

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

Interim Final

Date of Report 5/2/19

Auditor Information

Name: Eric Woodford

Email: eiw@comcast.net

Company Name: Correctional Consulting Service, LLC

Mailing Address: PO Box 732

City, State, Zip: Benicia, California 94510

Telephone: (707) 333-8303

Date of Facility Visit: 11/12/18 – 11/14/18

Agency Information

Name of Agency:

Nevada County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

Nevada County Sheriff's Office

Physical Address: 950 Maidu Avenue

City, State, Zip: Nevada City, CA 95959

Mailing Address: same as above

City, State, Zip: same as above

Telephone: (530) 265-1471

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

The Agency Is:

Military

Municipal

County

Municipal

County

Agency mission: We are committed to providing excellence in public service in partnership with our community.

Agency Website with PREA Information: <https://www.mynevadacounty.com/264/Corrections-Division>

Agency Chief Executive Officer

Name: Keith Royal

Title: Sheriff/Coroner

Email: keith.roya@co.nevada.ca.us

Telephone: (530) 265-1471

Agency-Wide PREA Coordinator

Name: Gary Smith

Title: Lieutenant

Email: gary.smith@co.nevada.ca.us

Telephone: (530) 265-1291 x2616

PREA Coordinator Reports to:

Captain Jeff Pettit

Number of Compliance Managers who report to the PREA Coordinator 3

Facility Information

Name of Facility: Wayne Brown Correctional Facility

Physical Address: 925 Maidu Avenue Nevada City, CA 95959			
Mailing Address (if different than above): PO Box 928 Nevada City, CA 95959			
Telephone Number: (530) 265-1291			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for profit
Facility Type:		<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison
Facility Mission: We are committed to providing excellence in public service in partnership with our community			
Facility Website with PREA Information: mynevadacounty.com			
Warden/Superintendent			
Name: Jeff Pettitt		Title: Division Commander	
Email: jeff.pettitt@nevada.ca.us		Telephone: (530) 265-7128	
Facility PREA Compliance Manager			
Name: Zsa Zsa Wied, Jon Nau		Title: Correctional Sergeants	
Email: zsazsa.wied@co.nevada.ca.us – jon.nau@co.nevada.ca.us		Telephone: (530) 265-1291 JWx1921, JNx1915	
Facility Health Service Administrator			
Name: Laurie Adams		Title: Program Manager	
Email: laurie.adams@co.nevada.ca.us		Telephone: (530) 265-1291 x1523	
Facility Characteristics			
Designated Facility Capacity: 288		Current Population of Facility: 215	
Number of inmates admitted to facility during the past 12 months			3813
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			555
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2257
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 19-75	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			N/A
Facility security level/inmate custody levels:			Min/Med/Max
Number of staff currently employed by the facility who may have contact with inmates:			85
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			18
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			2
Physical Plant			

Number of Buildings: 1	Number of Single Cell Housing Units: 2
Number of Multiple Occupancy Cell Housing Units:	6
Number of Open Bay/Dorm Housing Units:	8
Number of Segregation Cells (Administrative and Disciplinary):	26
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
<p>The system was upgraded in 2013, from 32 non-recorded cameras and graphic display boards to 132 cameras with programmable logic controls and graphic user interface security controls. The video cameras provide external and internal monitoring with coverage of most high traffic/high risk areas. All DVRs are located in the jails main central control room with monitoring capabilities there as well. Limited monitoring capabilities are also available in three other jail locations where inmate supervision or lines-of-sight are limited. The NVRs are designed to retain video for at least one year as indicated by statute.</p>	
Medical	
Type of Medical Facility:	5 bed outpatient unit, staffed 24/7 by licensure level of LVN or above. Limited psychiatric, medical and dental capabilities.
Forensic sexual assault medical exams are conducted at:	Sutter Roseville Medical Center, Roseville, CA
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	169
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	8

Audit Findings

Audit Narrative

A Prison Rape Elimination Act (PREA) Audit was conducted at the Nevada County Sheriff's Wayne Brown Detention Facility WBDF during the week of November 12, 2018 by Eric Woodford, a US Department of Justice (USDOJ) certified PREA Auditor. This was the second PREA audit for the Nevada County Jail Sheriff's Department. The first PREA audit was conducted in 2015.

On 7/19/18 the Nevada County Sheriff's Office and auditor signed a PREA audit agreement to conduct PREA audits for each of its two correctional facilities, Wayne Brown Detention facility and Truckee Lockup facility. Term of the contract is from 7/1/18 to 6/30/19

On 8/10/18 auditor provided the agency PREA Coordinator with pre-audit documentation such as the pre-audit questionnaire, audit process map, audit documentation checklist and audit tour instructions. The auditor submitted an additional document request on 9/17/18 for staff, contractor, volunteer and inmate listing in order to conduct a random selection for document review.

On 9/24/18 auditor provided agency with Notice of Auditor poster language in both English and Spanish. Instructions on posting, date of posting deadline and proof of posting verification to be provided to the auditor accompanied the Notice of Auditor posting language. Agency provided verification of posting by the deadline which was six weeks prior to the onsite audit. The Notices of Auditor were posted in all inmate living areas, hallways where inmates and staff travel throughout the facility, doorways that lead to each part of the facility for both staff and inmates, facility lobby area, visiting, kitchen, break rooms, medical and program rooms.

Agency provided requested lists for document review on 10/5/18. Auditor made selections based upon hire date, gender, job positions and shifts. Auditor presented agency with random selections for document review on 10/12/18. Auditor also requested investigation records, grievances, training records and personnel records pulled from the selections made by auditor. The agency provided the documents by 10/19/18 for auditor to complete the document review worksheets for verification of compliance.

Agency provided auditor with a copy of Nevada County Sheriff's Office Investigative Matrix and Investigative Flow Chart on 11/17/18. Just Detention International (JDI) was contacted on 11/20/18 for information regarding allegations of sexual abuse that had been received from the Nevada County Sheriff Wayne Brown Detention facility or the Truckee Lockup facility over the past 12 months. No allegations had been received by JDI.

During pre-audit phase, auditor reviewed documents to assist in the triangulation of data and support the findings in the individual provisions. Document requests included:

- Complete inmate roster*
- Youthful inmates/detainees
- Inmates with disabilities
- Inmates who are LEP
- LGBTI Inmates
- Inmates in segregated housing
- Residents in isolation
- Inmates/residents who reported sexual abuse
- Inmates/residents who reported sexual victimization during risk screening
- Complete staff roster
- Specialized staff
- All contractors who have contact with inmates
- All volunteers who have contact with inmates
- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit.
- All hotline calls made during the 12 months preceding the audit
- 19 Staff Files were reviewed for PREA training and background information
- 20 Contractors & Volunteer files were reviewed for PREA training and background information

- 20 Inmate screening files were reviewed.
- 20 Sexual abuse and sexual harassment files were reviewed.

The facility completed the Pre-Audit Questionnaire (PAQ) on 9/28/18. Facility staff provided the auditor with a number of documents including schematics, policies, logs and other resources to the PAQ. A conference call was conducted with facility administration on 9/13/18 to make introductions, establish the PREA Coordinator to be the point of contact (POC), discuss processes and expectations with the auditor. Mail process of correspondence between inmate and auditor was also discussed.

The PAQ noted that no internal or external audits except for the Corrections and Detention Healthcare Committee on 8/9/16 and California Board of Community Corrections 4/3/18 accreditations for the Wayne Brown Detention facility. During the course of the audit the auditor exchanged numerous emails and phone conversations with the PREA Coordinator relative to document requests. The agency complied with all requests.

No correspondence was received from any Wayne Brown Detention facility inmate. One week prior to the onsite audit, auditor requested agency complete the Specialized listing of staff and provide a listing of staff, contractors and volunteers which provides for their duty shifts and titles or designations for onsite interviews. Listing for inmates to identify their housing units, gender, and earliest possible release date for formal interviews. Agency provided the requested lists three days later and auditor made random selections of staff based upon shifts and titles. The selections equaled 5 staff members per shift. The contractors and volunteers were selected at random based upon their job titles. Inmates were selected based upon gender and housing unit, where the female inmates were oversampled. Auditor selected one inmate per page to a total of 15 random inmates and 11 targeted inmates. Auditor provided agency with a completed interview listing on first day of the onsite audit.

The on-site review began on 11/12/18 with an entry briefing. Attendees included the PREA Coordinator, PREA Compliance Manager, Jail Commander and Administrative Sergeant. During the briefing, conduct of the audit was discussed including the audit timeline during the week. Auditor opened the floor for questions and provided responses for any questions asked. Following the in briefing, the physical plant review was conducted by the PREA Coordinator and Administrative Sergeant. Wayne Brown Detention facility is one building 10 multiple occupancy housing units, 10 open bay/dorm housing units, three segregation cells, Administration, Maintenance, medical clinic and others as noted in the following summary:

The site review was conducted as follows:

Inmate population at time of physical plant review was 225, both male and female inmates. Physical Plant Review was conducted as follows:

Note: All hallways leading to pods are monitored by multiple cameras. Doors to pod access are controlled by central control. Access to pod sections are controlled by pod officer and can be controlled by central control.

Living Unit: A

Classification: Male Inmates – Medium & Maximum – A&B Modules

PREA Information Posted? PREA information posted at entry door area, entry hallways and multi-purpose room

Auditor Notice Posted? Posted in multi-purpose room and hallway annex

Opposite Sex Viewing? None

Camera Placement? 3 cameras in A&B housing unit hallway. 4 cameras and 2 mirrors in the unit

Announcement made? Not observed

Informal Discussion with Staff (Not Interviews): Informal discussion with staff indicate they announce their presence when entering a cross-gender housing unit and announce for cross-gender visitors, contractors & volunteers entering the housing unit.

General Discussion with Inmates (Not Interviews): Informal discussion with inmates verified they receive handbook and brochure at intake, all saw the PREA video and can recite their rights as identified in the video and education obtained in intake.

Phones: 4 phones.

Grievance Process: Locked grievance boxes available in the housing unit with grievance forms. Only the shift Sergeant has access on each shift.

Supervision (staff to inmate ratio): 1 – 93

Showers & Bathrooms: 5 individual PREA compliant showers -

Recreation Areas/TV/Multi-Purpose: 2 cameras in the recreation yard, one camera in multi-purpose room.

Living Unit: B

Classification: Male & Female Inmates – Medium & Maximum - 5 Modules - CDEFG Modules

PREA Information Posted? PREA information posted at entry door area, entry hallways and multi-purpose room

Auditor Notice Posted? Posted in multi-purpose room and hallway annex

Opposite Sex Viewing? None

Camera Placement? 3 cameras and 2 mirrors in A&B housing unit hallway. 2 cameras in each module

Announcement made? Not observed

Phones: 2 phones in each module.

Grievance Process: Locked grievance boxes available in the housing unit with grievance forms. Only the shift Sergeant has access on each shift.

Supervision (staff to inmate ratio): 1 – 65

Showers & Bathrooms: 2 individual PREA compliant showers in each module

Recreation Areas/TV/Multi-Purpose: 2 cameras in the recreation yard, one camera in multi-purpose room.

NOTE: Visiting rooms located in housing unit entry hallway. Female inmates housed in max security G-module. Showers PREA compliant with no opportunity for cross-gender viewing.

Living Unit: N-Section – Minimum Security

8 – Dorms: 102, 103, 203, 104, 204 all male dorms. Male officers only conduct count for those dorms.
101, 201, 202 all female dorms. Female officers only conduct count for those dorms

PREA Information Posted? Auditor verified PREA posting in each dorm and day room by phones. Monitoring & confidentiality information provided on these posters

Auditor Notice Posted? Auditor verified Notice of Auditor provided in each day room and housing dorm

Opposite Sex Viewing? No opportunity for cross-gender viewing

Camera Placement? 6 cameras in recreation area, 2 cameras in each dorm. Inmates are prohibited to be in a state of undress outside the bathroom and shower room.

Announcement made? YES How: Auditor observed Cross Gender announcements. Officers ensure there is no cross-gender viewing as female officers conduct cross-gender announcement prior to any male staff entering housing unit and same for the male side.

Phones: 2 Phones provided in each dorm and in day room

Grievance Process: Locked grievance boxes available each day room, with grievance forms. Only the shift Sergeant has access on each shift.

Supervision (staff to inmate ratio): 2 officers on duty for each shift, 1 male and 1 female. 2 - 120

Showers and Bathrooms (privacy, opposite gender viewing?): Showers and bathroom PREA compliant, no cross-gender viewing opportunities.

