS REPORTS. COUNTY HARASSMENT POLICY MANDATES THE PERSONNEL/HUMAN RESOURCES DIRECTOR SHALL AUTHORIZE THE INVESTIGATION OR CONDUCT THE INVESTIGATION PROMPTLY AND THOROUGHLY OF ANY INCIDENT OF ALLEGED HARASSMENT THAT IS REPORTED. NO ALLEGATIONS OF SEXUAL ABUSE IN PAST 12 MONTHS FOR THIS FACILITY
- b) PREA POLICY DD-69 MANDATES AGENCY CONDUCT BOTH CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS. AGENCY DOCUMENTS INVESTIGATIONS IN WRITTEN REPORTS. AGENCY POLICY REGARDING THE REFERRAL OF ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT FOR CRIMINAL INVESTIGATION IS PUBLISHED ON THE AGENCY WEBSITE FOR PUBLIC ACCESS. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE ALL ALLEGATIONS OF SEXUAL ABUSE ARE PROMPTLY INVESTIGATED.
- c) N/A - AGENCY CONDUCTS THEIR CRIMINAL INVESTIGATIONS.
- d) N/A – STANDARD PROVISIONS DO NOT APPLY TO AGENCY PER DOJ.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.122

Standard 115.131 Employee and volunteer training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES ALL EMPLOYEES SHALL RECEIVE DOCUMENTED PREA TRAINING DURING INITIAL TRAINING, NEW EMPLOYEE ORIENTATION, AND ANNUALLY THEREAFTER WHICH SHALL INCLUDE, BUT WILL NOT BE LIMITED TO THE 10 CRITERIA IDENTIFIED IN STANDARD PROVISION 115.31 AND REVIEW OF PREA POLICY DD-69 AND GENERAL ORDER 12. EMPLOYEES SHALL COMPLETE AN EMPLOYEE PREA ACKNOWLEDGEMENT FORM STATING THAT THE EMPLOYEE UNDERSTANDS THE TRAINING THEY HAVE RECEIVED. AGENCY PROVIDED TRAINING CURRICULUM WHICH COVERS THE ABOVE IDENTIFIED AREAS FOR PREA TRAINING. TRAINING OCCURRED IN APRIL 2015 AND ROSTERS PROVIDED BY AGENCY INDICATED 87 STAFF ATTENDED THE PREA TRAINING AT THAT TIME. INTERVIEW WITH 2 ASSIGNED STAFF INDICATE ALL HAVE RECEIVED EITHER INITIAL PREA TRAINING WHEN HIRED

- AND REFRESHER PREA TRAINING IN 2016. AGENCY PROVIDED AUDITOR WITH TRAINING ACKNOWLEDGEMENTS FOR RANDOM SAMPLE OF 15 AGENCY CUSTODY STAFF IN COMPLIANCE WITH THIS STANDARD PROVISION.
- b) PREA POLICY DD-69 AND TRAINING CURRICULUM PROVIDES TRAINING WHICH COVERS BOTH MALE, FEMALE AND LGBTI COMMUNITY INMATES. BOTH TRUCKEE FACILITY AND WAYNE BROWN FACILITY HOUSE MALE AND FEMALE INMATES. STAFF ARE ASSIGNED TO WORK IN HOUSING UNITS THAT HOUSE BOTH MALE AND FEMALE INMATES. TRAINING CURRICULUM IS TAILORED TO THE INMATE POPULATION.
 - c) AGENCY CONDUCTS ANNUAL TRAINING & INCLUDES BI-ANNUAL REFESHER TRAINING. FACILITY EMPLOYEES 4 STAFF WHO WERE TRAINED OR RETRAINED IN PREA REQUIREMENTS. REVIEW OF SAMPLE TRAINING RECORDS AND INTERVIEW WITH STAFF VERIFY THAT STAFF RECEIVED THEIR PREA TRAINING EVERY OTHER YEAR AND REFRESHER TRAINING BI-ANNUALLY.
 - d) PREA POLICY DD-69 MANDATES ALL EMPLOYEES SHALL RECEIVE DOCUMENTED PREA TRAINING DURING INITIAL TRAINING, NEW EMPLOYEE ORIENTATION, AND ANNUALLY THEREAFTER WHICH SHALL INCLUDE, BUT WILL NOT BE LIMITED TO THE 10 CRITERIA IDENTIFIED IN STANDARD PROVISION 115.31 AND REVIEW OF PREA POLICY DD-69 AND GENERAL ORDER 12. EMPLOYEES SHALL COMPLETE AN EMPLOYEE PREA ACKNOWLEDGEMENT FORM STATING THAT THE EMPLOYEE UNDERSTANDS THE TRAINING THEY HAVE RECEIVED. AGENCY PROVIDED TRAINING CURRICULUM WHICH COVERS THE ABOVE IDENTIFIED AREAS FOR PREA TRAINING. TRAINING OCCURRED IN APRIL 2015 AND ROSTERS PROVIDED BY AGENCY INDICATED 87 STAFF ATTENDED THE PREA TRAINING AT THAT TIME. NO FORM OF TRAINING ACKNOWLEDGEMENT PROVIDED WITH TRAINING ROSTERS WITH PAQ. TRAINING ACKNOWLEDGEMENT FORMS PROVIDED TO AUDITOR DURING ON-SITE AUDIT WHICH VERIFIES COMPLIANCE.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.131

Standard 115.132 Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES ALL MEDICAL AND MENTAL HEALTH STAFF, VOLUNTEERS AND CONTRACTORS WHO HAVE CONTACT WITH INMATES SHALL BE NOTIFIED OF THE NEVADA COUNTY CORRECTIONS DIVISION ZERO-TOLERANCE POLICY REGARDING SEXUAL ABUSE AND SEXUAL HARASSMENT AND HOW TO REPORT SUCH INCIDENTS. AGENCY REPORTS 103 VOLUNTEERS OR CONTRACTORS WHO HAVE CONTACT WITH INMATES HAVE BEEN TRAINED IN PREA. VOLUNTEERS ARE PROHIBITED FROM ENTERING THE TRUCKEE FACILITY & CONTRACTORS ARE DIRECTLY SUPERVISED BY STAFF. WHILE AT WAYNE BROWN FACILITY, AUDITOR INTERVIEWED A VOLUNTEER AND CONTRACTOR WHO INDICATE THEY HAVE RECEIVED THEIR PREA TRAINING. REVIEW OF VOLUNTEER AND CONTRACTOR TRAINING RECORDS VERIFIES COMPLIANCE.
- b) PREA POLICY DD-69 MANDATES ALL MEDICAL AND MENTAL HEALTH STAFF, VOLUNTEERS AND CONTRACTORS WHO HAVE CONTACT WITH INMATES SHALL RECEIVE ORIENTATION AND PERIODIC TRAINING CONSISTENT WITH THEIR LEVEL OF INMATE CONTACT RELATING TO THEIR RESPONSIBILITIES UNDER THE NEVADA COUNTY CORRECTIONS DIVISION SEXUAL ABUSE AND SEXUAL HARASSMENT PREVENTION, DETECTION AND RESPONSE POLICIES AND PROCEDURES. AGENCY REPORTS 103 VOLUNTEERS OR CONTRACTORS WHO HAVE CONTACT WITH INMATES HAVE BEEN TRAINED IN PREA AS THE NUMBER OF VOLUNTEERS AND INDIVIDUAL CONTRACTORS, WHO MAY HAVE CONTACT WITH INMATES, CURRENTLY AUTHORIZED TO ENTER THE FACILITY IS ZERO.

AT WAYNE BROWN FACILITY, AUDITOR INTERVIEWED 1 VOLUNTEER AND 1 CONTRACTOR WHO INDICATED THEY ARE PROVIDED A PAMPHLET WHICH OUTLINES AGENCY'S TO ZERO TOLERANCE POLICY AND THEIR RESPONSIBILITY TOWARDS ALLEGATIONS OF SEXUAL ABUSE.

- c) POLICY DD-69 MANDATES MEDICAL AND MENTAL HEALTH STAFF, CIVILIAN STAFF, VOLUNTEERS AND CONTRACTORS SHALL SIGN A PREA ACKNOWLEDGEMENT FORM STATING THAT THEY UNDERSTOOD THE INFORMATION AND TRAINING THEY HAVE RECEIVED. AGENCY REPORTS 103 VOLUNTEERS OR CONTRACTORS WHO HAVE CONTACT WITH INMATES HAVE BEEN TRAINED IN PREA AS THE NUMBER OF VOLUNTEERS AND INDIVIDUAL CONTRACTORS, WHO MAY HAVE CONTACT WITH INMATES, CURRENTLY AUTHORIZED TO ENTER THE FACILITY IS ZERO. AGENCY PROVIDED PREA EDUCATION ACKNOWLEDGEMENT FORMS FOR RANDOM SAMPLE OF VOLUNTEERS AND CONTRACTORS ASSIGNED TO THE AGENCY.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.132

Standard 115.134 Specialized training: Investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES IN ADDITION TO GENERAL TRAINING PROVIDED TO ALL EMPLOYEES PURSUANT TO (§115.31), NEVADA COUNTY CORRECTIONS DIVISION SHALL ENSURE THAT, TO THE EXTENT THAT NEVADA COUNTY CORRECTIONS DIVISION CONDUCTS SEXUAL ABUSE INVESTIGATIONS, INVESTIGATORS WILL RECEIVE TRAINING IN CONDUCTING INVESTIGATIONS IN A CONFINEMENT SETTING. TRAINING IS OBTAINED THROUGH NICIC ONLINE TRAINING. INTERVIEW WITH INVESTIGATIVE STAFF AND REVIEW OF TRAINING RECORDS VERIFY ALL 14 INVESTIGATORS HAVE COMPLETED SEXUAL ABUSE IN A CONFINEMENT SETTING THROUGH NIC TRAINING.
- b) PREA POLICY DD-69 MANDATES SPECIALIZED TRAINING SHALL INCLUDE 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. TRAINING IS OBTAINED THROUGH NICIC ONLINE TRAINING. INTERVIEW WITH INVESTIGATIVE STAFF VERIFIES THEIR KNOWLEDGE AND EDUCATION REGARDING MIRANDA, GARRITY, AND LYBARGER TOPICS LEARNED DURING SEXUAL ABUSE IN A CONFINEMENT SETTING THROUGH NIC TRAINING.
- c) PREA POLICY 2-1 MANDATES THE NEVADA COUNTY CORRECTIONS DIVISION SHALL MAINTAIN DOCUMENTATION THAT INVESTIGATORS HAVE COMPLETED THE REQUIRED SPECIALIZED TRAINING IN CONDUCTING SEXUAL ABUSE INVESTIGATIONS. COPIES OF THE NICIC TRAINING VERIFICATION DOCUMENTATION FOR ALL 14 INVESTIGATORS EMPLOYED THAT ARE TRAINED TO CONDUCT SEX ABUSE INVESTIGATIONS WERE PROVIDED TO AUDITOR WHICH VERIFIES COMPLIANCE WITH THIS STANDARD PROVISION.
- d) N/A – NOT APPLICABLE TO THIS AGENCY PER DOJ.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.134

Standard 115.141 Screening for risk of victimization and abusiveness

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES ALL INMATES SHALL BE SCREENED DURING THE BOOKING INTAKE PROCESS TO ASSESS THEIR RISK OF BEING SEXUALLY ABUSED BY OTHER INMATES OR SEXUALLY ABUSIVE TOWARDS OTHER INMATES. IF THE INMATE DISCLOSES PRIOR SEXUAL VICTIMIZATION, WHETHER IT OCCURRED IN AN INSTITUTIONAL SETTING OR IN THE COMMUNITY, STAFF SHALL NOTIFY MEDICAL STAFF IMMEDIATELY. INTERVIEW WITH RISK SCREENING STAFF AND RANDOM SAMPLE OF 2 INMATES INDICATE INMATES ARE PROVIDED SCREENING WITHIN 72 HOURS OF INTAKE. INMATES ARE NOT HOUSED LONGER THAN 4 DAYS IN TRUCKEE FACILITY.
- b) PREA POLICY DD-69 MANDATES INTAKE SCREENING SHALL TAKE PLACE WITHIN 72 HOURS AFTER ARRIVAL AT THE FACILITY. AGENCY REPORTS 2067 INMATES WERE BOOKED INTO THE FACILITY OVER THE PAST 12 MONTHS WHERE THEIR LENGTH OF STAY WAS FOR 72 HOURS OR MORE. AGENCY REPORTS NO INMATES WERE HOUSED IN TRUCKEE FACILITY FOR 72 HOURS OR MORE IN THE PAS 12 MONTHS.
- c) PREA POLICY DD-69 MANDATES SCREENING ASSESSMENTS SHALL BE CONDUCTED USING "RISK ASSESSMENT QUESTIONNAIRE". RISK ASSESSMENT QUESTIONNAIRE WAS PROVIDED TO AUDITOR. REVIEW OF INSTRUMENT INDICATES IT IS WEIGHTED AND SCORE BASED UPON RESPONSES TO SPECIFIC QUESTIONS REQUIRED IN THE STANDADARD PROVISION 115.41(d) CRITERIA.
- d) PREA POLICY DD-69 MANDATES SCREENING ASSESSMENTS SHALL BE CONDUCTED USING "RISK ASSESSMENT QUESTIONNAIRE". RISK ASSESSMENT QUESTIONNAIRE WAS PROVIDED TO AUDITOR. THE PREA RISK ASSESSMENT INSTRUMENT CONTAINS ALL 10 CRITERIA AS IDENTIFIED IN STANDARD PROVISION 115.41(d). AUDITOR UNABLE TO OBSERVE INTAKE STAFF CONDUCT SCREENING OF INMATE DURING INTAKE USING THE OBJECTIVE SCREENING INSTRUMENT DURING THE BOOKING PROCEDURE AS THERE WERE NO DETAINEES HOUSED IN THE FACILITY AND NO INTAKE WAS OCCURRING.
- e) HISTORY OF PRIOR INSTITUTIONAL VIOLENCE OR SEXUAL ABUSE, PRIOR ACTS OF SEXUAL ABUSE AND ANY PRIOR CONVICTIONS FOR SEX OFFENSES AGAINST ADULT OR CHILD IS INCLUDED CRITERIA IN THE PREA ASSESSMENT INSTRUMENT. THE OBJECTIVE SCREENING INSTRUMENT QUESTIONS ARE ASKED IN AN INTERVIEW ROOM WHICH PROVIDES PRIVACY AND CONFIDENTIAL SETTING.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.141

Standard 115.151 Detainee reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 PROVIDES MULTIPLE INTERNAL METHODS FOR INMATES TO PRIVATELY REPORT SEXUAL ABUSE AND SEXUAL HARASSMENT AND RETALIATION BY STAFF OR INMATES THROUGH A TOLL FREE CONFIDENTIAL HOTLINE TO DVSAC WHICH IS TOLL FREE AND IS NOT RECORDED. THE CALIFORNIA ATTORNEY GENERAL'S PUBLIC INQUIRY UNIT, NATIONAL SEXUAL ASSAULT HOTLINE, PREA HOTLINE NUMBER IN THE INMATE PHONE SYSTEM. ALL ARE CONFIDENTIAL TOLL-FREE NUMBERS. THIS INFORMATION IS PROVIDED ON PAGE #32 OF THE INMATE HANDBOOK. INTERVIEWS WITH RANDOM SAMPLE OF 4 STAFF AND 2 INMATE TRUSTEES INDICATE THEIR KNOWLEDGE AND TRAINING WITH REGARDS TO MULTIPLE WAYS TO REPORT SEXUAL ABUSE/HARASSMENT AND RETALIATION BOTH INTERNALLY AND PRIVATELY.
- b) PREA POLICY DD-69 PROVIDES INMATE WITH THE PREA HOTLINE NUMBER AND CONTACT WITH THE DVSAC IN THE INMATE PHONE SYSTEM. THIS INFORMATION IS PROVIDED ON PAGE #32 IN THE INMATE HANDBOOK. INTERVIEW WITH PREA COMPLIANCE MANAGER AND 2 TRUSTEE INMATES INDICATE INMATES ARE PROVIDED REPORTING INFORMATION AND CONTACT NUMBERS ON POSTERS NEXT TO PHONES INSIDE THEIR HOUSING UNITS. INMATES INTERVIEWED EXHIBITED THEIR KNOWLEDGE AND EDUCATION WITH REGARDS TO THE METHODS THEY CAN REPORT ABUSE OR HARASSMENT TO A PUBLIC OR PRIVATE ENTITY.
- c) PREA POLICY DD-69 MANDATES EMPLOYEES SHALL ACCEPT ANY REPORTS MADE VERBALLY, IN WRITING, ANONYMOUSLY, AND FROM 3RD PARTIIES AND SHALL PROMPTLY DOCUMENT ANY VERBAL REPORTS. INTERVIEW WITH 4 ASSIGNED STAFF & 2 TRUSTEE INMATES DETERMINE THEIR KNOWLEDGE AND EDUCATION REGARDING THE MULTIPLE METHODS TO REPORT, INCLUDING THROUGH 3RD PARTIES. STAFF INDICATE ONCE RECEIVING A 3RD PARTY REPORT, THEY ARE TO PROMPTLY DOCUMENT AND CONTACT THEIR SUPERVISOR.
- d) PREA POLICY DD-69 PROVIDES EMPLOYEES ARE ENCOURAGED TO FOLLOW THE CHAIN OF COMMAND WHEN REPORTING SEXUAL ABUSE OF INMATES. EMPLOYEES NOT COMFORTABLE WITH REPORTING VIOLATIONS OF THIS POLICY TO THEIR IMMEDIATE SUPERVISOR MAY BYPASS THE CHAIN OF COMMAND AND REPORT THE ALLEGATION TO ANY SUPERVISOR. THE CHAIN OF COMMAND DOES NOT NEED TO BE FOLLOWED. INTERVIEW WITH 4 ASSIGNED STAFF INDICATE THE MAJORITY INTERVIEWED ARE AWARE OF METHODS FOR INMATES AND STAFF TO PRIVATELY REPORT SEXUAL ABUSE

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.151 AS STANDARD PROVISION 115.151(d) IS NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

1. AGENCY TO AMEND POLICY DD-69 TO INFORM STAFF OF SPECIFIC METHODS THEY MAY UTILIZE TO PRIVATELY REPORT SEXUAL ABUSE AND SEXUAL HARASSMENT OF INMATES.

CORRECTIVE ACTION COMPLETION 8/6/16:

- 1. AGENCY AMENDED PREA POLICY DD-69 TO PROVIDE STAFF WITH METHOD TO PRIVATELY REPORT SEXUAL HARASSMENT AND SEXUAL ABUSE OF INMATES THROUGH HUMAN RESOURCES. NARRATIVE ALSO INDICATES STAFF IS ENCOURAGED TO REPORT THROUGH THE CHAIN OF COMMAND BUT THIS ENCOURAGEMENT IS NOT MANDATORY AS THEY CAN GO OVER THE CHAIN OF COMMAND TO REPORT ALLEGATIONS OF SEXUAL ABUSE/HARASSMENT SHOULD THEY CHOOSE. AGENCY COMPLIES WITH STANDARD PROVISION 115.151(d).

AGENCY COMPLIES WITH STANDARD PROVISION 115.151(d)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.151.

Standard 115.154 Third-party reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY 2-1 MANDATES INMATES, VISITORS, OFFENDER FAMILY MEMBERS/ASSOCIATES AND OTHER COMMUNITY MEMBERS CAN PRIVATELY REPORT ALLEGATIONS OF SEXUAL ABUSE AND SEXUAL HARASSMENT, ANY RETALIATION BY OTHER INMATES OR STAFF FOR REPORTING SEXUAL HARASSMENT OR SEXUAL ABUSE, ANY STAFF NEGLIGENCE OR VIOLATION OF RESPONSIBILITIES THAT MAY HAVE CONTRIBUTED TO SUCH INCIDENTS IN THE FOLLOWING WAYS:

CONFIDENTIAL HOTLINE:

THE TOLL FREE NUMBER FOR DVSAC WILL BE POSTED NEXT TO ALL INMATE TELEPHONES AND IS AVAILABLE TO ANYONE. ALL CALLS TO THE HOTLINE ARE CONFIDENTIAL AND WILL NOT BE RECORDED OR MONITORED AT THE FACILITY

- INMATE PHONE SYSTEM
- VERBAL COMPLAINTS:
- WRITTEN COMPLAINTS:
- THROUGH THE INMATE KIOSK SYSTEM.
- WRITTEN NOTES OR LETTERS TO STAFF OR ADMINISTRATORS
- LETTERS DIRECTED TO THE PREA COORDINATOR.
- INMATE GRIEVANCE FORM.
- NEVADA COUNTY WEBSITE
- EMPLOYEES SHALL ACCEPT ANY REPORTS MADE VERBALLY, IN WRITING, ANONYMOUSLY, AND FROM THIRD PARTIES AND SHALL PROMPTLY DOCUMENT ANY VERBAL REPORTS.