Recreation Areas/TV/Multi-Purpose: Each dorm section has Day Room with multiple cameras. Multi-purpose rooms have 2 cameras and panic button.

NOTE: Non-contact visiting conducted in the housing unit. Max inmates have visiting conducted in the AB hallway non-contact visiting booths.

Laundry

Hidden areas? NONE

Camera Placement: 2 Cameras cover the entire laundry – 2 commercial washers, 2 commercial dryers

Supervision: Cameras and rover

Informal Discussion with inmates: Discussion with inmates by auditor determine their knowledge and education with regards to their rights and reporting methods. Inmates indicate they feel safe in the facility and verified they reviewed the PREA video at intake.

Informal Discussion with staff: No staff assigned to the laundry

Receiving and Discharge (Intake)

Strip Areas (Private?): Strip areas are the 3 changing rooms for inmate intake and discharge. Rooms are not monitored and determined to be BLIND SPOTS. Cameras only view hallway leading to these rooms.

Interview Areas (Confidential): Hallway cameras cover booking area interview room.

PREA Information Posted: PREA Posters provided in Intake Area.

Cameras: Vehicle Sallyport has 5 cameras. Intake has 6 cameras & 2 mirrors. Cameras in holding cells are pixilated around toilets.

Phones: 2 phones in reception area and 1 in the holding tank

Ask for Information Provided to Offenders: Same information that was provided to auditor during the pre-audit phase. Deputy demonstrated the intake process for the auditor to include processes used when inmate is disabled or LEP.

Holding cells: Auditor verified that all holding cell cameras have view pixilated over the toilet area.

Visitation

Strip/Shakedown Area: N/A - No contact visiting in all visitation areas

PREA Information Posted? No PREA information in any visiting area

Third Party Information Posted? 3rd Party reporting information provided in visiting hallway lobby.

Camera Placement: 3 cameras provided in hallway leading to non-contact visiting area.

Chapel/ Religious Services

Multi-Purpose Rooms: All services provided in Multi-purpose rooms in each POD

Education (Academic)

Classrooms: Multi-purpose rooms used as education areas and is covered by 2 cameras in each POD

Facilities (Mechanical Services)

Tool Rooms: Off each hallway, no inmates allowed.

Camera Placement: All hallways covered by multiple cameras viewed by Central Control and management

Storage Areas: Off main hallways, all covered by multiple cameras viewed by Central control and management

Foodservice/Kitchen

Dining Rooms: Inmate dining is conducted in each POD section.

Officer Dining Area: Zero-Tolerance Posters provided

Kitchen: Numerous cameras throughout kitchen. 6 cameras & 2 mirrors

Freezers: Shallow coolers (3), covered by cameras.

Dry Goods Storage: Covered by hallway camera

Garbage Area: Covered by 5 cameras on back dock

Dish room: Covered by 2 cameras and mirror

Supervision: 1 Food Service staff on duty each 12-hour shift for 6 to 8 inmate workers – male workers 3AM – 11AM, female workers in 11AM – 6PM.

Isolated areas: None

Attorney rooms

Hearing Rooms: No cameras in attorney rooms

Health Services

Main entrance: Monitored by 2 cameras

Treatment Rooms: Two exam rooms, no cameras. Officer provides supervision during treatment.

Infirmary/Observation Rooms: 5 housing cells for medical needs. Camera in each cell is pixelated over the toilet area.

Ancillary Areas: Day Room outside housing cells provides direct supervision from medical staff and 2 cameras.

Recreation Yard

Bathrooms: Recreation yards for each POD. Bathrooms PREA compliant, no cross-gender viewing

Camera Placement: Cameras cover all yards

Hidden Areas: None

Outside Areas

Power House: None

Outside Mechanical Service Shops: None

Garage: Intake vehicle entrance is covered by multiple cameras

Training Center (if outside): None

Administration

Offender Access: None

PREA Information: Zero Tolerance Staff poster

Formal interviews were conducted on 11/12/18 following the physical plant review. Random staff, specialized staff, random and targeted inmate interviews were conducted by the auditor. The number of inmates housed at Wayne Brown facility on the first day of the on-site audit was 225

A total of inmate interviews were conducted: 26

- Random inmates – 15
- Youthful Inmates - 0
- Physically disabled, blind, deaf, and/or hard of hearing inmates – 3
- Cognitively disabled inmates – 1
- Gay and/or bisexual inmates – 2
- Transgender or intersex inmates – 0
- Inmates in segregation for risk of victimization - 1
- Inmates who reported sexual abuse – 1
- Inmates who disclosed victimization during a risk assessment - 2

In order to makeup limited number of targeted inmates, the auditor interviewed an additional two random inmates and utilized targeted inmates who were over the minimum number required by the auditor handbook.

A total of staff interviews were conducted: 47

- Random staff – 15
- Director / designees-Sheriff
- Superintendent -Captain
- Contract administrator
- PREA Coordinator -1
- PREA Compliance Manager - 1
- Intermediate or higher-level supervisors - 1
- Line staff who supervise youthful inmates - 0
- Education and program staff who supervise youthful inmates - 0
- Medical and mental health staff - 2
- Human resources staff - 1
- SAFE/SANE hospital staff - 1
- Volunteers-2
- Contractors - 2
- Investigators -3
- Staff who perform risk assessments - 1
- Staff who supervise inmates in segregation - 1
- Incident review team members - 1
- Staff charged with retaliation monitoring - 1
- Intake staff - 1
- First Responders –Security - 1
- First Responders-non-security - 1

Wayne Brown Detention facility provides 3rd party reporting of allegations of sexual abuse via the Sheriff's website. The information citation of the Prison Rape Elimination act, their zero-tolerance policy and contact information for reporting allegations of sexual abuse.

The onsite audit was completed on 11/14/18 with a closeout briefing with administrative staff. Attendees were the PREA Coordinator, Facility Commander, PREA Compliance Manager and Administrative Sergeant. Auditor discussed the strengths and weaknesses discovered during the onsite audit phase. Auditor provided administrative staff with the post-audit schedule which included providing agency with the Interim Summary Audit Report within 45 days after the completion of the onsite audit. The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. Agency will have 180-days to correct the non-compliant issues after which, the auditor has 30-days to submit the Final PREA Audit Report. Agency has 90-days to upload the Final Report to the agency website for public access.

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

Facility Characteristics

The Wayne Brown Detention Facility (WBDF) was dedicated on December 17, 1991 as a Type II jail under the 1988 Title 24. Located at 950 Maidu Avenue Nevada City, California 95959. The facility is

one building which houses those awaiting arraignment or trial, as well as those who have been sentenced. Inmate population is both male and female. Custody levels are minimum, medium and maximum classifications. The physical plant has 2 single cell housing units and 6 multiple occupancy cell housing units to include 8 open-bay dorm housing units and 26 segregation cells. Medical services are available 24 hours a day, seven days a week provided by the California Forensic Medical Group under contract with Nevada County. WBDF has a capacity to hold 283 inmates. The facility houses both female and male inmate population. This population includes inmates from AB-109 State placements, inmates are also housed from other counties and federal government under contract and US Immigration and Customs Enforcement.

Inmate programs consist of English as a Second Language, Alcoholics and Narcotics Anonymous programming. Numerous community-based programs are available including Community Recovery Resources for mental health and recovery, Mothers in Recovery, Family and Life Skills services which include parenting, anger management, Batterer's Intervention, Life Skills and literacy. Facility manages home detention, educational opportunities, work release, vocational classes, substance abuse prevention, education and recovery, and religious and spiritual involvement, as well as the use of suitable Inmate Workers to assist non-profit and government organizations in the communications.

Interim Report Summary of Audit Findings

On November 12, 2018 through November 14, 2018 a PREA audit tour was conducted at the Wayne Brown Detention Facility, located in Nevada City, California. Summary of audit findings are as follows:

Number of Standards Exceeded: None

Number of Standards Met: 36

115.12, 115.13, 115.14, 115.16, 115.18, 115.22, 115.31, 115.33, 115.34, 115.41, 115.42, 115.51, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.86, 115.87, 115.88, 115.89, 115.401 and 115.403.

Number of Standards Not Met: 9

115.11, 115.17, 115.21, 115.32, 115.35, 115.43, 115.53, 115.71 and 115.83

Summary of Corrective Action (if any)

115.11(c) - The PREA Compliance Manager is identified in agency organizational chart and reports to the PREA Coordinator. Interview with the PREA Compliance Manager for Wayne Brown facility indicates she has difficulties providing time to coordinate the facility's efforts to comply with the PREA standards due to the additional daily responsibilities as line supervisor which results in sacrificing either PREA responsibilities or line supervisor responsibilities.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.11(c) and corrective action is required.

Corrective Action:

1. Agency to provide the Wayne Brown PREA Compliance Manager with sufficient time to manage her PREA related responsibilities as mandated by standard provision 115.11(c).

115.17(d) - Auditor randomly selected 10 contractors, six were found to be hired over the past 12 months. Out of the six hires, it appears all were found to have completed FBI background checks, however, 3 had no source documents.

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

Corrective Action:

1. Agency to provide auditor with a copy of all contractors hire packets and background checks with source documents, hired between January 1, 2019 and April 1, 2019 for standard provision 115.17(d) compliance verification.

115.21(d) - DRAFT Domestic Violence and Sexual Assault Commission (Community Beyond Violence) MOU provides advocacy for victims of sexual abuse and sexual harassment. Advocacy and emotional support is provided during forensic examination. Interview with Community Beyond Violence advocate indicates they are available 24/7. Interview with SANE/SAFE Director indicates it is the responsibility of the Sheriff's office to provide and advocate, however, if an advocate does not accompany the victim, the SAFE/SANE protocol mandates they contact Community Beyond Violence for an advocate with victim's permission.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.21(d) and corrective action is required.

Corrective Action:

1. Agency to either obtain a signed MOU with DVSAAC or Community Beyond Violence advocacy centers, or provide auditor with documented verification that agency has attempted to enter into an agreement or contract with said advocacy center(s).

115.32(a) - Review of a random sample of 10 contractor training records verified they all received PREA education. 6 of these records indicated the contractors received their PREA education over 30 days past their start date. 10 randomly selected volunteer training records were reviewed one record indicated that the volunteer obtained PREA education 5 days after the start date.

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

Corrective Action:

1. Agency to provide auditor with the PREA training rosters and signed acknowledgements of all contractors and volunteers hired from between January 1, 2019 and April 1, 2019 for standard provision 115.32(a) compliance verification.

115.35(a) - Auditor reviewed 10 randomly selected contractor files. 4 of these files were for medical and mental health workers assigned to Wayne Brown. Three of these contract staff received their PREA training after their start date.

115.35(c) - Review of a random sample of 4 medical and mental health practitioners indicated that 3 medical and mental health staff received their PREA education after their start date.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with standard provision(s) 115.35(a) and 115.35(c). Corrective action is required.

Corrective Action:

1. Agency to provide auditor with the PREA training rosters and signed acknowledgements of all medical and mental health practitioners assigned to Wayne Brown Detention facility that were hired from between January 1, 2019 and April 1, 2019 for standard provision 115.35 compliance verification

115.43(b) - Policy does not include a discussion which mandates that if the inmate is restricted access to programs, privileges, education, or work opportunities, the following will be documented in a jail incident report:

- a. The opportunities that have been limited;
- b. The duration of the limitation; and
- c. The reasons for such limitations

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.43(b) and corrective action is required.

Corrective Action:

1. Agency to amend Corrections Division Directive 38 – Administrative Segregation to include a mandate that if an inmate is restricted access to programs, privileges, education, or work opportunities, the following will be documented in a jail incident report:
 - a) The opportunities that have been limited;
 - b) The duration of the limitation; and
 - c) The reasons for such limitations

115.35(b) - Inmate must use their PIN when accessing the Community Beyond Violence hotline.

115.35(c) - Agency also indicates it does not maintain copies of any agreements, nor have they attempted to enter into MOUs or agreements with said providers. Agency provided unsigned **Draft** MOU with COMMUNITY BEYOND VIOLENCE.

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

Corrective Action:

1. Agency to work with the phone system company to create a true hotline between Community Beyond Violence and inmates attempting to reach the outside agency without using their PIN number in order for the inmates to report anonymously and create a true confidential hotline.
2. Agency to either ratify the MOU between Community Beyond Violence and agency, or provide auditor with documented communication which verifies negotiations between Community Violence Solutions and the agency in order to obtain an agreement for services.