THIS INFORMATION IS PROVIDED IN THE INMATE HANDBOOK AND THE NEVADA COUNTY SHERIFF’S WEBSITE. PUBLIC INFORMATION PROVIDED ON HOW TO REPORT SEXUAL ABUSE AND SEXUAL HARASSMENT ON BEHALF OF THE INMATE WITH SPECIFIC CONTACT INFORMATION FOR 3RD PARTY REPORTING.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.154

Standard 115.161 Staff and agency reporting duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES STAFF TO IMMEDIATELY REPORT 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. THIS INCLUDES ANY RETALIATION AGAINST INMATES OR STAFF WHO REPORTED SUCH AN INCIDENT AND ANY STAFF NEGLECT OR VIOLATION OF RESPONSIBILITIES THAT MAY HAVE CONTRIBUTED TO AN INCIDENT OR RETALIATION. INTERVIEW WITH 4 ASSIGNED STAFF INDICATE THEIR KNOWLEDGE & TRAINING WITH REGARDS TO THEIR RESPONSIBILITIES TO AN INCIDENT OF SEXUAL ABUSE OR HARASSMENT. AUDITOR VERIFIED DEMONSTRATED PRACTICE DURING REVIEW OF INVESTIGATIONS OF ALLEGATIONS OF SEXUAL ABUSE/HARASSMENT.
- b) PREA POLICY DD-69 MANDATES SUCH ALLEGATIONS SHALL BE TREATED WITH DISCRETION AND TO THE EXTENT PERMITTED BY LAW, CONFIDENTIALLY. APART FROM REPORTING TO DESIGNATED SUPERVISORS OR OFFICIALS, EMPLOYEES SHALL NOT REVEAL ANY INFORMATION RELATED TO A SEXUAL ABUSE REPORT TO ANYONE OTHER THAN THOSE WHO NEED TO KNOW, AS SPECIFIED IN THIS POLICY, TO MAKE TREATMENT, INVESTIGATION, AND OTHER SECURITY AND MANAGEMENT DECISIONS. INTERVIEW WITH ASSIGNED STAFF INDICATE THEY PROVIDE INFORMATION REGARDING A SEXUAL ABUSE REPORT ONLY TO THOSE ON A NEED TO KNOW BASIS.
- c) PREA POLICY DD-69 MANDATES THE REPORTING OF ALLEGATION OF SEXUAL ABUSE FOR ALLEGED VICTIM UNDER THE AGE OF 18 OR VULNERABLE ADULT UNDER A STATE OR LOCAL VULNERABLE PERSONS STATUTE. AGENCY INVESTIGATES BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS. INTERVIEW WITH PREA COORDINATOR INDICATE IMMEDIATE INVESTIGATIONS ARE LAUNCHED SHOULD VICTIM BE UNDER THE AGE OF 18 YEARS OR VULNERABLE ADULT. TO ADD, CPS IS INFORMED SHOULD THE VICTIM BE UNDER THE AGE OF 18 YEARS AND ADULT PROTECTIVE SERVICES IS INFORMED FOR IN THE CASE OF VULNERABLE ADULTS UNDER STATE OR LOCAL VULNERABLE PERSONS STATUTE.
- d) PREA POLICY DD-69 MANDATES STAFF SHALL REPORT IMMEDIATELY ALL ALLEGATIONS OF SEXUAL ABUSE AND SEXUAL HARASSMENT, INCLUDING THIRD-PARTY AND ANONYMOUS REPORTS TO THE FACILITY’S INVESTIGATOR AS DESIGNATED BY THE FACILITY COMMANDER.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.161

Standard 115.162 Agency protection duties

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

Auditor discussion, including 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 standard.

These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES THAT WHEN THE FACILITY LEARNS THAT AN INMATE IS SUBJECT TO A SUBSTANTIAL RISK OF IMMINENT SEXUAL ABUSE IMMEDIATE ACTION SHALL BE TAKEN TO PROTECT THE INMATE. AGENCY REPORTS NO INMATE WAS SUBJECT TO SUBSTANTIAL RISK OF IMMINENT SEXUAL ABUSE OVER THE PAST 12 MONTHS. INTERVIEWS WITH AGENCY HEAD, FACILITY COMMANDER AND ASSIGNED STAFF INDICATE ONCE INFORMED OF ALLEGATION OF IMMINENT SEXUAL ABUSE, STAFF TAKE IMMEDIATE ACTION TO PROTECT THE INMATE, INFORM SUPERVISOR AND INVESTIGATE PENDING REHOUSING OF VICTIM OR PERPETRATOR PER CLASSIFICATION, VICTIM SAFETY AND HOUSING AVAILABILITY.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.162

Standard 115.163 Reporting to other confinement facilities

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES UPON RECEIVING AN ALLEGATION THAT AN INMATE WAS SEXUALLY ABUSED WHILE CONFINED AT ANOTHER FACILITY, THE FACILITY COMMANDER SHALL NOTIFY THE HEAD OF THE FACILITY OR APPROPRIATE OFFICE OF THE AGENCY WHERE THE ALLEGED ABUSE OCCURRED. AGENCY REPORTS THAT OVER THE PAST 12 MONTHS, FACILITY HAS NOT RECEIVED ANY ALLEGATIONS THAT INMATES WERE ABUSED WHILE CONFINED AT ANOTHER FACILITY.
- b) PREA POLICY DD-69 MANDATES THAT NOTIFICATION SHALL BE PROVIDED AS SOON AS POSSIBLE, BUT NO LATER THAN 72 HOURS AFTER RECEIVING THE ALLEGATION.
- c) PREA POLICY DD-69 MANDATES SUCH NOTIFICATION SHALL BE DOCUMENTED.
- d) PREA POLICY DD-69 MANDATES THAT IF THE FACILITY COMMANDER RECEIVES NOTIFICATION FROM OTHER FACILITIES OR AGENCIES THE FACILITY SHALL INVESTIGATE THESE REPORTS IN ACCORDANCE WITH THE PREA STANDARDS. INTERVIEWS WITH AGENCY HEAD AND FACILITY COMMANDER INDICATE POLICY IS FOLLOWED TO INCLUDE RISK ASSESSMENT. DESIGNATED CONTACT POINTS ARE LT AND ABOVE AND UNDERSHERIFF IS

INFORMED ON EACH INSTANCE. CASES ARE INVESTIGATED IN THE SAME FASHION AS ALL SEXUAL ABUSE/HARASSMENT CASES.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.163

Standard 115.164 Staff first responder duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES UPON LEARNING OF AN ALLEGATION THAT AN INMATE WAS SEXUALLY ABUSED THE CORRECTIONAL EMPLOYEE SHALL SEPARATE THE ALLEGED VICTIM AND ABUSER; PRESERVE AND PROTECT ANY CRIME SCENE UNTIL THE APPROPRIATE STEPS CAN BE TAKEN TO COLLECT ANY EVIDENCE AND IF THE ABUSE OCCURRED WITHIN A TIME 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. AGENCY REPORTS THERE HAVE BEEN NO ALLEGATIONS OF SEXUAL ABUSE IN THE PAST 12 MONTHS.
- b) PREA POLICY DD-69 MANDATES THAT IF THE PERSON NOTIFIED IS A VOLUNTEER OR CONTRACTOR, THE RESPONDER SHALL BE REQUIRED TO REQUEST THAT THE ALLEGED VICTIM NOT TAKE ANY ACTIONS THAT COULD DESTROY PHYSICAL EVIDENCE, AND THEN NOTIFY CORRECTIONAL STAFF. NOTE: VOLUNTEERS ARE PROHIBITED FROM ENTERING THE TRUCKEE FACILITY AND CONTRACTORS ARE ACTIVELY SUPERVISED BY STAFF WHEN WORKING ON SITE. NO ALLEGATIONS OF INMATE SEXUAL ABUSE IN PAST 12 MONTHS.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.164

Standard 115.165 Coordinated response

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA POLICY DD-69 PROVIDES COORDINATED ACTIONS TAKEN IN RESPONSE TO AN INCIDENT OF SEXUAL ABUSE

AMONG STAFF 1ST RESPONDERS, MEDICAL AND MENTAL HEALTH PRACTITIONERS, INVESTIGATORS AND FACILITY LEADERSHIP SPECIFIC TO THE TRUCKEE SUBSTATION FACILITY:

- A. ALL ALLEGATIONS OF SEXUAL ABUSE, INCLUDING THIRD-PARTIES AND ANONYMOUS REPORTS SHALL BE REPORTED TO THE FACILITY COMMANDER OR HIS DESIGNEE.
- B. THE SHIFT SERGEANT OR OIC AT WAYNE BROWN CORRECTIONAL FACILITY WILL BE NOTIFIED IMMEDIATELY.
- C. THE SHIFT SERGEANT OR OIC AT WAYNE BROWN CORRECTIONAL FACILITY WILL NOTIFY MEDICAL STAFF IMMEDIATELY.
- D. IF THERE IS AN IMMEDIATE MEDICAL EMERGENCY, THE INMATE IS TO BE IMMEDIATELY TAKEN TO TAHOE FOREST HOSPITAL.
 - 1. FOLLOW-UP TESTING FOR PREGNANCY, SEXUALLY TRANSMITTED INFECTIONS/DISEASES AND HIV WILL BE OFFERED AS CLINICALLY INDICATED.
- E. IF THERE IS NO IMMEDIATE EMERGENCY THE INMATE WILL BE TRANSPORTED TO WAYNE BROWN CORRECTIONAL FACILITY FOR MEDICAL ASSESSMENT.
- F. THE SHIFT SERGEANT OR OIC SHALL NOTIFY DISPATCH (911) AND REQUEST A NEVADA COUNTY SHERIFFS OFFICER TO RESPOND.
- G. IF THE VICTIM ALLEGES HE/SHE WAS INVOLVED WITH OR ASSAULTED BY STAFF, THE FACILITY COMMANDER SHALL ALSO NOTIFY THE INTERNAL AFFAIRS UNIT.
- H. THE INMATE SHALL BE TRANSPORTED TO THE HOSPITAL FOR A FORENSIC EXAMINATION.
- I. THE INMATE SHALL BE ASSIGNED A CUSTODY ESCORT WHO SHALL REMAIN WITH THE VICTIM FOR THE ENTIRE PROCESS, WHENEVER POSSIBLE.
 - 1. GENDER PREFERENCE SHOULD BE CONSIDERED WHEN ASSIGNING A CUSTODY ESCORT TO THE VICTIM. THE CUSTODY ESCORT WILL ENSURE EFFECTIVE COMMUNICATION (I.E., COMPLEXITY OF THE ISSUES, LANGUAGE BARRIERS, AND LITERACY).
 - 2. THE ESCORT SHALL NOT BE PRESENT IN THE EXAMINATION ROOM DURING THE SEXUAL ASSAULT EXAMINATION, UNLESS REQUESTED BY THE VICTIM OR HOSPITAL STAFF, OR ORDERED BY THE FACILITY COMMANDER.
- J. AT THE TIME THE VICTIM IS SENT TO THE HOSPITAL, THE FACILITY COMMANDER IS REQUIRED TO CONTACT THE RAPE CRISIS CENTER TO REQUEST A VICTIM SEXUAL ASSAULT ADVOCATE BE DISPATCHED TO THE HOSPITAL. (§ 115.21)
- K. AS REQUESTED BY THE VICTIM, THE VICTIM ADVOCATE, QUALIFIED AGENCY STAFF MEMBER, OR QUALIFIED COMMUNITY-BASED ORGANIZATION STAFF MEMBER SHALL ACCOMPANY AND SUPPORT THE VICTIM THROUGH THE FORENSIC MEDICAL EXAMINATION PROCESS AND INVESTIGATORY INTERVIEWS AND SHALL PROVIDE EMOTIONAL SUPPORT, CRISIS INTERVENTION, INFORMATION AND REFERRALS. (§ 115.21)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.165

Standard 115.166 Preservation of ability to protect detainees from contact with abusers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) AGENCY REPORTS THEY ARE NOT RESPONSIBLE FOR COLLECTIVE BARGAINING ON THE AGENCY'S BEHALF OR ENTERED INTO OR RENEWED ANY COLLECTIVE BARGAINING AGREEMENT OR OTHER AGREEMENT SINCE AUGUST 20, 2012. IN DISCUSSIONS WITH PREA COORDINATOR, THERE HAVE BEEN BARGAINING UNIT RENEWALS OR CONTRACTS THAT HAVE BEEN ENTERED INTO AFTER AUGUST 20, 2012. INTERVIEW WITH AGENCY HEAD DESIGNEE INDICATES THERE ARE 4 JAIL CONTRACTS: CORRECTIONAL OFFICERS, LOCAL 39, DEPUTY SHERIFF'S ASSOCIATION AND SHERIFF'S MANAGEMENT ASSOCIATION. PRIOR TO THE ON-SITE AUDIT, AUDITOR REQUESTED COPIES OF COLLECTIVE BARGAINING AGREEMENTS OR SPECIFIC PAGE(S) OF SAID AGREEMENTS THAT REFER TO STAFF DISCIPLINE AND HOW STAFF IS TO BE TREATED DURING AN INVESTIGATION. TO DATE, AUDITOR HAS NOT BEEN PROVIDED A COPY OF THE COLLECTIVE BARGAINING AGREEMENTS WHICH HAVE BEEN ENTERED INTO OR RENEWED SINCE AUGUST 20, 2012 FOR REVIEW AND VERIFICATION FOR COMPLIANCE WITH STANDARD PROVISION 115.166(a).
- b) 115.66(b) – N/A – NOT APPLICABLE TO THIS AGENCY PER DOJ.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.166 AS STANDARD PROVISION 115.166(a) IS NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

- 1. AGENCY TO PROVIDE AUDITOR WITH COLLECTIVE BARGAINING AGREEMENTS ENTERED INTO OR RENEWED SINCE AUGUST 20, 2012 OR SPECIFIC PAGES OF SAID AGREEMENTS DURING THAT SAME PERIOD OF TIME, THAT REFER TO STAFF DISCIPLINE AND HOW STAFF IS TO BE TREATED DURING AN INVESTIGATION.

CORRECTIVE ACTION COMPLETION 8/8/16:

AGENCY PROVIDED AUDITOR WITH DISCIPLINARY EXERPTS FROM COLLECTIVE BARGAINING AGREEMENTS. MEA - MANAGEMENT EMPLOYEE ASSOCIATION, MISC - CORRECTIONAL STAFF AND DSA - FOR ALTERNATIVE SENTENCING. NONE OF THE COLLECTIVE BARGAINING AGREEMENTS RESTRICT AGENCY FROM MOVING STAFF FROM POSITIONS THAT HAVE CONTACT WITH INMATES DURING SEX ABUSE INVESTIGATIONS. AGENCY COMPLIES WITH STANDARD PROVISION 115.166(a).

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.166.

Standard 115.167 Agency protection against retaliation

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES THAT RETALIATION AGAINST ANY EMPLOYEE OR INMATE FOR REPORTING OR COOPERATING WITH SEXUAL ABUSE INVESTIGATION IS STRICTLY PROHIBITED. RETALIATION IS A FOM OF EMPLOYEE MISCONDUCT. ANY EVIDENCE OF RETALIATION SHALL BE CONSIDERED A SEPARATE VIOLATION OF

PREA POLICY DD-69. THE DIVISION COMMANDER IS IDENTIFIED AS THE DESIGNATED STAFF MEMBER WITH MONITORING RETALIATION.

- b) PREA POLICY DD-69 MANDATES PROTECTION MEASURES SHALL INCLUDE, HOUSING CHANGES FOR INMATE VICTIMS OR ABUSERS, REMOVAL OF ALLEGED STAFF OR INMATE ABUSERS FROM CONTACT WITH VICTIMS, AND EMOTIONAL SUPPORT SERVICES FOR INMATES OR STAFF THAT FEAR RETALIATION FOR REPORTING SEXUAL ABUSE OR SEXUAL HARASSMENT OR FOR COOPERATING WITH INVESTIGATIONS. INTERVIEW WITH AGENCY HEAD DESIGNEE, FACILITY COMMANDER WHO IS ALSO RETALIATION MONITOR AND INMATES WHO REPORTED SEXUAL ABUSE ALL INDICATE MULTIPLE MEASURES TO PROTECT INMATES FROM ABUSERS WHICH INCLUDE HOUSING TRANSFERS, FACILITY TRANSFERS, REMOVAL OF STAFF FROM VICTIM HOUSING AREAS PENDING INVESTIGATION AND PROVIDING EMOTIONAL SUPPORT FOR INMATES AND STAFF WHO FEAR RELALIATION FOR REPORTING SEXUAL ABUSE OR COOPERATING WITH INVESTIGATIONS.
- c) PREA POLICY DD-69 MANDATES THE FACILITY COMMANDER SHALL ENSURE THAT THE CONDUCT AND TREATMENT OF INMATES OR STAFF THAT HAVE REPORTED SEXUAL ABUSE OR COOPERATED WITH THE INVESTIGATION IS MONITORED FOR CHANGES THAT MAY SUGGEST POSSIBLE RETALIATION FOR AT LEAST NINETY (90) DAYS FOLLOWING THEIR REPORT OR COOPERATION. IF NECESSARY, THE FACILITY COMMANDER SHALL ACT PROMPTLY TO REMEDY ANY SUCH RETALIATION. ITEMS MONITORED WILL INCLUDE INMATE DISCIPLINARY REPORTS, HOUSING OR PROGRAM CHANGES, NEGATIVE PERFORMANCE REVIEW AND REASSIGNMENTS OF STAFF MONITORING SHALL CONTINUE BEYOND THE NINETY (90) DAYS IF THE INITIAL MONITORING INDICATES A CONTINUING NEED. INTERIVEW WITH RETALIATION MONITOR INDICATES MONTORING IS INITIATED FOR THE 1ST 90 DAYS AND EXTENDED SHOULD THE NEED ARISE AS VERIFIED THROUGH MEDICAL AND/OR MENTAL HEALTH PRACTITIONERS. MEDICAL AND MENTAL HEALTH PRACTITIONERS WILL ASSIST WITH MONITORING REFERRALS SHOULD THE VICTIM BE RELEASED FROM CUSTODY.
- d) PREA POLICY DD-69 PROHIBITS RETALIATION AGAINST ANY EMPLOYEE, MEDICAL OR MENTAL HEALTH STAFF, CIVILIAN STAFF, VOLUNTEER, CONTRACTOR OR INMATE FOR REPORTING OR COOPERATING WITH SEXUAL ABUSE INVESTIGATION.
- e) 115.67(f) – N/A – STANDARD PROVISION IS NOT APPLICABLE TO AGENCY/FACILITY PER DOJ.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.167

Standard 115.171 Criminal and administrative agency investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) AGENCY CONDUCTS BOTH ADMINISTRATIVE AND CRIMINAL SEX ABUSE INVESTIGATIONS. PREA POLICY DD-69 OUTLINES THAT PROCESS AS IT RELATES TO PREA. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE 14 INVESTIGATORS ARE ASSIGNED TO AGENCY, TRAINED AND CERTIFIED TO CONDUCT INVESTIGATIONS IN A CORRECTIONAL SETTING.
- b) PREA POLICY DD-69 MANDATES IN ADDITION TO GENERAL TRAINING PROVIDED TO ALL EMPLOYEES PURSUANT TO (§115.31), NEVADA COUNTY CORRECTIONS DIVISION SHALL ENSURE THAT, TO THE EXTENT THAT NEVADA COUNTY CORRECTIONS DIVISION CONDUCTS SEXUAL ABUSE INVESTIGATIONS, INVESTIGATORS WILL RECEIVE TRAINING IN CONDUCTING INVESTIGATIONS IN A CONFINEMENT SETTING. SPECIALIZED TRAINING SHALL INCLUDE

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. THE NEVADA COUNTY CORRECTIONS DIVISION SHALL MAINTAIN DOCUMENTATION THAT INVESTIGATORS HAVE COMPLETED THE REQUIRED SPECIALIZED TRAINING IN CONDUCTING SEXUAL ABUSE INVESTIGATIONS. AGENCY EMPLOYS 14 INVESTIGATORS TRAINED IN SEXUAL ABUSE INVESTIGATION IN A CONFINEMENT SETTING THROUGH NCIC. AGENCY PROVIDED AUDITOR WITH TRAINING CERTIFICATION FOR ALL 14 INVESTIGATORS WHICH MEETS THE SPECIAL TRAINING REQUIREMENT OUTLINED IN STANDARD PROVISION 115.71(b).