115.71(b) - Further probing by auditor determined that when the one criminal investigator is unavailable to conduct the investigation, the case is turned over to the Major Crimes Unit. Interview with the Major Crimes Unit Sergeant indicates that none of the assigned staff have been certified in conducting sexual abuse investigations in a confinement setting.

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

Corrective Action:

1. Agency initiate investigations without delay upon receiving an allegation of sexual abuse. Agency to review the legal definition of "prompt" and apply this to the initiation standard of the investigation. Auditor to review sexual abuse investigations initiated during the corrective action period.
2. Agency to ensure any sexual abuse investigation conducted by the Major Crimes Unit shall be investigated by staff who is certified in conducting sexual abuse investigations in a confinement setting.

115.83(e) - Nevada CJ Procedures Manual - Rape and Sexual Assault Prevention & Detection (RSAPD) does not mandate that if pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about the timely access to all lawful pregnancy-related medical services. Auditor was provided the wrong excerpt by the agency to support compliance for this standard provision.

115.83(g) - Nevada CJ Procedures Manual - Rape and Sexual Assault Prevention & Detection (RSAPD) mandates treatment services to be provided to every sexual abuse victim without financial cost and regardless of whether the victim names the abuser. Policy fails to include” or cooperate with any investigations arising out of the incident.”

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.83(e) and 115.83(g). Corrective action is required.

Corrective Action:

1. Agency to amend Rape and Sexual Assault Prevention & Detection (RSAPD) to mandate that **“if pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about the timely access to all lawful pregnancy-related medical services.”**
2. Agency to amend Rape and Sexual Assault Prevention & Detection (RSAPD) to include a statement which indicates that “treatment services are provided to the victim without financial cost and **regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident”**

Final Report Summary of Audit Findings

On November 12, 2018 through November 14, 2018 a PREA audit tour was conducted at the Wayne Brown Detention Facility, located in Nevada City, California. Summary of audit findings are as follows:

Number of Standards Exceeded: None

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.53, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401 and 115.403.

Number of Standards Not Met: 0

Summary of Corrective Action (if any) 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.11(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA provides guidelines for the prevention, detection, response, investigation, punishment for the perpetrator; treatment and support for the victim; and data collection; in order to protect the inmate population from inmate-on-inmate sexual assault and staff sexual abuse and sexual misconduct. It mandates zero tolerance for inmate on inmate and staff sexual abuse and sexual misconduct towards inmates. Policy provides 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.

115.11(b) - The PREA Coordinator is positioned at the Lieutenants level, 4th level down from sheriff and is considered upper level agency-wide PREA coordinator. The PREA coordinator is identified in the organizational chart reporting directly to the custody captain. Interview with PREA coordinator indicates he gets his PREA responsibilities accomplished but additional time would help to be pro-active. He has one PREA Compliance Manager for each facility. Auditor's has found that the PREA Coordinator and his team is accomplished in coordinating their PREA responsibilities despite the additional tasks.

115.11(c) - The PREA Compliance Manager is identified in agency organizational chart and reports to the PREA Coordinator. Interview with the PREA Compliance Manager for Wayne Brown facility indicates she has difficulties providing time to coordinate the facility's efforts to comply with the PREA standards due to the additional daily responsibilities as line supervisor which results in sacrificing either PREA responsibilities or line supervisor responsibilities.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.11(c) and corrective action is required.

Corrective Action:

1. Agency to provide the Wayne Brown PREA Compliance Manager with sufficient time to manage her PREA related responsibilities as mandated by standard provision 115.11(c).

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 5/15/19.

Corrective Action Completion 3/9/19:

1. Agency has scheduled quarterly meetings with the detention commander, PREA Coordinator and Compliance Manager to ensure that sufficient time is allowed for compliance with standard

115.11(c). Agency has provided auditor with a document dated 4/4/19 which provides a description of the expanded regularly scheduled monthly Sergeants meeting to include PREA reviews. At the end of each monthly sergeant meeting the Division Commander, PREA coordinator and PREA Manager will meet with the Nurse Manager or Physician's Assistance from our medical unit. The purpose of these meetings is to comply with mandatory reviews of sexual abuse incidents and ensure that PREA managers are allowed sufficient time to comply with standards. (standards 115.86 and 115.11). Documentation of these meetings will include the date, attendees and items discussed.

The agency/facility has met the requirements of Standard provision(s) 115.11(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.11.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.12(a) and 115.12(b) – N/A - Agency does not contract for the confinement of inmates

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.13(a) - Staffing Plan development, PREA Policy Division Directive D-69 and Facility Staffing policy Division Directive #20 is based on design and ability to comply with Penal Code 4021 and California Code of Regulations (CCR) Title 15 section 1027. Policy Division Directive #20 Wayne Brown facility division facility staffing mandates staffing plan is predicated on sufficient personnel to conduct counts/safety checks of inmates through direct visual supervision of all inmates and ensure the implementation of all programs and activities required by CCR Title 15. This allows for minimal staffing of one Sergeant assigned to each shift during normal operations & in absence of Sergeant, the jail training officer may be appointed as the officer in charge. In absence of jail training officer, the shift supervisor may designate the correctional officer deemed fit to be the most competent as the officer in charge. During emergencies where a shortage of supervisors may exist, the facility commander or designee will be the supervisor. Line staff consists of 1 officer assigned to pod A & pod B, one officer assigned to Central Control, 2 officers assigned to N section and one officer assigned to booking. Policy Division Directive #69 mandates Staffing Plan include 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 criteria 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 facility Staffing Plan complies with all 11 criteria of standard provision 115.13(a). Nevada County Sheriff's Office Staffing Plan Division Directive

#20, Corrections Division Facility Staffing-1027 is specific to the Wayne Brown correctional facility. Interviews with the Facility Commander and PREA Compliance Manager indicate the Staffing Plan is reviewed annually. Facility Commander reviews the End of Watch reports completed by each shift to ensure compliance with the staffing plan. Video monitoring has been enhanced to assist staff supervision. Review of the 2017 Staffing Plan indicates responses to all 11 criteria outlined in standard provision 115.13(a) is discussed.

115.13(b) - There have been 19 Staffing Plan deviations over the past 12 months. All deviations were documented in an incident report to the shift sergeant (End of Watch Reports) and in the Jail Staffing Reports which were reviewed by auditor. All 19 staffing deviations were due to hospital transport of inmates and large number of inmates in intake/booking. Common reasons for staffing plan deviations is unplanned staff absence, hospital security and unscheduled transports. Interviews with the Facility Commander and PREA Compliance Manager indicate the Staffing Plan is reviewed annually. Interview with Facility Commander interview indicates deviations from staffing plan are documented on an incident report when facility falls below minimal staffing. Corrective action plan is also included in the incident report.

115.13(c) - Title 15 1025 & 1027 mandate staffing plan be reviewed at the same time as the biennial inspection. Agency's initial Staffing Plan was completed in October 2016. Agency provided auditor with a copy of the 2017 staffing plan which was completed on 6/20/18. Staffing plan includes the facility's deployment of video monitoring systems and monitoring technologies. Wayne Brown correctional Facility complies with cameras in all sections, hallways, visiting rooms, medical, library room, booking area, kitchen, and laundry room. The cameras all record and the video footage is kept on the hard drive for 1 year. Staffing plan discusses resources the facility has available to commit to ensure adherence to the staffing plan. Wayne Brown Correctional Facility supervisors conduct and documenting on each shift unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Policy is in place to prohibit staff from alerting other staffing member's during supervisory rounds that are occurring. Review of Staffing Plan documented deviations which occurred over the past 12 months verify this fact.

115.13(d) - PREA Coordinator (PC) 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 provided a compliant 2017 staffing plan during the pre-onsite phase. The PC is consulted in the staffing plan reviews.

115.13(e) - Policy Division Directive #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 Jail Management System (JMS). Print out from JMS provided to auditor for review. The JMS PREA Checks from 3/8/18 to 8/8/18 indicated documented entries in JMS system by shift supervisors labeled as PREA Check for each shift and all housing units, kitchen, medical and holding. Policy mandates "Intermediate level or higher-level supervisors shall conduct unannounced rounds in each housing unit to identify and deter staff sexual abuse and sexual harassment. Rounds shall be conducted daily on both the day and night shifts. All rounds will 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 intermediate staff

unannounced rounds. Upon completion of the rounds, intermediate staff logs the rounds into the jail management system (JMS). Review of the JMS system logs indicate unannounced rounds are documented for each shift. Nevada County Jail is on a 12-hour staffing shift. Interview with Shift Sergeant indicate they conduct their rounds by instructing central control not to inform pod control when they are conducting their rounds as they would during normal operations. Rounds are conducted on a random basis and different routes are taken so as not to establish a pattern.

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

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.14(a) thru 115.14(c) - N/A - Facility does not house youthful inmates. Auditor's observations during the physical plant review, inmate and staff interviews verify that fact.

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

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.15(a) - Corrections Policy 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. Agency reports no instances of cross gender strip or cross-gender visual body cavity searches of inmates over the past 12 months.

115.15(b) - Corrections Policy Division Directive 2 prohibits cross-gender pat-down searches of female inmates absent exigent circumstances. Agency reports no cross-gender pat down searches over the past 12 months. Interview with random sample of 15 inmates and 19 staff indicate cross-gender pat-down searches are prohibited and have not occurred over past 12 months. There are always female staff available to conduct searches of females.

115.15(c) - Policies Division Directive #69, Division Directive #6 mandates facility document all cross-gender pat-down searches of female inmates. Physical body cavity searches (conducted by physician after obtaining a search warrant) 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 will be documented in the JMS system. Strip and visual body cavity searches will be conducted by an officer of the same sex as the inmate. Agency indicates there is no documentation as no cross-gender strip searches or cross-gender body cavity searches have been conducted over the past 12 months.

115.15(d) - Policy Division Directive #6 – Inmate Counts, mandates staff of the opposite gender announce their presence when entering an inmate housing unit. PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 15 inmates and 10 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 video surveillance for the medical clinic cells and intake/booking holding cells. Cameras in all cells were pixilated around the toilet area which removed any cross-gender viewing during toileting. In the medical control area, only medical staff views the camera access on the computer. Auditor randomly requested a female officer enter B-section housing unit and observed she immediately announced as she entered the male housing area. Interviews with inmates housed in all modules indicate officers of the opposite gender announce when entering their housing area. Interview with staff indicate all staff announce prior to or upon entry into a male housing unit. Male staff are prohibited from entering female housing sections without a female

officer standing by and announcing or exigent circumstances. There are posters outside housing unit doors that remind cross-gender staff to announce their presence when entering the housing unit/module of inmates of the opposite gender.

115.15(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 10 staff verifies their education and knowledge of PREA mandates and policy regarding prohibited searches of inmates to determine their genital status.

115.15(f) - Agency provided training power-point from the PREA Resource Center named "Guidance on Cross-Gender and Transgender Pat Searches". This training platform is used to train staff how to conduct cross-gender pat-down searches of transgender and intersex inmates as outlined in the California Penal Code. Electronic training acknowledgement and roster was also provided by agency. Interview with random sample of 10 staff indicates they have received initial or refresher training on how to conduct cross-gender pat-down searches of inmates in 2017 & 2018.

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

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.16(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA Sexual Misconduct and Abuse-PREA mandates that during the intake booking process all inmates will receive information about sexual abuse, sexual misconduct, and sexual harassment. The information 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. The information shall include the Department's zero-tolerance stance, self-protection methods (situation avoidance), prevention and intervention, reporting sexual abuse, treatment and counseling, protection against retaliation and consequences of false allegations. Appropriate provisions shall be made to ensure effective education for those 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 will have them read aloud the Pin and Trust Account admonishment. This assessment will assist detecting visual impairment or other disabilities. Agency has provided auditor with Don't Touch Me communication with disability-LRS, I Reported communicate with disability-LRS – Washington University Ending the Silence magazines to be used with inmates who have difficulty understanding their PREA rights or inmates who are developmentally disabled. Interview with disabled inmates with limited reading skills indicate staff read orientation information to them and PREA literature form to them before they sign. Interview with intake staff indicates they determine if inmates have little or no reading abilities during the intake and screening process by having them read a standard narrative at the intake desk. Auditor had intake staff practice the intake procedures and provide auditor with all intake material including those for disabled inmates. Interview with Agency Head designee 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. In addition, auditor interviewed a mute and deaf inmate using a Purple Communications tablet. Agency has one. This is a VRI database which

allows for an interpreter to provide visual sign language and interpret between disabled inmate and staff or attorney. Agency provided auditor with the PURPLE signed agreement and the rates & policies. The billing is by annual subscription from May 2018 to April 2019.

115.16(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA Sexual Misconduct and Abuse-PREA mandates that during the intake booking process all inmates will receive information about sexual abuse, sexual misconduct, and sexual harassment. The information 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. The information shall include the Department's zero-tolerance stance, self-protection methods (situation avoidance), prevention and intervention, reporting sexual abuse, treatment and counseling, protection against retaliation and consequences of false allegations. Agency provided auditor with copy of a 10/16/18 Language Line interpreting service for inmates who are Limited English Proficient (LEP). Agency also provided a copy of the Language Line vendor transaction services which tracks invoices paid from Nevada County Sheriff's to Language Line from 7/23/03 to 11/2/18. This verifies consistent provision of interpreter services as Language Line is based upon invoice for services provided instead of a contract or written agreement. This documentation verifies compliance with the standard provision. Interview with inmates identified as LEP indicate there are many staff who speak Spanish and can interpret effectively. Inmates are also aware of the Language Line services for contract interpreters. Interview with staff indicate their knowledge and education on the use of language line interpreter contract services. Staff indicate they could obtain assistance from staff interpreters or seek the interpreter services through intake or medical.

115.16(c) - PREA Policy Division Directive #69 prohibits the use of inmate interpreters except in limited circumstances where a delay in obtaining information could compromise the inmates' 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 random sample of 10 staff determines they are well educated on the prohibited use of inmate interpreters during 1st responder investigation of an inmate's allegation of sexual abuse.

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

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.17(a) - Policy Division Directive #69 sexual misconduct and abuse 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. Auditor conducted background review of 19 staff personnel files, 10 volunteers and 10 contractors hired in the past 12 months and earlier. All staff have completed background checks. To include background unit reaching out to previous employers. Source documentation for background clearance was available for all randomly selected staff hired after 1998.

115.17(b) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse 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. Upper level staff reviews the personnel files of promotional candidates prior to the promotional interviews.

115.17(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse mandates that before agency hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its *best efforts* to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the PAQ, agency indicated that over the past 12 months 18 persons have been hired who may have contact with inmates. Auditor reviewed a random sample of 19 staff, four of whom were recently promoted. All have completed background checks through FBI. Review of personnel files of staff hired over the past 12 months indicates all had completed background checks with CBI/FBI/NCIC clearances.

115.17(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse mandates that Before hiring new employees who may have contact with inmates, the Nevada County Sheriff's Office shall:

1. Perform a criminal background check; and
2. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employees for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The PAQ indicates that over the past 12 months 2 contractors have been hired who may have contact with inmates. All have completed background checks via CBI/FBI. Auditor requested a list of contractors assigned to the Wayne Brown Facility. Auditor randomly selected 10 contractors, six were found to be hired over the past 12 months. Out of the six hires, it appears all were found to have completed FBI background checks, however, 3 had no source documents. Interview with HR Administrator indicate agency conducts their own background checks on both contractors and volunteers. Review of personnel files for randomly selected 10 volunteers and 10 contractors corroborates that statement.

115.17(e) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse 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 Department of Justice for all staff, contractors and volunteers who completed the initial background checks through Live-Scan and/or fingerprint cards.

115.17(f) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse mandates the 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 indicates 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 personal history statement in the personnel files.

115.17(g) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse mandates that material omissions regarding sexual misconduct or the provision of materially false information shall be grounds for termination. This was verified through review of the applicant package.

115.17(h) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse 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.

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

Corrective Action:

1. Agency to provide auditor with a copy of all contractors hire packets and background checks with source documents, hired between January 1, 2019 and April 1, 2019 for standard provision 115.17(d) compliance verification.

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 5/15/19.

Corrective Action Completion 3/9/18:

1. There was only 1 contractor hired between 1/1/19 and 4/1/19. Background Completed January 2nd 2019 for the contractor who belongs to, Corrections Technology Group. On 3/9/18, The agency provided the following documentation for verification of compliance with standard provision 115.17(c):
 - FBI clearance sheet dated 1/2/19.

- Service Work Order with start date of 1/2/19 for Wayne Brown Detention Facility.
- Completed 3 Questions questionnaire regarding any prior sexual abuse/harassment issues dated 1/2/19.

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

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.18(a) - In 2015, minimum day room in N section housing unit was divided to afford more classification options. Auditor observed N-section renovation which allows for expansion of day room and multi-purpose room access for inmates housed in that section.

115.18(b) - The video monitoring system was upgraded in 2013, from 32 analogue cameras with no recording capabilities and graphic display boards for security controls, to 132 digital cameras with programmable logic controls and graphic user interface security controls. The video cameras provide external and internal monitoring. The camera placement was a result of collaboration of a security consultant (ACSI) and detention management staff. Cameras were strategically located for the best coverage of common/high-risk areas. All DVRs are in the jails main central control room with camera monitoring capabilities there as well. Limited monitoring capabilities are also available in three other jail locations where inmate supervision or line of sight is limited. Video recordings are stored anywhere from 13-23 months, or if reviewed (played back), one year from that point. Cameras in the main hallways are not recorded, as they are under constant visual supervision of the central control officer. Three cameras on the roof have PTZ capabilities. Interview with Agency Head designee and Facility Commander indicates the video monitoring system was recently upgraded but including 20 to 30 cameras in 2016. Facility leadership also continually looks for needed improvement. Auditor observed upgraded video monitoring system which records up to 1 year. Facility currently has a total of 134 cameras to assist staff with supervision of inmates.

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.21(a) - Agency is responsible for conducting both administrative and criminal sex abuse investigations. Division Directive 69 Evidence Procedures mandates bodily fluids such as blood or semen stains shall be air dried in the drying cabinet and the property report shall indicate that the items were placed in the cabinet in the property unit. The key to the drying cabinet shall be booked and submitted separately as an evidence item. When transferring evidence for testing, the transporting employee will check the evidence out of property, indicating the date and time on the Chain of Custody Form. The property and evidence technician releasing the evidence must complete the required information in RMS. The Chain of Custody Form will be transported with the property to the examining laboratory. Upon delivering the item involved, the employee will record the delivery date and time, and indicate the locker in which the item was placed or the employee to whom it was delivered. The original copy of the Chain of Custody Form will remain with the item of evidence. One copy will be returned to the Records Unit for filing and another to the Property Unit for tracking.

When returning evidence from testing, the transporting employee will check out the evidence from the lab, indicating the date and time on the Chain of Custody Form. The Chain of Custody Form will be transported with the evidence item to the Property Unit. Upon delivering the evidence item, the employee will record the delivery time and indicate the locker in which the item was placed or the employee to whom it was personally delivered. The original copy of the Chain of Evidence Form will remain with the evidence item. One copy will be sent to the Records Unit for filing.

Biological evidence shall be retained for either a minimum period that has been established by law or that has been established by the Property Unit Supervisor, or until the expiration of any imposed sentence that is related to the evidence, whichever time period is greater. Following the retention period, notifications should be made by certified mail and should inform the recipient that the evidence will be destroyed after a date specified in the notice unless a motion seeking an order to retain the sample is filed and served on the Sheriff's Office within 180 days of the date of the notification. A record of all certified mail receipts shall be retained in the appropriate file, to include RMS. Any objection to, or motion regarding, the destruction of the biological evidence should be retained in the appropriate file and a copy forwarded to the Operations Division Commander (Penal Code § 1417.9).

Biological evidence from an unsolved sexual assault should not be disposed of prior to expiration of the statute of limitations. Even after expiration of an applicable statute of limitations, the Operations Division Commander should be consulted and the sexual assault victim should be notified.

PREA Policy Division Directive #69 Sexual Misconduct and Abuse mandates Upon learning of an allegation that an inmate was sexually abused the correctional employee shall:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence;
3. 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;
4. Attempt to obtain the identity of the suspect and any possible witnesses, but do not interview the victim further;
5. If the abuse occurred within a time period that still allows for collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
6. Do not attempt to interrogate the alleged suspect, unless circumstances make it unavoidable.

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. Interview with random sample of 10 staff indicates agency conducts both administrative and criminal investigations. Interviews determine that staff are well aware of their 1st responder responsibilities and the protocol for obtaining usable physical evidence if an inmate alleges sexual abuse.

115.21(b) - Evidence protocol is not developmentally appropriate for youth as facility does not house youthful inmates. Protocol was developed from the Sheriff evidence collection protocol and from the National Institute of Corrections. (NIC) training provided for investigators certified to conduct investigations in a correctional setting.

115.21(c) - Rape & Sexual Assault Detection & Prevention Manual mandates treatment services are provided treatment free of charge for victims of sexual abuse regardless of whether the victim discloses the name of the abuser. Victims in custody 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. In the past 12 months no forensic examinations were conducted. Interview with the forensic director at The Bear Clinic in Sacramento indicate they handle all forensic examinations for Nevada County Jail and Truckee Lockup Facility. 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.

115.21(d) - Domestic Violence and Sexual Assault Commission (Community Beyond Violence) MOU provides advocacy for victims of sexual abuse and sexual harassment. Advocacy and emotional support is provided during forensic examination. Interview with Community Beyond Violence advocate indicates they are available 24/7. Interview with SANE/SAFE Director indicates it is the responsibility of the Sheriff's office to provide and advocate, however, if an advocate does not accompany the victim, the SAFE/SANE protocol mandates they contact Community Beyond Violence for an advocate with victim's permission.

Division Directive #69 Sexual Misconduct and Abuse-PREA 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. Interview with PREA Compliance Manager indicate agency is communicating with Community Beyond Violence, 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 COMMUNITY BEYOND VIOLENCE. During interviews with the 3 inmates who reported a sexual abuse in the past 12 months, determined the report of allegation of sexual abuse was made well after the incident had occurred. Two incidents reported by the agency involved incidents which occurred at another facility. Interview with COMMUNITY BEYOND VIOLENCE advocate indicate they provide emotional support for victims of sexual abuse from the time they are alerted, through forensic exams, investigative interviews, criminal prosecution and aftercare once the criminal case has reached its conclusion.

115.21(e) - Rape & Sexual Assault Detection and Prevention (RSADP) directive mandates that California Forensic Medical Group (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. PREA policy division directive #69 sexual misconduct and abuse-PREA mandates, 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. Interview with PREA Compliance Manager indicates Community Beyond Violence advocates always available to provide emotional support. Advocates are available 24/7 as verified through the interviews with the SANE/SAFE forensic Director at the Bear Clinic and advocate for the Community Beyond Violence.

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

115.21(g) - N/A – Standard provision 115.21(g) is not applicable to agency/facility per DOJ.

115.21(h) - N/A- Standard provision 115.21(h) is not applicable to agency/facility per DOJ.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.21(d) and corrective action is required.

Corrective Action:

1. Agency to either obtain a signed MOU with DVSAC or Community Beyond Violence advocacy centers, or provide auditor with documented verification that agency has attempted to enter into an agreement or contract with said advocacy center(s).

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 5/15/19.

Corrective Action Completion 3/9/19:

1. On 3/9/19 agency provided the Community Beyond Violence Operational Agreement signed by their Executive Director of Programs and the Nevada County Sheriff, ratified on 1/22/18. The agreement expires on 10/1/21.

The agency/facility has met the requirements of Standard provision(s) 115.21(d) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.22(a) - Division Directive PREA Policy#69, Sexual Misconduct and Abuse-PREA 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. Allegations of sexual abuse or sexual harassment are referred for investigation to the Nevada County Sheriff's Office, unless the allegation does not involve potentially criminal behavior. All referrals shall be documented. 20 allegations of sexual abuse or sexual harassment received in the past 12 months. Document review of the 20 allegations verify that none were referred for criminal investigations. Agency provided auditor with an Investigative Matrix which identifies a breakdown of the type of sexual misconduct perpetrated in the jail over the past 12 months by inmates and staff. During on-site audit, auditor was advised there were 20 allegation of sexual abuse/harassment over the past 12 months where no allegation was referred for criminal prosecution. Interview with Agency Head designee indicates the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. He describes the administrative or criminal investigations for sexual abuse and sexual harassment as following the criminal investigative standards which includes evidence collection, interviews, forensics and documentation.

115.22(b) - Division Directive PREA Policy#69 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. Allegations of sexual abuse or sexual harassment are referred for investigation to the Nevada County Sheriff's Office, unless the allegation does not involve potentially criminal behavior. All referrals shall be documented. Review of 20 sexual abuse and harassment investigations which occurred over the past 12 month verify policy practice and implementation. Review of agency website verify compliance with this standard provision. Interview with 3 investigative staff indicate all allegations of sexual abuse are promptly investigated. Auditor reviewed the 20 sex abuse investigations that occurred over the past 12 months and documentation corroborates the investigators' claim.