- c) GENERAL ORDER 17, CITIZEN PERSONNEL COMPLIANTS/INTERNAL AFFAIRS INVESTIGATIONS POLICY OUTLINES INVESTIGATIVE PROCEDURES FOR ALL INVESTIGATIONS WITH REGARDS TO GATHERING AND PRESERVING DIRECT & CIRCUMSTANTIAL EVIDENCE, PHYSICAL AND DNA EVIDENCE, ELECTRONIC MONITORING DATA AND INTERVIEWING ALLEGED VICTIMS, SUSPECTED PERPETRATORS AND WITNESSES. THIS INCLUDES THE REVIEW OF PRIOR COMPLAINTS AND REPORTS OF SEXUAL ABUSE INVOLVING THE SUSPECTED PERPETRATOR. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE THEY COLLECT EVIDENCE AS TRAINED THROUGH THEIR AGENCY'S INVESTIGATOR TRAINING AND THE NIC TRAINING.
- d) PREA POLICY DD-69 & GENERAL ORDER 17 MANDATES THAT WHEN THE QUALITY OF EVIDENCE APPEARS TO SUPPORT CRIMINAL PROSECUTION, THE AGENCY SHALL CONDUCT COMPELLED INTERVIEWS ONLY AFTER CONSULTING WITH PROSECUTORS AS TO WHETHER COMPELLED INTERVIEWS MAY BE AN OBSTACLE FOR SUBSEQUENT CRIMINAL PROSECUTION. INTERVIEW WITH INVESTIGATIVE STAFF INDICATES PROSECUTION IS CONTACTED PRIOR TO CONDUCTING ANY COMPELLED INTERVIEWS.
- e) PREA POLICY DD-69 MANDATES THE CREDIBILITY OF AN ALLEGED VICTIM, SUSPECT, OR WITNESS SHALL BE ASSESSED ON AN INDIVIDUAL BASIS AND SHALL NOT BE DETERMINED BY THE PERSON'S STATUS AS INMATE OR STAFF. NO AGENCY SHALL REQUIRE AN INMATE WHO ALLEGES SEXUAL ABUSE TO SUBMIT TO A POLYGRAPH EXAMINATION OR OTHER TRUTH-TELLING DEVICE AS A CONDITION FOR PROCEEDING WITH THE INVESTIGATION OF SUCH AN ALLEGATION. INTERVIEW WITH INVESTIGATIVE STAFF INDICATES CREDIBILITY OF ALLEGED VICTIM, SUSPECT OR WITNESS IS DETERMINED BY WAY OF THE INVESTIGATIVE PROCESS. NO PRECONCEIVED CREDIBILITY DECISION IS MADE. WITNESSES, VICTIM AND SUSPECT'S STATEMENTS ARE DETERMINED TO BE CREDIBLE UNLESS THE INVESTIGATION PROCESS PROVES OTHERWISE.
- f) GENERAL ORDER 17, CITIZEN PERSONNEL COMPLIANTS/INTERNAL AFFAIRS INVESTIGATIONS POLICY MANDATES ADMINISTRATIVE INVESTIGATION SHALL BE DOCUMENTED IN WRITTEN REPORTS WHICH INCLUDES BUT IS NOT LIMITED TO PHYSICAL AND TESTIMONIAL EVIDENCE, INVESTIGATIVE FACTS AND FINDINGS. PREA POLICY DD-69 MANDATES WRITTEN REPORTS SHAL INCLUDE THE REASONING BEHIND CREDIBILITY ASSESSMENTS. PREA POLICY DD-69 MANDATES EFFORTS BY INVESTIGATORS TO DETERMINE WHETHER STAFF ACTIONS OR FAILURES TO ACT CONTRIBUTED TO THE ABUSE. INTERVIEW WITH INVESTIGATIVE STAFF INDICATES THE INVESTIGATOR SHALL INCLUDE AN EFFORT TO DETERMIN WHETHER STAFF ACTIONS OR FAILURES TO ACT CONTRIBUTED TO ANY SEXUAL ABUSE ALLEGATION. ALL FINDINGS ARE DOCUMENTED IN THE INVESTIGATIVE REPORT.
- g) GENERAL ORDER 17, CITIZEN PERSONNEL COMPLIANTS/INTERNAL AFFAIRS INVESTIGATIONS POLICY MANDATES ADMINISTRATIVE INVESTIGATION SHALL BE DOCUMENTED IN WRITTEN REPORTS WHICH INCLUDES BUT IS NOT LIMITED TO PHYSICAL AND TESTIMONIAL EVIDENCE, INVESTIGATIVE FACTS AND FINDINGS. AGENCY DID NOT PROVIDE AUDITOR WITH POLICY DIRECTIVE WHICH MANDATES CRIMINAL INVESTIGATIONS TO BE DOCUMENTED IN WRITTEN REPORTS. INTERVIEW WITH INVESTIGATIVE STAFF DETERMINES BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS ARE DOCUMENTED IN WRITTEN REPORTS, WHICH PROVIDES FOR PHYSICAL, TESTIMONIAL EVIDENCE, INVESTIGATIVE FACTS AND FINDINGS.
- h) AGENCY DID NOT PROVIDE AUDITOR WITH POLICY DIRECTIVE THAT MANDATES REFERRAL OF SUBSTANTIATED ALLEGATIONS OF CONDUCT THAT APPEARS TO BE CRIMINAL FOR PROSECUTION. AGENCY REPORTS ONE SUBSUBSTANTIATED ALLEGATIONS OF CONDUCT THAT APPEAR TO BE CRIMINAL THAT WAS REFERRED FOR PROSECUTION SINCE AUGUST 20, 2012. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE ALLEGATIONS OF SEXUAL ABUSE THAT APPEAR TO BE CRIMINAL ARE REFERRED TO THE DA OFFICE FOR PROSECUTION.
- i) PREA POLICY DD-69 MANDATES THE AGENCY SHALL RETAIN ALL WRITTEN REPORTS FOR AS LONG AS THE ALLEGED ABUSER IS INCARCERATED OR EMPLOYED BY THE AGENCY, PLUS FIVE (5) YEARS.

- j) PREA POLICY DD-69 MANDATES THE DEPARTURE OF THE ALLEGED ABUSER OR VICTIM FROM EMPLOYMENT OR CONTROL OF THE FACILITY OR AGENCY SHALL NOT PROVIDE A BASIS FOR TERMINATING THE INVESTIGATION. INTERVIEW WITH INVESTIGATIVE STAFF INDICATES SHOULD AN ALLEGED ABUSER OR VICTIM DEPART THE FACILITY DUE TO DEPARTURE FROM EMPLOYMENT, OR FACILITY CONTROL, THE INVESTIGATION CONTINUES TO THE END. SHOULD THE INVESTIGATION APPEAR TO BE CRIMINAL IN NATURE, IT IS REFERRED TO THE DA'S OFFICE FOR PROSECUTION.
- k) N/A – STANDARD PROVISION IS NOT APPLICABLE TO AGENCY/FACILITY PER DOJ.
- l) N/A – AGENCY CONDUCTS ITS OWN ADMINISTRATIVE AND CRIMINAL SEXUAL ABUSE INVESTIGATIONS

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.171 AS STANDARD PROVISIONS 115.171(g) AND 115.171(h) ARE NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

1. AGENCY TO AMEND PREA POLICY DD-69 AND/OR GENERAL ORDER 17, CITIZEN PERSONNEL COMPLAINTS/INTERNAL AFFAIRS INVESTIGATIONS POLICY TO INCLUDE NARRATIVE THAT STATES "CRIMINAL INVESTIGATIONS SHALL BE DOCUMENTED IN WRITTEN REPORTS".
2. AGENCY TO AMEND PREA POLICY DD-69 AND/OR GENERAL ORDER 17, CITIZEN PERSONNEL COMPLAINTS/INTERNAL AFFAIRS INVESTIGATIONS POLICY TO INCLUDE NARRATIVE THAT MANDATES "SUBSTANTIATED ALLEGATIONS OF CONDUCT THAT APPEARS TO BE CRIMINAL WILL BE REFERRED TO THE DISTRICT ATTORNEY'S OFFICE FOR PROSECUTION."

CORRECTIVE ACTION COMPLETION 8/6/16:

1. AGENCY AMENDED PREA POLICY DD-69 TO MANDATE CRIMINAL INVESTIGATIONS SHALL BE DOCUMENTED IN WRITTEN REPORTS. AGENCY COMPLIES WITH STANDARD PROVISION 115.171(g)
2. AGENCY AMENDED PREA POLICY DD-69 TO MANDATE SUBSTANTIAL ALLEGATIONS OF CONDUCT THAT APPEARS TO BE CRIMINAL SHALL BE REFERRED TO THE DISTRICT ATTORNEY'S OFFICE FOR PRESECUTION. AGENCY COMPLIES WITH STANDARD PROVISION 115.171(h).

AGENCY COMPLIES WITH STANDARD PROVISIONS 115.171(g) AND 115.171(h)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.171.

Standard 115.172 Evidentiary standard for administrative investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES NO HIGHER STANDARD SHALL BE IMPOSED THAN A PREPONDERANCE OF THE EVIDENCE IN DETERMINING WHETHER THE ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT ARE SUBSTANTIATED. WHICH IS VERIFIED THROUGH INTERVIEW WITH INVESTIGATIVE STAFF.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.172

Standard 115.176 Disciplinary sanctions for staff

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES EMPLOYEES SHALL BE SUBJECT TO DISCIPLINARY SANCTIONS UP TO AND INCLUDING TERMINATION FOR VIOLATING THE AGENCY SEXUAL ABUSE AOR SEXUAL HARASSMENT POLICY.
- b) PREA POLICY DD-69 MANDATES EMPLOYEES SHALL BE SUBJECT TO DISCIPLINARY SANCTIONS UP TO AND INCLUDING TERMINATION FOR VIOLATING THIS POLICY. TERMINATION SHALL BE THE PRESUMPTIVE DISCIPLINARY SANCTION FOR STAFF WHO HAS ENGAGED IN SEXUAL ABUSE. AGENCY REPORTS THAT IN THE PAST 12 MONTHS NO STAFF FROM FACILITY HAS VIOLATED AGENCY SEXUAL ABUSE OR SEXUAL HARASSMENT POLICIES.
- c) PREA POLICY DD-69 MANDATES DISCIPLINARY SANCTIONS FOR VIOLATIONS OF AGENCY POLICY RELATING TO SEXUAL ABUSE OR SEXUAL HARASSMENT (OTHER THAN ENGAGING IN SEXUAL ABUSE) SHALL BE COMMENSURATE WITH THE NATURE AND CIRCUMSTANCES OF THE ACTS COMMITTED, THE STAFF MEMBER’S DISCIPLINARY HISTORY, AND THE SANCTIONS IMPOSED FOR COMPARABLE OFFENSES BY OTHER STAFF WITH SIMILAR HISTORIES. AGENCY REPORTS NO DISCIPLINE, SHORT OF TERMINATION OF STAFF FROM THE FACILITY FOR VIOATION OF AGENCY SEXUAL ABUSE OR SEXUAL HARASSMENT POLICY OVER THE PAST 12 MONTHS.
- d) PREA POLICY DD-69 MANDATES ALL TERMINATION FOR VIOLATIONS OF SEXUAL ABUSE OR SEXUAL MISCONDUCT, OR RESIGNATIONS BY STAFF WHO WOULD HAVE BEEN TERMINATED IF NOT FOR THEIR RESIGNATION, SHALL BE REPORTED TO LAW ENFORCEMENT AGENCIES, UNLESS THE ACTIVITY WAS CLEARLY NOT CRIMINAL, AND TO ANY

RELEVANT LICENSING BODIES. AGENCY REPORTS NO TERMINATION OF STAFF FROM THE FACILITY FOR VIOLATION OF AGENCY SEXUAL ABUSE OR SEXUAL HARASSMENT POLICY OVER THE PAST 12 MONTHS.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.176

Standard 115.177 Corrective action for contractors and volunteers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES ANY CONTRACTOR OR VOLUNTEER WHO ENGAGES IN SEXUAL ABUSE SHALL BE PROHIBITED FROM CONTACT WITH INMATES AND SHALL BE REPORTED TO THE NEVADA COUNTY SHERIFF’S DEPARTMENT, UNLESS THE ACTIVITY CLEARLY WAS NOT CRIMINAL, AND TO OTHER RELEVANT LICENSING BODIES. AGENCY REPORTS NO CONTRACTORS OR VOLUNTEERS HAVE REPORTED TO LAW ENFORCEMENT AGENCIES AND RELEVANT LICENSING BODIES FOR ENGAGING IN SEXUAL ABUSE OF INMATES OVER THE PAST 12 MONTHS.
- b) PREA POLICY DD-69 MANDATES APPROPRIATE REMEDIAL MEASURE SHALL BE TAKEN IN ADDITION TO CONSIDERING WHETHER TO PROHIBIT FURTHER CONTACT WITH INMATES, IN THE CASE ANY OTHER VIOLATION OF THIS POLICY BY A VOLUNTEER OR CONTRACTOR. INTERVIEW WITH FACILITY COMMANDER INDICATES VOLUNTEER OR CONTRACTOR WILL BE PROHIBITED FROM ENTERING THE FACILITY PENDING INVESTIGATION INTO VIOLATION OF AGENCY SEXUAL ABUSE OR SEXUAL HARASSMENT POLICIES.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.177

Standard 115.178 Referrals for prosecution for detainee-on-detainee sexual abuse

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES INMATES WHO ARE FOUND GUILTY OF COMMITTING INMATE-ON-INMATE SEXUAL ASSAULT WILL BE PUNISHED TO THE HIGHEST DEGREE IN ACCORDANCE WITH THE NEVADA COUNTY’S CORRECTION DIVISION INMATE DISCIPLINE POLICY, UP TO AND INCLUDING CRIMINAL PROSECUTION. THERE

HAS BEEN NO ADMINISTRATIVE OR CRIMINAL FINDINGS OF INMATE-ON-INMATE SEXUAL ABUSE OCCURRING AT THE FACILITY OVER THE PAST 12 MONTHS.

- b) AGENCY INVESTIGATES BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS.
- c) AGENCY CONDUCTS THEIR OWN ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS IN THE TRUCKEE SUBSTATION FACILITY.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.178

Standard 115.182 Access to emergency medical services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 IDENTIFIES TIMELY MEDICAL RESPONSE IN THE COORDINATED RESPONSE PROTOCOL AND MANDATES IMMEDIATE ACCESS TO EMERGENCY MEDICAL TREATMENT. HOSPITAL IS ACROSS THE STREET FROM FACILITY FOR EMERGENCY MEDICAL TREATMENT. AGENCY INDICATES THE NATURE AND SCOPE OF SUCH SERVICES ARE DETERMINED BY MEDICAL AND MENTAL HEALTH PRACTITIONERS ACCORDING TO THEIR PROFESSIONAL JUDGEMENT. INTERVIEW WITH MEDICAL AND MENTAL HEALTH PRACTITIONERS INDICATE VICTIMS OF SEXUAL ABUSE RECEIVE IMMEDIATE EMERGENCY MEDICAL TREATMENT AND CRISIS INTERVENTION SERVICES & PROVIDED TREATMENT DETERMINED BY MEDICAL AND MENTAL HEALTH PRACTITIONERS ACCORDING TO THEIR PROFESSIONAL JUDGEMENT. INTERVIEW WITH INMATES WHO REPORTED A SEXUAL ABUSE INDICATE THEY WERE REFERRED TO MENTAL AND MEDICAL TREATMENT IMMEDIATELY UPON DISCLOSING SEXUAL VICTIMIZATION.
- b) RAPE & SEXUAL ASSAULT DETECTION AND PREVENTION POLICY MANDATES TREATMENT SERVICES TO BE PROVIDED TO EVERY SEXUAL ABUSE VICTIM WITHOUT FINANCIAL COST AND REGARDLESS OF WHETHER THE VICTIM NAMES THE ABUSER OR COOPERATE WITH ANY INVESTIGATIONS ARISING OUT OF THE INCIDENT. INTERVIEWS WITH MEDICAL AND MENTAL HEALTH STAFF INDICATE INMATE VICTIMS OF SEXUAL ABUSE ARE PROVIDED TREATMENT SERVICES WITHOUT FINANCIAL COST REGARDLESS WHETHER OR NOT THEY COOPERATE WITH ANY INVESTIGATIONS ARISING OUT OF THE INCIDENT.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.182

Standard 115.186 Sexual abuse incident reviews

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES THE NEVADA COUNTY CORRECTIONS DIVISION SHALL CONDUCT A SEXUAL ABUSE INCIDENT REVIEW AT THE CONCLUSION OF EVERY SEXUAL ABUSE INVESTIGATION, INCLUDING WHEN THE ALLEGATION HAS NOT BEEN SUBSTANTIATED, UNLESS THE ALLEGATION HAS BEEN DETERMINED TO BE UNFOUNDED. AGENCY REPORTS THAT IN THE PAST 12 MONTHS NO ALLEGATIONS OF SEXUAL ABUSE OCCURRED IN THE FACILITY. NO INCIDENT REVIEWS CONDUCTED DUE TO THE LACK OF INVESTIGATIONS.
- b) PREA POLICY DD-69 MANDATES THAT INCIDENT REVIEWS SHALL ORDINARILY OCCUR WITHIN 30 DAYS OF THE CONCLUSION OF THE INVESTIGATION. AGENCY REPORTS THAT IN THE PAST 12 MONTHS, NO CRIMINAL OR ADMINISTRATIVE INVESTIGATIONS OF ALLEGED SEXUAL ABUSE OCCURRED PROMPTING THE LACK OF INCIDENT REVIEWS.
- c) PREA POLICY DD-69 IDENTIFIES THE COMPOSITION OF THE INCIDENT REVIEW TEAM AS DIVISION COMMANDER, EXECUTIVE LIEUTENANT, PREA COORDINATOR WITH INPUT FROM LINE SUPERVISORS, INVESTIGATORS, AND MEDICAL OR MENTAL HEALTH PRACTITIONERS. INTERVIEW WITH FACILITY COMMANDER INDICATES THERE IS AN INCIDENT REVIEW TEAM IN PLACE TO CONDUCT INCIDENT REVIEWS SHOULD AN ALLEGATION OF SEXUAL ABUSE INVESTIGATION ARISE.
- d) PREA POLICY DD 69 MANDATES THE INCIDENT REVIEW TEAM SHALL:
 - 1. CONSIDER WHETHER THE ALLEGATION OR INVESTIGATION INDICATES A NEED TO CHANGE POLICY OR PRACTICE TO BETTER PREVENT, DETECT, OR RESPOND TO SEXUAL ABUSE;
 - 2. CONSIDER WHETHER THE INCIDENT OR ALLEGATION WAS MOTIVATED BY RACE; ETHNICITY; GENDER IDENTITY; LESBIAN, GAY, BISEXUAL, TRANSGENDER, OR INTERSEX IDENTIFICATION, STATUS, OR PERCEIVED STATUS; OR GANG AFFILIATION; OR WAS MOTIVATED OR OTHERWISE CAUSED BY OTHER GROUP DYNAMICS AT THE FACILITY;
 - 3. EXAMINE THE AREA IN THE FACILITY WHERE THE INCIDENT ALLEGEDLY OCCURRED TO ASSESS WHETHER PHYSICAL BARRIERS IN THE AREA MAY ENABLE ABUSE;
 - 4. ASSESS ADEQUACY OF STAFFING LEVELS IN THE AREA DURING DIFFERENT SHIFTS;
 - 5. ASSESS WHETHER MONITORING TECHNOLOGY SHOULD BE DEPLOYED OR AUGMENTED TO SUPPLEMENT SUPERVISION BY STAFF;
 - 6. PREPARE A REPORT OF ITS FINDINGS AND ANY RECOMMENDATIONS FOR IMPROVEMENT AND SUBMIT SUCH REPORT TO THE FACILITY COMMANDER AND PREA COMPLIANCE MANAGER.INTERVIEW WITH FACILITY COMMANDER AND PREA COMPLIANCE MANAGER INDICATE REVIEW TEAM WILL CONSIDER ALL CRITERIA IDENTIFIED IN PREA POLICY DD 69 AND PREA STANDARD PROVISION 115.86(d).
- e) AGENCY REPORTS THAT IN THE PAST 12 MONTHS, NO CRIMINAL OR ADMINISTRATIVE INVESTIGATIONS OF ALLEGED SEXUAL ABUSE OCCURRED PROMPTING THE LACK OF INCIDENT REVIEWS, ERGO NO RECOMMENDATIONS FOR IMPROVEMENT OR IMPLEMENTATION OF ANY RECOMMENDATIONS.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.186