115.22(c) - N/A - Agency conducts their criminal investigations, therefore, standard provision 115.22(c) does not apply to this agency

115.22(d) - Auditor is not required to audit standard provision 115.22(d) per DOJ

115.22(e) - Auditor is not required to audit standard provision 115.22(e) per DOJ

Recommendation:

1. Agency requested to create an investigative flow chart for both criminal and administrative investigations in order to monitor the consistency of both administrative and criminal investigations. Flow Chart to begin with the allegation of sexual abuse and sexual harassment, provide time frames of when the investigations are to be initiated once the agency has been made aware of the allegations, follow the investigations to completion to include time frame as to when the inmate is to be notified of the outcome of the investigation.

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.31(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 division directive #69 sexual misconduct and abuse-PREA and General Order 12. Employees shall complete an employee PREA acknowledgement form stating that the employee understands the training they have received. Agency provided 8-hour PREA training course outline which covers the above identified areas for PREA training. Document review of 20 randomly selected staff training acknowledgements and refresher training rosters verified all staff

received PREA refresher training in 2017 and 2018. Interview with 10 random staff indicate all have received either initial PREA training when hired. Agency provided auditor with training acknowledgements for random sample of 19 assigned staff.

115.31(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and training course outline 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.

115.31(c) - Agency conducts annual training & includes bi-annual refresher training. Facility employs 85 staff who were trained or retrained in PREA requirements. Review of sample training records and interview with staff verify that staff received their PREA refresher training bi-annually.

115.31(d) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 division directive #69 Sexual Misconduct and Abuse-PREA. Employees shall complete an employee PREA acknowledgement form stating that the employee understands the training they have received. Agency provided training course outline which covers the above identified areas for PREA training. Refresher training occurred in 2017 & 2018. Training rosters and signed acknowledgements provided by agency indicated 100% of staff attended the PREA training during that period.

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.32(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that 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. 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. 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. During the onsite audit, agency amended the policy to state, "Medical and Mental Health staff, volunteers and contractors shall have no inmate contact and are not allowed in the secure part of Wayne Brown Correctional Facility until they have initial PREA training/orientation". Interview with HR Administrator and medical staff indicate this has been their procedures for the past 3 years, but has not been put in writing as a directive or policy. No newly hired medical staff is alone in the secure area. Agency reports 169 volunteers and contractors who have contact with inmates have been trained in PREA. This equates to 100% of volunteers & contractors have been trained in their PREA responsibilities. Review of a random sample of 10 contractor training records verified they all received PREA education. 6 of these records indicated the contractors received their PREA education over 30 days past their start date. 10 randomly selected volunteer training records were reviewed one record indicated that the volunteer obtained PREA education 5 days after the start date. Interview with a 2 volunteers and 2 contractors indicate they have received their PREA training prior to start date and receive refresher training same time frame as custody staff.

115.32(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that 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. 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. 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. Review of random sample of 8 contractor training records and 10 volunteer training records verify compliance with this standard provision. Interview with 2 volunteers and 2 contractors indicate they are provided a pamphlet which outlines agency's to zero tolerance policy and their responsibility towards allegations of sexual abuse.

115.32(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that 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. 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. 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. Review of random sample of 8 contractor training records and 10 volunteer training records verify compliance with this standard provision.

During the onsite audit, agency amended the policy to state, "Medical and Mental Health staff, volunteers and contractors shall have no inmate contact and are not allowed in the secure part of Wayne Brown Correctional Facility until they have initial PREA training/orientation". Interview with HR Administrator and medical staff indicate this has been their procedures for the past 3 years, but has not been put in writing as a directive or policy. No newly hired medical staff is alone in the secure area. Agency provided PREA education acknowledgement forms for random sample of volunteers and contractors assigned to the facility.

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

Corrective Action:

1. Agency to provide auditor with the PREA training rosters and signed acknowledgements of all contractors and volunteers hired from between January 1, 2019 and April 1, 2019 for standard provision 115.32(a) compliance verification.

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 5/15/19.

Corrective Action Completion 5/2/19:

1. Agency provided completed initial PREA Education for contractor with start date of 1-2-19, PREA training acknowledgement signed 1/2/19. Agency also provided auditor with verification that a volunteer with start date of 2-7-19, PREA training acknowledgement signed 2/4/19.

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

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.33(a) - During intake process, inmates receive zero tolerance policy and information on how to report incidents or suspicions of sexual abuse or harassment. 3813 inmates have been admitted during the past 12 months and 100% have received this information during intake per agency data. 20 randomly selected inmate screening records were reviewed. Auditor determined 100% of the files reviewed verified inmates received both initial and comprehensive PREA education as mandated by this standard provision. Interview with intake staff and random sample of 15 inmates verify all inmates are provided PREA orientation upon booking and follow-up PREA video within 72 hours of intake. Review of random sample of 20 inmate screening files and signed attestation forms verifies agency's compliance with this standard provision.

115.33(b) - Agency indicates 555 inmates admitted to this facility during the past 12 months whose length of stay in the facility was for 30 days or more. 100% received comprehensive PREA education within 30 days of intake. 20 randomly selected inmate screening records were reviewed. Auditor determined 100% of the files reviewed verified inmates received both initial and comprehensive PREA education as mandated by this standard provision. Interview with intake staff and random sample of 15 inmates indicate inmates are provided PREA education within 30 days of intake. Review of random sample of 20 inmate screening files verifies 100% compliance with this standard provision.

115.33(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates all inmates shall receive agency's zero tolerance policy and PREA education during the intake booking process. The information 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. The information shall include the departments zero-tolerance stance, self-protection methods (situation avoidance), prevention and intervention, reporting sexual abuse, treatment and counseling, protection against retaliation and consequences of false allegations. Policy and procedure is the same for both Wayne Brown Main Jail and Truckee Lockup facilities as it relates to inmate rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. Both facilities house both male and female inmates. Interview with random sample of staff indicate that if an inmate is booked either under the influence or must be transported and kept at a local hospital until cleared for intake, there may be a delay in providing full PREA education. Initial booking process includes the inmate to read the Inmate Rights script at each intake station to determine the inmates' ability to read and comprehend the PREA education information to be provided him/her. Should the inmate have low reading skills, intake staff read the zero-tolerance policy and inmate rights to them as observed by auditor during facility review. Should inmate have any other disabilities or difficulties such as cognitive issues, the inmate is referred to medical for a one-on-one evaluation and PREA education training.

115.33(d) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates the information 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. Appropriate provisions shall be made to ensure effective education for those inmates with low literacy levels and those with disabilities that hinder their ability to understand the information in the manner provided. Intake staff read the zero-tolerance policy and inmate rights to

inmates as observed by auditor during facility review. Inmates are provided PREA video afterwards. Language Line contracted interpreters are available for limited English proficient and inmates who require sign language are provided contact through an I-PAD to PURPLE sign language interpreters. Inmates who are otherwise disabled are referred to medical and mental health for their PREA education and follow-up.

115.33(e) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates staff will document verification of the offender orientation and education on PREA by completing the offender PREA acknowledgement form and placing the original signed acknowledgement form in the inmate's hard card. Inmates are required to sign the PREA education attestation form which is maintained in their screening files. Should the inmate refuse to sign, the intake/booking officer will annotate the form to indicate inmate refused to sign. Auditor review of 20 random inmate screening files indicated that 100% had the signed attestation forms.

115.33(f) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates key information will be continuously and readily available or visible to inmates through posters, inmate handbooks or other written formats. Posters will be displayed in appropriate locations which are designed to inform inmates that the Nevada County Corrections Division has a zero-tolerance policy towards sexual assault and sexual misconduct and that all inmates are encouraged to report any and all instances of sexual assault sexual misconduct and sexual harassment. PREA posters and Notice of Auditor Posters are provided in each housing section and next to the inmate phones as observed by auditor during the physical plant review. Inmates are provided an Inmate Handbook with PREA section during intake and booking as verified through the interviews of 15 randomly selected inmates. Auditor observed PREA signage or posters readily available in holding cells, housing units and modules, multi-purpose rooms, kitchen and laundry rooms.

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

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.34(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates in addition to general training provided to all employees pursuant to (§115.31), Nevada County Corrections Division

Jail Procedures Manual Rape & Sexual Assault Detection & Prevention (R&SDAP) 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 NIC online training. Interview with investigative staff and review of training records verify all 8 designated special investigators have completed sexual abuse in a confinement setting through NIC training.

115.34(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 NIC 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.

115.34(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates the Nevada County Corrections Division Jail Procedures Manual Rape & Sexual Assault Detection & Prevention (R&SDAP) shall maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. Copies of the NIC training certificates for all 8 investigators employed that are trained to conduct sex abuse investigations were provided to auditor which verifies compliance with this standard provision. Copies of the NIC training verification documentation for all 8 Special Investigators employed that are trained to conduct sex abuse investigations were provided to auditor which verifies compliance with this standard provision

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

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

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.35(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates the Nevada County Corrections Division Jail Procedures Manual Rape & Sexual Assault Detection & Prevention (R&SDAP) mandates all medical and mental health staff, who have contact with inmates shall be notified of the Nevada County Corrections Division Jail Procedures Manual Rape & Sexual Assault Detection & Prevention (R&SDAP) zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Medical and mental health staff 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. Policy includes training regarding the preservation of evidence of sexual abuse. Facility does not employ medical or mental health staff at this facility. Agency indicates 18 medical and mental health care practitioners work regularly at this facility and 100% have been trained per agency policy. Auditor interviewed both medical and mental health contractors who indicated they received PREA training by way of the PREA pamphlet provided them and initial orientation regarding agency's zero tolerance policy. Medical and mental health practitioners obtain additional training through their practice (Continuing Education). Agency provided auditor with 4 PREA acknowledgement forms signed by medical and mental health staff currently employed at Wayne Brown detention facility. Auditor reviewed 10 randomly selected contractor files. 4 of these files were for medical and mental health workers assigned to Wayne Brown. Three of these contract staff received their PREA training after their start date.

115.35(b) - N/A - Agency medical staff does not conduct forensic exams

115.35(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates medical and mental health staff shall sign a PREA acknowledgement form stating that they understood the information and training they have received. Agency employs 18 medical and mental health care practitioners. Truckee substation does not employ medical or mental health staff at this facility. Review of a random sample of 4 medical and mental health practitioners indicated that 3 medical and mental health staff received their PREA education after their start date. All random sampled medical and mental health practitioners have received their required PREA training. All training is documented via electronic rosters and training acknowledgements.

115.35(d) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates all medical and mental health staff, 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. Medical and mental health staff 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. Review of PREA training acknowledgements verify compliance with this standard provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with standard provision(s) 115.35(a) and 115.35(c). Corrective action is required.

Corrective Action:

1. Agency to provide auditor with the PREA training rosters and signed acknowledgements of all medical and mental health practitioners assigned to Wayne Brown Detention facility that were hired from between January 1, 2019 and April 1, 2019 for standard provision 115.35 compliance verification

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day corrective action period: 5/15/19.

Corrective Action Completion 5/2/19:

1. A medical nurse cleared backgrounds on 1/7/19. The applicant completed the 3 questions as required in standard provision 115.17(a) on 11/8/18. Applicant completed the 3 questions as required in standard provision 115.17(a) and signed training acknowledgement on 11/8/18, indicating she received a guide for the Prevention and Reporting of Sexual abuse and sexual Misconduct with Offender/Inmate. The guide explained the zero-tolerance for sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment; duty to report, how to maintain appropriate boundaries, abuse of power, history of victimization, red flags and Nevada County Sheriff's Office response to sexual abuse, sexual assault and sexual harassment. Backgrounds sent requests to two previous employers regarding any substantiated allegations of sexual abuse, or any resignation pending such allegations. Only one employer responded to the requests indicating that the applicant was in good standing and the employer would welcome her return to the program in the future should she choose to do so.

DOJ applicant fingerprint response was cleared 11/9/18 and fingerprints were sent to FBI. On 11/8/18, agency queried NCIC which found no want. This search was conducted as "All NCIC Persons Files Without Limitations."

The applicant began working in the facility on 11/9/18, required to be under the constant and direct visual observation by another medical staff member who is compliant with the PREA standards until the FBI clearance was returned 1/7/19.

The agency/facility has met the requirements of Standard provision(s) 115.35(a) & 115.35(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.41(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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. Any inmate transferred from the Truckee Lockup facility to Wayne Brown correctional facility will have a new risk assessment completed. Interview with risk screening staff and random sample of 15 inmates indicate inmates are provided screening within 72 hours of intake and rescreening within 30 days of intake.

115.41(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates intake screening shall take place within 72 hours after arrival at the facility. Agency reports 2257 inmates were booked into the facility over the past 12 months where their length of stay was for 72 hours or more. Agency claims 100% of inmates were screened within 72 hours of arrival at facility. 20 randomly selected inmate screening files were reviewed by auditor. 100% of the files reviewed verified screening within 72 hours of intake is an institutionalized practice for the agency. Interview with risk screening staff and random sample of 15 inmates indicate inmates are provided screening within 72 hours of intake and rescreening within 30 days of intake. Review of 20 inmate screening records, which is maintained in the electronic Jail Management System (JMS). Verifies agency's compliance with this standard provision.

115.41(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates screening assessments shall be conducted using "risk assessment questionnaire". Risk assessment questionnaire was provided to auditor. Review of screening instrument indicates it is weighted and score based upon responses to specific questions required in the standard provision 115.41(d) criteria. Review of 20 inmate screening records all possessed initial screening assessments conducted using the objective screening instrument identified as the risk assessment questionnaire.

115.41(d) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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). Interview with risk screening staff indicates that when the weighted risk assessment questionnaire returns results of high scores, medical is notified.

115.41(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. Risk assessment questionnaire was provided to auditor. The PREA risk assessment instrument contains all 10 criteria as identified in standard provision 115.41(e).

115.41(f) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates within 30 days from the inmate's arrival, classification will reassess the inmate's risk of victimization or abusiveness based upon any additional relevant information received since the initial intake screening. In the past 12 months, 555 inmates were admitted to the facility and reassessed for risk of sexual victimization within 30 days after arrival at the facility. Review of 20 random sample screening files which is maintained in the electronic Jail Management System (JMS), and determined all files contained re-screening occurring within the 30-day period from intake, verifying compliance with this standard provision. Interview with risk screening staff indicates that reassessments are conducted after every court date, administrative segregated housing inmates are reassessed every 7 days and all other classifications are reassessed every 30 days per the California Penal Code.

115.41(g) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates an inmate's risk level shall be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmates risk of sexual victimization or abusiveness. Interview with risk screening staff indicates that reassessments are conducted after every court date, administrative segregated housing inmates are reassessed every 7 days and all other classifications are reassessed every 30 days per the California Penal Code.

115.41(h) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to their mental, physical or developmental disability, inmates' gender or how their gender is perceived to be, previous sexual victimization experience, or their own perception of vulnerability. Interview with risk screening staff indicate inmates are not disciplined should they refuse to respond in response to the objective screening instrument questions.

115.41(i) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates all information received in response to the inmate's risk assessment questionnaire is to be treated as confidential

information and shall only be reported to designated supervisors, classification staff, and medical/mental health staff. Interviews with the PREA Coordinator, PREA Compliance Manager & risk screening staff indicate response questions from the objective screening instrument are maintain in the Jail Management System (JMS). All custody staff have access to this system and screening records as all staff conduct risk screenings and manage movement of inmates within the facility. The objective screening instrument questions are asked at the booking desk which is in an open area in the intake area. Staff ensure each booking or intake is processed individually. Questions on the objective screening instrument is conducted in a confidential interview room for each inmate to protect the sensitive information imparted during the interview. Medical also conducts some of the sensitive questions in the confidential medical office located separately from the intake/booking station.

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

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.42(a) - Corrections Division Directive 36 – Inmate Classification Plan – 1050 mandates classification shall use the information received from the risk assessment questionnaire required by PREA standard §115.41 to make housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

1. The safety of each inmate shall be individualized determinations.
2. Housing and programming assignments for transgender or intersex inmates shall be on a case-by-case basis.
3. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
4. Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated housing units solely on the basis of such identification or status.

Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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. Interviews with PREA Compliance Manager and risk screening staff verify risk screening is used for housing and program assignments to provide sexual safety for all inmate housed in the facility.

115.42(b) - Corrections Division Directive 36 – Inmate Classification Plan – 1050 mandates the safety of each inmate shall be individualized determinations. Interviews with risk screening staff indicate they make individualized determinations during screening to ensure safety of each inmate. Auditor reviewed 20 randomly selected inmate screening records and observed determinations made for each inmate screened.

115.42(c) - Corrections Division Directive 36 – Inmate Classification Plan – 1050 mandates classification shall use the information received from the risk assessment questionnaire required by PREA Standard §115.41 to make housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

1. The safety of each inmate shall be individualized determinations.
2. Housing and programming assignments for transgender or intersex inmates shall be on a case-by-case basis.
3. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
4. Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated housing units solely on the basis of such identification or status.

Interviews with risk screening staff and PREA Compliance Manager indicate they follow policy to make individualized determinations during screening to ensure safety of transgender and intersex inmates. No transgender or intersex inmates housed at Wayne Brown or Truckee facilities during on site audit.

115.42(d) - Corrections Division Directive 36 – Inmate Classification Plan – 1050 mandates placement and programming assignments for transgender and intersex inmates shall be reassessed at least twice a year to review any threats to safety experienced by the inmate. Transgender and intersex inmates' own views with respect to his or her own safety shall be given serious consideration. Interviews with risk screening staff and PREA Compliance Manager indicate transgender and intersex are reassessed at least twice a year per policy. NCSO procedures mandates that reassessments are conducted on each inmate after every court date, administrative segregated housing inmates are reassessed every 7 days and all other classifications are reassessed every 30 days per the California Penal Code.

115.42(e) - Corrections Division Directive 36 – Inmate Classification Plan – 1050 mandates transgender and intersex inmates' own views with respect to his or her own safety shall be given serious consideration. Interviews with PREA Compliance Manager and risk screening staff indicate transgender and intersex inmates' own views with respect to their safety is given serious consideration and may be granted as long as their views do not compromise the safety of the institution/facility and safety of the inmate.

115.42(f) - Corrections Division Directive 36 – Inmate Classification Plan – 1050 mandates transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Interviews with PREA Compliance Manager and risk screening staff indicate transgender and intersex inmates are provided the opportunity to shower separately from other inmates. Observation by auditor of physical plant verifies all showers in the facility housing units are PREA compliant.

115.42(g) - Corrections Division Directive 36 – Inmate Classification Plan – 1050 mandates inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be placed in involuntarily segregated housing for less than 24 hours while completing the assessment. Interviews with PREA Coordinator and PREA Compliance Manager indicates there are no dedicated or designated facilities for LGBTI inmates at the Wayne Brown detention facility.

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

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.43(a) - Corrections Division Directive 38 – Administrative Segregation mandates inmates who are **not a threat** to security, safety of the facility, staff, or other inmates are allowed privileges as other inmates. The classification officer or on duty supervisor will decide if administrative segregation is or is not required. A report shall be completed and shall become a part of the inmate's classification file no matter what decision is made. Classification officers shall review the status of each administratively segregated inmate every 7 days. This 7-day review shall be documented and become a part of the inmate's classification record. Access to dayrooms, exercise yards, and other activities will be divided equally between segregated inmates. Inmates have visitation privileges as general population inmates. Inmates who no longer need to be segregated from the general population will be removed from segregation by classification as soon as possible. In the past 12 months, there have been no inmates at risk of sexual victimization held in involuntary segregated housing for one to 24 hours awaiting completion of assessment. Interview with Facility Commander indicates agency prohibits placing inmates at high risk for sexual victimization or alleged sexual abuse in involuntary segregation housing unless no other housing is available at the time to ensure inmates' safety. Agency tries to keep all inmates out of segregated housing. Housing reassessments are done through classification to find alternative means of separation from potential abusers.

115.43(b) - Corrections Division Directive 38 – Administrative Segregation mandates inmates who are **not a threat** to security, safety of the facility, staff, or other inmates are allowed privileges as other inmates. The classification officer or on duty supervisor will decide if administrative segregation is or is not required. A report shall be completed and shall become a part of the inmate's classification file no matter what decision is made. Policy does not include a discussion which mandates that if the inmate is restricted access to programs, privileges, education, or work opportunities, the following will be documented in a jail incident report:

- a. The opportunities that have been limited;
- b. The duration of the limitation; and
- c. The reasons for such limitations

115.43(c) - Interview with staff who supervise inmates in segregated housing and inmate who had been in segregated housing for risk of sexual victimization indicates that inmates in segregated housing are reassessed every 7 days to determine if housing must be continued and provide reason for continued housing. Notes are uploaded to the JMS system. Review of JMS classification notes indicate all movement, program restrictions and housing placement is documented.

115.43(d) - Agency reports that no inmate was assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement over the past 12 months. Interview with Facility Commander, staff who supervise inmates in segregated housing and inmate who was placed in segregated housing for risk of sexual victimization indicates, inmates placed in involuntary segregated housing for being at risk for sexual victimization is there for no longer than 24 hours while agency looks for alternative housing. Inmate who had been placed in segregated housing for sexual victimization indicated her placement was in previous arrest, more than 12 months ago. During that time, she was held there for approximately 30 days. This inmate has mental health issues which require her to be on continued mental health medication which is documented in her classification record. When she lapses in taking her medication, she is delusional as evidenced by auditor when she propositioned him for

sexual favors during the interview. Inmate has history of alleging sexual abuse by both inmates and staff.

115.43(a) - During pre-audit phase, agency reported no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months. Interview with staff who supervise inmates in segregated housing and inmate who had been in segregated housing for risk of sexual victimization indicates that inmates in segregated housing are reassessed every 7 days to determine if housing must be continued and provide reason for continued housing. Notes are uploaded to the JMS system. Review of JMS classification notes indicate all movement, program restrictions and housing placement is documented.

115.43(f) - Corrections Division Directive 38 – Administrative Segregation mandates inmates who are **not a threat** to security, safety of the facility, staff, or other inmates are allowed privileges as other inmates. The classification officer or on duty supervisor will decide if administrative segregation is or is not required. A report shall be completed and shall become a part of the inmate’s classification file no matter what decision is made. Classification officers shall review the status of each administratively segregated inmate every 7 days. This 7-day review shall be documented and become a part of the inmate’s classification record. Access to dayrooms, exercise yards, and other activities will be divided equally between segregated inmates. Inmates have visitation privileges as general population inmates. Inmates who no longer need to be segregated from the general population will be removed from segregation by classification as soon as possible. Interview with staff who supervise inmates in segregated housing and inmate who had been in segregated housing for risk of sexual victimization indicates that inmates in segregated housing are reassessed every 7 days to determine if housing must be continued and provide reason for continued housing. Notes are uploaded to the JMS system. Review of JMS classification notes indicate all movement, program restrictions and housing placement is documented.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.43(b) and corrective action is required.

Corrective Action:

1. Agency to amend Corrections Division Directive 38 – Administrative Segregation to include a mandate that if an inmate is restricted access to programs, privileges, education, or work opportunities, the following will be documented in a jail incident report:
 - a) The opportunities that have been limited;
 - b) The duration of the limitation; and
 - c) The reasons for such limitations

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 5/15/19.

Corrective Action Completion 3/9/19:

1. Agency provided auditor with a copy of the CDD #38 – 3. A. 1-3 policy amendment which verifies compliance with standard provision 115.43(b).

The agency/facility has met the requirements of Standard provision(s) 115.43(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.51(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 Domestic Violence Sexual Assault Coalition (Community Beyond Violence), 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 10 staff and 15 inmates indicate their knowledge and training with regards to multiple ways to report sexual abuse/harassment and retaliation both internally and privately.

115.51(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA provides inmate with the PREA hotline number in the inmate phone system. This information is provided on page #32 in the inmate handbook. Policy mandates inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials in the department of homeland security. The inmate handbook provides information which states that while detained by the department of justice, united states marshals service, you have the right to be safe and free from sexual harassment and sexual assaults. The information is posted in each housing unit bulletin board at all contract detention facilities. It also includes reporting methods which includes the office of inspector general, us marshal service. Policy mandates that inmates detained solely for immigration purposes contact information to relevant consular officials and relevant officials at the Department of Homeland

Security. Interview with PREA Compliance Manager and random sample of 15 inmates indicate inmates are provided reporting information and contact numbers on posters next to phones inside their housing units. Auditor observed this information located in every housing unit and work station. Agency provides this information during booking/intake to include Inmate Handbook. Majority of inmates interviewed exhibited their knowledge and education with regards to the methods they can report abuse or harassment to a public or private entity.