Standard 115.187 Data collection

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES AGENCY COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE SHALL BE COLLECTED USING A STANDARDIZED INSTRUMENT AND SET OF DEFINITIONS. INCIDENT-BASED SEXUAL ABUSE DATA SHALL BE AGGREGATED AT LEAST ANNUALLY AND 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 DOJ. AUDITOR WAS PROVIDED 2014 & 2015 ANNUAL REPORT. REVIEW OF SHERIFF'S WEBSITE PROVIDED A NON-COMPLIANT VERSION OF AN ANNUAL REPORT WHICH WAS A STATISTICAL DATA TABLE FOR 2014 & 2015. THERE WAS NO INDICATION THAT THE DATA COLLECTED WAS USED TO ASSESS AND IMPROVE EFFECTIVENESS OF SEX ABUSE PREVENTION, DETECTION AND RESPONSE POLICIES, PRACTICES, AND TRAINING. NO IDENTIFICATION OF PROBLEM AREAS, CORRECTIVE ACTION TAKEN BY EACH FACILITY OR THE AGENCY AS A WHOLE. THERE ARE NO SET OF DEFINITIONS AS ARE CALL FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE.
- b) PREA POLICY DD-69 MANDATES INCIDENT-BASED SEXUAL ABUSE DATA SHALL BE AGGREGATED AT LEAST ANNUALLY. AUDITOR WAS PROVIDED 2014 & 2015 ANNUAL REPORT, WHICH WAS A STATISTICAL AGGREGATED INCIDENT-BASED SEXUAL ABUSE DATA TABLE FOR 2014 & 2015. THIS IS AGENCY'S 1ST PREA AUDIT AND NO PREVIOUS SEXUAL ABUSE DATA HAD BEEN COLLECTED PRIOR TO 2014.
- c) PREA POLICY DD-69 MANDATES AGENCY COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE SHALL BE COLLECTED USING A STANDARDIZED INSTRUMENT AND SET OF DEFINITIONS. INCIDENT-BASED SEXUAL ABUSE DATA SHALL BE AGGREGATED AT LEAST ANNUALLY AND 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 DOJ. AUDITOR WAS PROVIDED 2014 & 2015 ANNUAL REPORT. REVIEW OF SHERIFF'S WEBSITE PROVIDED A NON-COMPLIANT VERSION OF AN ANNUAL REPORT WHICH WAS A STATISTICAL DATA TABLE FOR 2014 & 2015. THERE WAS NO INDICATION THAT THE DATA COLLECTED WAS USED TO ASSESS AND IMPROVE EFFECTIVENESS OF SEX ABUSE PREVENTION, DETECTION AND RESPONSE POLICIES, PRACTICES, AND TRAINING. NO IDENTIFICATION OF PROBLEM AREAS, CORRECTIVE ACTION TAKEN BY EACH FACILITY OR THE AGENCY AS A WHOLE. THERE ARE NO SET OF DEFINITIONS AS ARE CALL FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE.
- d) PREA POLICY DD-69 MANDATES ALL DATA COLLECTED SHALL BE MAINTAINED, REVIEWS AS NEEDED FROM ALL AVAILABLE INCIDENT-BASED DOCUMENTS, INCLUDING REPORTS, INVESTIGATION FILES, AND SEXUAL ABUSE INCIDENT REVIEWS. AUDITOR WAS PROVIDED 2014 & 2015 ANNUAL REPORT, WHICH WAS A STATISTICAL AGGREGATED INCIDENT-BASED SEXUAL ABUSE DATA TABLE FOR 2014 & 2015 FROM EACH CORRECTIONAL FACILITY UNDER AGENCY CONTROL.
- e) N/A – STANDARD PROVISION 115.87(e) IS NOT APPLICABLE TO AGENCY. AGENCY REPORTS IT DOES NOT CONTRACT WITH OTHER FACILITIES FOR THE CONFINEMENT OF INMATES.
- f) N/A – STANDARD PROVISION 115.87(e) IS NOT APPLICABLE TO AGENCY. AGENCY REPORTS DOJ HAS NOT REQUESTED AGENCY DATA.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.187 AS STANDARD PROVISIONS 115.187(a)

AND 115.187(c) ARE NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

1. AGENCY TO AMEND 2015 ANNUAL REPORT TO INCLUDE NARRATIVE WHICH VERIFIES AGENCY USED THE DATA COLLECTED TO ASSESS AND IMPROVE EFFECTIVENESS OF SEX ABUSE PREVENTION, DETECTION AND RESPONSE POLICIES, PRACTICES, AND TRAINING. NO IDENTIFICATION OF PROBLEM AREAS, CORRECTIVE ACTION TAKEN BY EACH FACILITY OR THE AGENCY AS A WHOLE.
2. AGENCY TO INCLUDE SET OF DEFINITIONS AS ARE CALLED FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE.

CORRECTIVE ACTION COMPLETION 9/26/16:

1. AGENCY POSTED PREA COMPLIANT ANNUAL REPORT FOR 2014 & 2015. ANNUAL REPORT INCLUDES NARRATIVE WHICH INDICATES DATA COLLECTION IS UTILIZED TO PROVIDE SEXUAL SAFETY TO THE INMATES HOUSED IN THEIR FACILITIES IN ACCORDANCE WITH STANDARD PROVISION 115.187(a).
2. AGENCY INCLUDED SET OF DEFINITIONS AS ARE CALLED FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE WITHIN THE ANNUAL REPORT IN ACCORDANCE WITH STANDARD PROVISION 115.187(c).

AGENCY HAS COMPLIED WITH STANDARD PROVISIONS 115.187(a) AND 115.187(c)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.187

Standard 115.188 Data review for corrective action

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES AGENCY COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE SHALL BE COLLECTED USING A STANDARDIZED INSTRUMENT AND SET OF DEFINITIONS. INCIDENT-BASED SEXUAL ABUSE DATA SHALL BE AGGREGATED AT LEAST ANNUALLY AND 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 DOJ. AUDITOR VIEWED 2014 & 2015 ANNUAL REPORT ON AGENCY WEBSITE. REVIEW OF SHERIFF'S WEBSITE PROVIDED A NON-COMPLIANT VERSION OF AN ANNUAL REPORT WHICH WAS A STATISTICAL DATA TABLE FOR 2014 & 2015. THERE WAS NO INDICATION THAT THE DATA COLLECTED WAS USED TO ASSESS AND IMPROVE EFFECTIVENESS OF SEX ABUSE PREVENTION, DETECTION AND RESPONSE POLICIES, PRACTICES, AND TRAINING. NO IDENTIFICATION OF PROBLEM AREAS, CORRECTIVE

ACTION TAKEN BY EACH FACILITY OR THE AGENCY AS A WHOLE. ANNUAL REPORT DOES NOT INCLUDE SET OF DEFINITIONS AS REQUIRED UNDER STANDARD PROVISION 115.87(a)/(c). INTERVIEW WITH AGENCY HEAD DESIGNEE INDICATES AGENCY RECENTLY BEGAN DATA COLLECTION AND IS CURRENTLY WORKING ON THE ANNUAL REPORT. CURRENTLY LOOKING TO SEE IF MORE TRAINING IS REQUIRED. INTERVIEWS WITH PREA COORDINATOR AND PREA COMPLIANCE MANAGER INDICATE WORK IS BEING CONDUCTED ON THE ANNUAL REPORT FOR PREA COMPLIANCE.

- b) PREA POLICY DD-69 MANDATES AN ANNUAL REPORT SHALL BE PREPARED, AND 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 PROGRESS MADE IN ADDRESSING SEXUAL ABUSE. THE REPORT SHALL BE MADE AVAILABLE ON THE SHERIFF'S WEBSITE. REVIEW OR 2014 & 2015 ANNUAL REPORT ON AGENCY WEBSITE DOES NOT ADDRESS ASSESSMENTS OF PROGRESS MADE IN ADDRESSING SEXUAL ABUSE BETWEEN 2014 & 2015.
- c) PREA POLICY DD-69 MANDATES ALL AGGREGATED SEXUAL ABUSE DATA, FROM FACILITIES UNDER DIRECT CONTROL OF THE NEVADA COUNTY SHERIFF'S DEPARTMENT, SHALL BE READILY AVAILABLE TO THE PUBLIC AT LEAST ANNUALLY THROUGH THE SHERIFF'S WEBSITE. AUDITOR VERIFIED 2014 & 2015 ANNUAL REPORT HAS BEEN UPLOADED TO THE AGENCY WEBSITE. INTERVIEW WITH AGENCY HEAD DESIGNEE INDICATES AGENCY HEAD APPROVES ANNUAL REPORT AND VERY FEW PEOPLE HAVE ABILITY TO POST ANNUAL REPORT ON THE AGENCY WEBSITE.
- d) PREA POLICY DD-69 MANDATES SPECIFIC MATERIAL MAY BE REDACTED FROM THE ANNUAL REPORT WHEN PUBLICATION WOULD PRESENT A CLEAR AND SPECIFIC THREAT TO THE SAFETY AND SECURITY OF THE FACILITY, BUT THE REPORT MUST INDICATE THE NATURE OF THE MATERIAL REDACTED. INTERVIEW WITH PREA COORDINATOR INDICATE AGENCY REDACTS SPECIFIC MATERIAL WHICH WOULD PRESENT A CLEAR AND SPECIFIC THREAT TO THE SAFETY AND SECURITY OF THE FACILITY. EXAMPLES OF MATERIAL BEING REDACTED IS NAME OR DESIGNATION OF INMATES, STAFF AND SPECIFIC AREAS WITHIN THE FACILITY.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.188 AS STANDARD PROVISIONS 115.188(a) AND 115.188(b) ARE NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

1. AGENCY TO AMEND 2015 ANNUAL REPORT TO INCLUDE NARRATIVE WHICH VERIFIES AGENCY USED THE DATA COLLECTED TO ASSESS AND IMPROVE EFFECTIVENESS OF SEX ABUSE PREVENTION, DETECTION AND RESPONSE POLICIES, PRACTICES, AND TRAINING. NO IDENTIFICATION OF PROBLEM AREAS, CORRECTIVE ACTION TAKEN BY EACH FACILITY OR THE AGENCY AS A WHOLE.
2. AGENCY TO ADDRESS ASSESSMENTS OF PROGRESS MADE IN ADDRESSING SEXUAL ABUSE BETWEEN 2014 AND 2015.
3. AGENCY TO INCLUDE SET OF DEFINITIONS AS ARE CALLED FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE.