115.51(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that employees shall accept any reports made verbally, in writing, anonymously, and from 3rd parties and shall promptly document any verbal reports. Interview with random sample of 10 staff & 15 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. Majority of interviewed inmates are aware of their reporting rights.

115.51(d) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA indicates that 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. Staff can also privately report sexual abuse and sexual harassment of inmates to Human Resources. Interview with random sample of 10 staff indicate they are aware of methods for privately reporting sexual abuse to Human Resources or to Community Violence Solutions. Staff indicate they learned these methods through their refresher PREA education.

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.52(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Division Directive #42 Inmate Grievance Procedure covers grievance procedures to address inmate grievances regarding sexual abuse. Grievance procedure is outlined in the inmate handbook.

115.52(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Division Directive #42 Inmate Grievance Procedure mandates no time limit on when an inmate may submit a grievance of an alleged incident of sexual abuse. Agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Grievance procedure is also outlined in the inmate handbook.

115.52(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Division Directive #42 Inmate Grievance Procedure mandates an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to the staff member who is the subject of the complaint. Grievance procedure is outlined in the inmate handbook.

115.52(d) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Division Directive #42 Inmate Grievance Procedure mandates final agency decisions on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance. An extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The inmate shall be notified, in writing, of any such extension which provides a date by which a decision will be made. Computation of the 90-day time period shall not include time consumed by the inmates in preparing any administrative appeal. Agency reports two grievances alleging sexual abuse were filed during the past 12 months and final decision was reached within 90 days of submission. Review of both grievances resulted in a PREA investigation. The response by the Facility Commander was provided to the inmate within 4 days of grievance submission.

115.52(e) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Division Directive #42 Inmate Grievance Procedure mandates that whenever the Nevada County Corrections Division is notified by a third party, including other inmates, which an inmate has been sexually abused it shall consider such notification as a grievance or request for informal resolution submitted on behalf of the alleged inmate victim. The alleged victim shall be informed that a grievance has been submitted on his/her behalf and it shall be processed under the normal procedures unless the alleged victim expressly requests that it not be processed. Such a request shall be documented. Agency reports there have been no grievances filed over the past 12 months alleging sexual abuse where 3rd party assistance had been declined.

115.52(f) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Division Directive #42 Inmate Grievance Procedure mandates an inmate may file an emergency grievance when the inmate is subject to a substantial risk of imminent sexual abuse. After receiving such an emergency grievance, the form shall be forwarded to a level of review at which corrective action may be taken, provide an initial response within forty-eight (48) hours, and a decision made within five (5) calendar days. If the grievance is determined not to be an emergency, the grievance may be processed as normal, or returned to the

inmate and required to follow normal grievance procedures. The inmate shall be provided with a written explanation of why the grievance does not qualify as an emergency. Agency reports there have been no instances of emergency grievances being filed in the past 12 months.

115.52(g) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Division Directive #42 Inmate Grievance Procedure mandates an inmate may be disciplined if they intentionally file a grievance related to alleged sexual abuse if it is demonstrated that the inmate filed the grievance in bad faith. There have been no disciplinary actions related to inmates filing grievances in bad faith over past 12 months.

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

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.53(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and inmate handbook provides toll free hotline to Community Beyond Violence, which is posted next to all inmate telephones. Hotline confidential. Policy indicates hotline is not recorded or monitored at the facility. Handbook provides information to inmates to state the hotline number is not monitored. Policy provides narrative on information or access to outside victim advocates for emotional support. Access information is provided in the inmate handbook. Inmate handbook provides toll-free numbers to the national sexual assault hotline, and California Attorney General's public inquiry unit and states the numbers are confidential. Interview with random sample of 15 inmates indicate they are knowledgeable of outside victim advocates for emotional support. A number of inmates interviewed are aware of Community Beyond Violence advocates visiting inmates within the facility to offer emotional support.

115.53(b) - Agency reports they inform inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. This information is provided in Policy Division Directive #69 Sexual Misconduct and Abuse-PREA. Review of the inmate handbook reveals agency informs inmates, prior to giving them access to outside support services of the mandatory reporting rules governing, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. Inmate must use their PIN when accessing the Community Beyond Violence hotline. Handbook informs inmates of the limits to confidentiality under relevant federal, state or local law. Interview with inmates indicate most are confident that information provided to victim advocacy remains confidential, toll free an. not monitored. The majority of inmates interviewed are not aware of the limits of confidentiality, even though this information is posted on the PREA posters in every housing unit and between inmate phones.

115.53(c) - Agency reports it maintains MOU or agreements with community service providers to provide inmates with emotional support services related to sexual abuse. Agency also indicates it does not maintain copies of any agreements, nor have they attempted to enter into MOUs or agreements with said providers. Agency provided unsigned **Draft** MOU with COMMUNITY BEYOND VIOLENCE.

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

Corrective Action:

1. Agency to work with the phone system company to create a true hotline between Community Beyond Violence and inmates attempting to reach the outside agency without using their PIN number in order for the inmates to report anonymously and create a true confidential hotline.
2. Agency to either ratify the MOU between Community Beyond Violence and agency, or provide auditor with documented communication which verifies negotiations between Community Violence Solutions and the agency in order to obtain an agreement for services.

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 5/15/19.

Corrective Action Completion 3/9/19:

1. All hotlines have been set up so they don't require a PIN and such calls are not reflected in call records. E-mail communication between GTL telephone network ASR-Field Services and the PREA Coordinator verifies that the following agency hotlines are set up as anonymous calling and do not show up in call records:
National Sexual Assault Hotline – press 1
Community Beyond Violence – press 2
DRIL – press 3
Office of the Inspector General (OIG) – press 4
California Attorney General – press 5

For inmates to call in initially when picking up the handset, it will prompt; Press 1 for English and 2 for Spanish, press 8 for the anonymous crime tip hotline, press 9 to report a PREA incident, press 0 for anonymous calling.

2. On 3/9/18 agency provided the Community Beyond Violence Operational Agreement signed by their Executive Director of Programs and the Nevada County Sheriff, ratified on 1/22/18. The agreement expires on 10/1/21.

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

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.54(a) - 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 neglect or violation of responsibilities that may have contributed to such incidents in the following ways:

- Confidential hotline:
- The toll-free number for Community Beyond Violence 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:
- Though 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.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.61(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 random sample of 10 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.

115.61(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 random sample of 10 staff indicates providing or revealing information to anyone who is not on a need to know basis is prohibited.

115.61(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates medical and mental health practitioner's requirement to report sexual abuse. Policy also mandates medical and mental health practitioners to inform inmates of their duty to report and the limitations of confidentiality at the initiation of services. Interview with medical and mental health practitioners indicate they provide inmates with limits of confidentiality and duty to report. Both indicate there is a CFMG consent form

which provides narrative in compliance with standard provision 115.61. Auditor's review of mental health notes from 10 inmates who alleged history of sexual abuse and were referred to mental health verifies documented evidence that duty to report and limitations of confidentiality at the initiation of services is documented.

115.61(d) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 Facility Commander and PREA Coordinator indicate immediate investigations are launched should victim be under the age of 18 years or vulnerable adult. In addition, Child Protective Services (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.

115.61(e) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.62(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 designee, Facility Commander and random sample of 10 staff indicate once informed of allegation of imminent sexual abuse, staff take immediate action to protect the inmate, inform supervisor, classification and investigate pending rehousing of victim or perpetrator per classification based upon victim safety and housing availability. Review of investigations verify compliance with standard provision 115.62(a).

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

115.63(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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. Notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Such notification shall be documented. Agency reports that over the past 12 months, facility has received 2 allegations that inmates were abused while confined at another facility. Auditor review of both identified allegations that the facility received 1 case indicated that the agency received an allegation that an inmate had been abused at another facility, the agency did not notify that agency until 8 months after the allegation had been provided by the inmate. Agency indicated the lapse in notification was due to an error in the notification process. This has been corrected through training on the mandated procedures.

115.63(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.63(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates such notification shall be documented

115.63(d) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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. No documentation or notification from other facilities have been received over the past 12 months.

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

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.64(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 5 allegations of sexual abuse in the past 12 months, none of which involved a 1st security staff member. Interviews with inmates who reported sexual abuse indicate response to their allegations were promptly initiated. Review of all 5 allegations of sexual abuse verify agency's compliance with standard provision 115.64(a).

115.64(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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. No allegations of inmate sexual abuse in past 12 months where non-custody staff member was a 1st responder. Interview with random sample of 10 staff, security and non-security staff a first responders verify their knowledge and application of their 1st responder responsibilities in response to an allegation of sexual abuse.

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

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.65(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 Wayne Brown Correctional Facility:

Coordinated response (§ 115.65):

- 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 Officer in Charge (OIC) shall notify dispatch (911) and request a Nevada County Sheriffs officer to respond.
- C. If the victim alleges he/she was involved with or assaulted by staff, the facility commander shall also notify the internal affairs unit.
- D. The inmate shall be transported to the hospital for a forensic examination.
- E. If any life-threatening injuries exist, response may include the need to request emergency transportation (i.e., ambulance). When the call is made to request an ambulance, it is critical to inform the fire/rescue dispatcher that the injured inmate is a victim of sexual assault.
 - 1. Medical staff shall be cognizant to maintain intact any physical evidence which may be found on the victim's person or clothing.
 - 2. Follow-up testing for pregnancy, sexually transmitted infections/diseases and hiv will be offered as clinically indicated and will be the responsibility of the hospital.
- F. 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.
- G. 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.
- H. Upon return to the jail, all victims of a sexual assault shall be referred to behavioral health for an urgent suicide risk assessment. Mental health staff shall evaluate the victim within four (4) hours of referral. Until that time, the inmate shall be place under constant direct supervision to ensure he/she does not attempt to hurt himself/herself or someone else.
- I. Behavioral health shall be responsible to monitor victims for suicidal impulses, post-traumatic stress disorder, depression, and other mental health consequences.
- J. The victim shall be offered crisis intervention counseling, appropriate to the individual needs of the victim.

Interview with Facility Commander indicates there is a coordinated response plan, specific to the Wayne Brown facility and the Truckee Lockup facility which provides protocols for all department to take action in cases of sex abuse allegations.

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

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.66(a) - In the PAQ, Agency reports they have recently renewed collective bargaining agreement in 2018 for correctional staff, Managers and Supervisors. Interview with Agency Head designee indicates there are 3 jail contracts: Deputy Sheriff's Association (7/1/16 to 6/30/19), General Employees Unit Local 39 (7/1/18 to 6/30/21), Sheriff's Management Association for safety supervisory and management employees (7/1/18 to 6/30/21). 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.

Review of all three contracts verifies there are no limits on the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

115.66(b) - Auditor is not required to audit provision 115.66(b)

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.67(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that retaliation against any employee or inmate for reporting or cooperating with sexual abuse investigation is strictly prohibited. Retaliation is a form of employee misconduct. Any evidence of retaliation shall be considered a separate violation of Policy Division Directive #69. The Division Commander is identified as the designated staff member with monitoring retaliation.

115.67(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 retaliation for reporting sexual abuse or cooperating with investigations.

115.67(c) - Policy Division Directive #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. Over the past 12 months there have been no record of any incident of retaliation. Interview with retaliation monitor indicates monitoring 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.

115.67(d) - Policy Division Directive #69 mandates that in the case of inmates, such monitoring shall also include periodic status checks. Interview with retaliation monitor indicates retaliation monitoring includes periodic status checks. In addition, staff continually update the JMS classification system with regards to contacts.

115.67(e) - Policy Division Directive #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. Interview with Agency Head designee and Facility Commander indicates any individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

115.67(f) - N/A – Auditor is not required to audit Standard provision 11567(f) per DOJ.

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

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.68(a) - Corrections Division Directive 38 – Administrative Segregation – 1053 mandates the corrections division will administratively segregate inmates who are determined to be prone to escape, assault staff or other inmates; disrupt the operations of the jail, or likely to need protection from other inmates. Administrative segregation housing shall consist of separate and secure housing, but shall not involve any other deprivation of privileges than is necessary to obtain the objective of protecting the inmates and staff.

Prior to administratively segregating inmates, the on-duty supervisor or classification officer will:

1. Interview the inmate to advise him/her of the placement. This interview shall be documented and placed in the inmate's classification folder or entered on the classification comment line in the computer.
2. Provide an opportunity for the inmate to verbally respond to the need for administrative segregation.
3. Inform the inmate that administrative segregation is subject to the grievance process. The inmate may submit an inmate housing appeal if they want to challenge their housing status.