CORRECTIVE ACTION COMPLETION 9/26/16:

AGENCY POSTED PREA COMPLIANT ANNUAL REPORT FOR 2014 & 2015. ANNUAL REPORT INCLUDES NARRATIVE WHICH INDICATES DATA COLLECTION IS UTILIZED TO PROVIDE SEXUAL SAFETY TO THE INMATES HOUSED IN THEIR FACILITIES IN ACCORDANCE WITH STANDARD PROVISION 115.188(a).

AGENCY INCLUDED SET OF DEFINITIONS AS ARE CALLED FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE WITHIN THE ANNUAL REPORT IN ACCORDANCE WITH STANDARD PROVISION 115.188(a).

AGENCY ADDRESSED BLIND SPOTS AND COMPARISON BETWEEN DATA OF 2014 & 2015 IN THE ANNUAL REPORT. AGENCY ALSO INCLUDED CORRECTIVE ACTION TAKEN TO ADDRESS THESE ISSUES IN ACCORDANCE WITH STANDARD PROVISION 115.188(b)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.188

Standard 115.189 Data storage, publication, and destruction

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) PREA POLICY DD-69 MANDATES ALL DATA COLLECTED PURSUANT TO STANDARD 115.887 SHALL BE RETAINED IN THE RECORDS UNIT. POLICY ALSO OUTLINES SPECIFIC MEASURES TAKEN TO MAINTAIN SECURITY OF ALL DOCUMENTS. INTERVIEW WITH PREA COORDINATOR INDICATES THE PREA COORDINATOR AND PREA MANAGER MAINTAINS ALL COLLECTED DOCUMENTATION.
- b) PREA POLICY DD-69 MANDATES ALL AGGREGATED SEXUAL ABUSE DATA, FROM FACILITIES UNDER DIRECT CONTROL OF THE NEVADA COUNTY SHERIFF’S DEPARTMENT, SHALL BE READILY AVAILABLE TO THE PUBLIC AT LEAST ANNUALLY THROUGH THE SHERIFF’S WEBSITE. AGENCY DOES NOT CONTRACT WITH OTHER FACILITIES FOR THE CONFINEMENT OF INMATES. 2014 AND 2015 ANNUAL REPORT POSTED ON AGENCY’S WEBSITE IS AVAILABLE TO THE PUBLIC.
- c) PREA POLICY DD-69 MANDATES THAT PRIOR TO MAKING AGGREGATED SEXUAL ABUSE DATA PUBLICLY AVAILABLE ALL PERSONAL IDENTIFIERS SHALL BE REMOVED. REVIEW OF 2014 AND 2015 DATA TABLE ON WEBSITE VERIFIES ALL PERSONAL IDENTIFIERS HAVE BEEN REMOVED.
- d) PREA POLICY DD-69 MANDATES SEXUAL ABUSE DATA COLLECTED PURSUANT TO STANDARD 115.87 SHALL BE MAINTAINED FOR AT LEAST 10 YEARS AFTER THE DATE OF THE INITIAL COLLECTION.
- g) PREA POLICY DD-69 MANDATES AGENCY COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE SHALL BE COLLECTED USING A STANDARDIZED INSTRUMENT AND SET OF DEFINITIONS. INCIDENT-BASED SEXUAL ABUSE DATA SHALL BE AGGREGATED AT LEAST ANNUALLY AND 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 DOJ. AUDITOR WAS PROVIDED 2014 & 2015 ANNUAL REPORT. REVIEW OF SHERIFF’S WEBSITE PROVIDED A NON-COMPLIANT VERSION OF AN ANNUAL REPORT WHICH WAS A STATISTICAL DATA TABLE FOR 2014 & 2015. THERE WAS NO INDICATION THAT THE DATA COLLECTED WAS USED TO ASSESS AND IMPROVE EFFECTIVENESS OF SEX ABUSE PREVENTION, DETECTION AND RESPONSE POLICIES, PRACTICES, AND TRAINING. NO IDENTIFICATION OF PROBLEM AREAS, CORRECTIVE ACTION TAKEN BY EACH FACILITY OR THE AGENCY AS A WHOLE. THERE ARE NO SET OF DEFINITIONS AS ARE CALL FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE.
- h) PREA POLICY DD-69 MANDATES INCIDENT-BASED SEXUAL ABUSE DATA SHALL BE AGGREGATED AT LEAST ANNUALLY. AUDITOR WAS PROVIDED 2014 & 2015 ANNUAL REPORT, WHICH WAS A STATISTICAL AGGREGATED INCIDENT-BASED SEXUAL ABUSE DATA TABLE FOR 2014 & 2015. THIS IS AGENCY’S 1ST PREA AUDIT AND NO PREVIOUS SEXUAL ABUSE DATA HAD BEEN COLLECTED PRIOR TO 2014.

- i) PREA POLICY DD-69 MANDATES AGENCY COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE SHALL BE COLLECTED USING A STANDARDIZED INSTRUMENT AND SET OF DEFINITIONS. INCIDENT-BASED SEXUAL ABUSE DATA SHALL BE AGGREGATED AT LEAST ANNUALLY AND 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 DOJ. AUDITOR WAS PROVIDED 2014 & 2015 ANNUAL REPORT. REVIEW OF SHERIFF'S WEBSITE PROVIDED A NON-COMPLIANT VERSION OF AN ANNUAL REPORT WHICH WAS A STATISTICAL DATA TABLE FOR 2014 & 2015. THERE WAS NO INDICATION THAT THE DATA COLLECTED WAS USED TO ASSESS AND IMPROVE EFFECTIVENESS OF SEX ABUSE PREVENTION, DETECTION AND RESPONSE POLICIES, PRACTICES, AND TRAINING. NO IDENTIFICATION OF PROBLEM AREAS, CORRECTIVE ACTION TAKEN BY EACH FACILITY OR THE AGENCY AS A WHOLE. THERE ARE NO SET OF DEFINITIONS AS ARE CALL FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE.
- j) PREA POLICY DD-69 MANDATES ALL DATA COLLECTED SHALL BE MAINTAINED, REVIEWS AS NEEDED FROM ALL AVAILABLE INCIDENT-BASED DOCUMENTS, INCLUDING REPORTS, INVESTIGATION FILES, AND SEXUAL ABUSE INCIDENT REVIEWS. AUDITOR WAS PROVIDED 2014 & 2015 ANNUAL REPORT, WHICH WAS A STATISTICAL AGGREGATED INCIDENT-BASED SEXUAL ABUSE DATA TABLE FOR 2014 & 2015 FROM EACH CORRECTIONAL FACILITY UNDER AGENCY CONTROL.
- k) N/A – STANDARD PROVISION 115.87(e) IS NOT APPLICABLE TO AGENCY. AGENCY REPORTS IT DOES NOT CONTRACT WITH OTHER FACILITIES FOR THE CONFINEMENT OF INMATES.
- l) N/A – STANDARD PROVISION 115.87(e) IS NOT APPLICABLE TO AGENCY. AGENCY REPORTS DOJ HAS NOT REQUESTED AGENCY DATA.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.187 AS STANDARD PROVISIONS 115.187(a) AND 115.187(c) ARE NON-COMPLIANT.

AGENCY TO PROVIDE 90 DAY CORRECTIVE ACTION STATUS UPDATE BY AUGUST 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: NOVEMBER 25, 2016.

CORRECTIVE ACTION:

1. AGENCY TO AMEND 2015 ANNUAL REPORT TO INCLUDE NARRATIVE WHICH VERIFIES AGENCY USED THE DATA COLLECTED TO ASSESS AND IMPROVE EFFECTIVENESS OF SEX ABUSE PREVENTION, DETECTION AND RESPONSE POLICIES, PRACTICES, AND TRAINING. NO IDENTIFICATION OF PROBLEM AREAS, CORRECTIVE ACTION TAKEN BY EACH FACILITY OR THE AGENCY AS A WHOLE.
2. AGENCY TO INCLUDE SET OF DEFINITIONS AS ARE CALLED FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE.

CORRECTIVE ACTION COMPLETION 9/26/16:

1. AGENCY POSTED PREA COMPLIANT ANNUAL REPORT FOR 2014 & 2015. ANNUAL REPORT INCLUDES NARRATIVE WHICH INDICATES DATA COLLECTION IS UTILIZED TO PROVIDE SEXUAL SAFETY TO THE INMATES HOUSED IN THEIR FACILITIES IN ACCORDANCE WITH STANDARD PROVISION 115.187(a).
2. AGENCY INCLUDED SET OF DEFINITIONS AS ARE CALLED FOR IN THE MOST RECENT SURVEY OF SEXUAL VIOLENCE ANNUAL FORM CONDUCTED BY THE DEPARTMENT OF JUSTICE WITHIN THE ANNUAL REPORT IN ACCORDANCE WITH STANDARD PROVISION 115.187(c).

AGENCY COMPLIES WITH STANDARD PROVISIONS 115.87(a) & 115.87(c)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.187

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 Signature

10/18/16
Date