Classification officers shall review the status of each administratively segregated inmate every 7 days. This 7-day review shall be documented and become a part of the inmate's classification record. Over the past 12 months there have been no inmates who allege to have suffered sexual abuse held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Interview with Facility Commander, staff who supervisor inmates in segregated housing and inmates in segregated housing who suffered sexual abuse indicate they are provided programming as indicated by their classification status prior to being temporarily placed in involuntary segregated housing for their safety. Review of JMS system documentation indicates constant monitoring of these inmates.

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

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.71(a) - Agency conducts both administrative and criminal sex abuse investigations. Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Interview with investigative staff indicate 8 investigators are assigned, trained and certified to conduct investigations in a correctional setting. Review of the 19 allegations of sexual abuse and sexual harassment investigated over the past 12 months determines all 19 were investigated thoroughly by investigators who are certified in the investigations of sexual abuse cases in a correctional setting through NIC. 9 of the reviewed investigations determined that the investigation was not initiated until at least 6 or more days after the date of the investigation. This does not meet the term of prompt initiation of an investigation.

115.71(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 8 investigators trained in sexual abuse investigation in a confinement setting through NIC. Agency provided auditor with training certification for all 8 investigators which meets the special training requirement outlined in standard provision 115.71(b). Interview with investigative staff indicates designated investigators have been certified through the NIC training which includes interviewing techniques, Miranda, Garrity and Lybarger warnings, collection of evidence, documenting the investigation and forensics. Further probing by auditor determined that when the one criminal investigator is unavailable to conduct the investigation, the case is turned over to the Major Crimes Unit. Interview with the Major Crimes Unit Sergeant indicates that none of the assigned staff have been certified in conducting sexual abuse investigations in a confinement setting. NOTE: none of the 19 investigations that occurred over the past 12 months were conducted by any member of the Major Crimes Unit.

115.71(c) - General Order 17, Citizen Personnel Complaints/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.

115.71(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA & General Order 17, Citizen Personnel Complaints/Internal Affairs investigations policy 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. None of the 19 investigations that occurred over the past 12 months were referred to the DA for prosecution. No compelled interviews were conducted during that period.

115.71(e) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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.

115.71(f) - General Order 17, Citizen Personnel Complaints/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. Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates written reports shall include the reasoning behind

credibility assessments. Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates efforts by investigators to determine whether staff actions or failures to act contributed to the abuse. Interview with administrative investigative staff indicates the investigator shall include an effort to determine whether staff actions or failures to act contributed to any sexual abuse allegation. All findings are documented in the investigative report.

115.71(g) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates criminal investigation shall be documented in written reports that contains thorough descriptions of physical, testimonial and documentary evidence, and attaches copies of all document evidence where feasible. Review of 19 sexual abuse and sexual harassment cases that occurred over the past 12 months were reviewed by auditor. Said review verifies facility/agency compliance with this standard provision. 5 Sexual Abuse Cases 14 Sexual Harassment Cases. 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.

115.71(h) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates referral of substantiated allegations of conduct that appears to be criminal for prosecution. Agency reports that no substantiated 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.

115.71(i) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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.

115.71(j) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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.

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

115.71(l) - N/A – Agency conducts its own administrative and criminal sexual abuse investigations

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

Corrective action:

1. Agency initiate investigations without delay upon receiving an allegation of sexual abuse. Agency to review the legal definition of “prompt” and apply this to the initiation standard of the investigation. Auditor to review sexual abuse investigations initiated during the corrective action period.
2. Agency to ensure any sexual abuse investigation conducted by the Major Crimes Unit shall be investigated by staff who is certified in conducting sexual abuse investigations in a confinement setting.

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 5/15/19.

Corrective Action Completion 5/1/19:

1. On 4/5/19, agency provided auditor with an inmate on inmate non-consensual sex abuse allegation dated 2/14/19. The investigation was initiated and a certified special investigator assigned on 2/14/19. The case was determined to be unfounded. A second case, dated 1/24/19 was provided to auditor which was determined to be an allegation of staff sexual misconduct and staff sexual harassment on an inmate. The case was initiated by grievance and the investigation began immediately on date and time allegation was made. A certified special investigator was assigned and initiated the investigation immediately. Based upon the outcome of the investigation and witness statements, the investigator found the case to be unfounded. The inmate was provided a written notification of the investigation status 4 days upon completion of the investigation.
2. On 3/9/18 agency provided the auditor with copies of the certificates of completion of the NIC Sexual Abuse Investigation in a Confinement Setting: Advanced Investigations for two Major Crimes Unit investigators certified to conduct sexual abuse investigations.

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.72(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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. Interview with investigative staff determines that preponderance of the evidence is used to determine substantiated of allegations of sexual abuse or sexual harassment.

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.73(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that following an investigation into an inmate's allegation that they suffered sexual abuse in a sheriff's office facility, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the PAQ, agency reports there has been 19 criminal and administrative investigations of alleged inmate sexual abuse completed by agency/facility over past 12 months. Of the alleged sexual abuse investigations that were completed, 18 inmates were notified, verbally or in writing, of the results of the investigation. Auditor reviewed 19 sexual abuse and sexual harassment investigations provided by the agency, which were conducted over the past 12 months. Results of case reviews verified that 17 inmates were notified in writing regarding the results of the investigation. 2 investigations were provided to auditor where inmates reported allegations of sexual abuse that occurred at another facility. Interviews with Facility Commander and investigative staff indicates victims are notified in writing as to the outcome of the investigation. Investigative staff indicate victim notification as to the outcome of the investigation is provided upon conclusion of the investigation. Review of all 19 allegations of sexual abuse/harassment which occurred over the past 12 months, determined 17 cases were provided written notification as to the outcome of the investigation. 2 cases were allegations of sexual abuse that occurred at a previous institution.

115.73(b) - N/A - Agency is responsible for both administrative and criminal investigations

115.73(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that once the sexual abuse investigations are completed, the inmate victim is to be notified, verbally or in writing, of the results of the investigation mandates following an inmate's allegation that a staff member has committed sexual abuse, the inmate shall be informed whenever any of the following occur:

1. The staff member is no longer posted within the inmate's housing unit;
2. The staff member is no longer employed by the Nevada County Sheriff's Office;
3. The staff member has been indicted on a charge related to sexual abuse within the facility;
4. The staff member has been convicted on a charge related to sexual abuse within the facility;
5. The requirement to inform the inmate shall not apply to allegations that have been determined to be unfounded.

Agency reports no substantiated or unsubstantiated complaint of sexual abuse committed by as staff member against an inmate in an agency facility in past 12 months.

115.73(d) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates following an inmate's allegation that he or she has been sexually abused by another inmate, the inmate shall be informed whenever any of the following occur:

1. When it is learned that the alleged abuser has been indicted on a charge related to sexual abuse with the facility; or
2. When it is learned the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Interview with inmate who reported a sexual abuse indicated that she received written notification from two allegations of sexual abuse she had alleged.

115.73(e) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates all notifications or attempted notifications to inmates shall be documented. Agency reports 17 notifications provided to inmates described under this standard provision for the past 12 months. Agency provided auditor with a copy of each of the notifications given to or mailed to inmates who alleged sexual abuse and sexual harassment.

115.73(f) - N/A – Auditor is not required to audit standard provision 115.73(f) per DOJ.

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.76(a) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates that employees shall be subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policy.

115.76(b) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates that 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.

115.76(c) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates that 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 violation of agency sexual abuse or sexual harassment policy over the past 12 months.

115.76(d) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates that 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.

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.77(a) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates that 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.

115.77(b) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates that 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.

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.78(a) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates that 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. In the PAQ, agency report 7 administrative or criminal findings of inmate-on-inmate sexual abuse occurring at the facility over the past 12 months. Review of the 19 allegations of sexual abuse and sexual harassment investigations which occurred over the past 12 months, auditor found only 5 allegations of sexual abuse. Further review indicated that none of the 5 cases were found to be substantiated.

115.78(b) - Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation mandates that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Interview with Facility Commander indicated that disciplinary sanctions are outlined in the Inmate Handbook. Agency provides proportionate sanctions for administrative findings. Other sanctions may be in the form of criminal charges depending on the incident and findings. Review of the 5 sexual

abuse investigations that occurred over the past 12 months found that none of them were substantiated cases, ergo no disciplinary hearings conducted.

115.78(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78(s) - In the Pre-Audit Questionnaire, the agency reports that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Interview with medical and mental health practitioners indicate facility offers referrals to Community Beyond Violence for treatment if inmate wishes.

115.78(e) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that an inmate may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78(f) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

115.78(g) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA, prohibits sexual activity between all inmates and will discipline them for such activity. Sexual activity between inmates will not constitute sexual abuse if it is determined that the activity is not coerced.

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.81(a) - Agency provided auditor with Rape & Sexual Assault Detection and Prevention (RSADP) policy which mandates that inmates identified as being "at risk" for or history of sexual victimization or abusiveness for whom custody screeners believe there is a need for medical or mental health assessment shall be referred to medical and/or mental health assessment at the time of the intake

screening. Inmates will receive the assessment within 14 days of intake. Per the PAQ, agency indicates that 100% of inmates who disclosed prior victimization during screening over the past 12 months who were offered a follow up meeting with a medical or mental health practitioner was seen within 14 days of the referral. Agency provided documentation for the 10 inmates who disclosed sexual victimization at risk screening. Mental Health documentation verifies all inmates were assessed by mental health practitioners within 14 days of intake. Interview with risk screening staff indicates inmates are seen within 3 days of intake when referred to mental health. Interview with inmates who disclosed sexual victimization at risk screening indicate they were seen by mental health within 3 - 4 days of intake.

115.81(b) - N/A – Facility is a county jail, not a prison. Standard does not apply to this agency.

115.81(c) - Agency provided auditor with Rape & Sexual Assault Detection and Prevention (RSADP) policy which mandates that inmates identified as being “at risk” for or history of sexual victimization or abusiveness for whom custody screeners believe there is a need for medical or mental health assessment shall be referred to medical and/or mental health assessment at the time of the intake screening. Inmates will receive the assessment within 14 days of intake. Per the PAQ, agency indicates that 100% of inmates who disclosed prior victimization during screening over the past 12 months who were offered a follow up meeting with a medical or mental health practitioner was seen within 14 days of the referral. Agency provided documentation for the 10 inmates who disclosed sexual victimization at risk screening. Mental Health documentation verifies all inmates were assessed by mental health practitioners within 14 days of intake. Interview with risk screening staff indicates inmates are seen within 3 days of intake when referred to mental health. Interview with inmates who disclosed sexual victimization at risk screening indicate they were seen by mental health within 3 - 4 days of intake.

115.81(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA, mandates that all information received in response to the inmate’s risk assessment questionnaire is to be treated as confidential information and shall only be reported to designated supervisors, classification staff, and medical/mental health staff. Interview with mental health practitioners and custody staff indicate all medical and mental health records are accessed only through medical and mental health staff. Information may be provided to classification staff on a need to know basis.

115.81(e) - RSADP from Nevada County Detention Facility Policy & Procedure manual mandates medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Medical and mental health staff interviews indicate they utilized the CFMG informed consent form which is specific to HIPPA and document in the electronic medical system, which was provided by Mental Health to the auditor for verification.

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

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.82(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA identifies timely medical response in the coordinated response protocol:

1. All allegations of sexual abuse, including third-parties and anonymous reports shall be reported to the facility commander or his designee.
2. The Shift Sergeant or Officer in Charge shall notify dispatch (911) and request a Nevada County Sheriffs officer to respond.
3. If the victim alleges he/she was involved with or assaulted by staff, the facility commander shall also notify the internal affairs unit.
4. The inmate shall be transported to the hospital for a forensic examination.
5. If any life-threatening injuries exist, response may include the need to request emergency transportation (i.e., ambulance). When the call is made to request an ambulance, it is critical to inform the fire/rescue dispatcher that the injured inmate is a victim of sexual assault.
 - a. Medical staff shall be cognizant to maintain intact any physical evidence which may be found on the victim's person or clothing.
 - b. Follow-up testing for pregnancy, sexually transmitted infections/diseases and HIV will be offered as clinically indicated and will be the responsibility of the hospital.

115.82(b) - 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.

115.82(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA initial response and coordinated response fail to include narrative pursuant to standard provision 115.82(b) mandating 1st responders immediately notify the appropriate medical and mental health practitioners. Interview with security and non-security 1st responders indicate they protect the inmate when a report of sexual abuse is made and inform medical and mental health staff. Mental health and medical practitioners are available 24/7 in the facility.

115.82(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that at the time forensic examination is being conducted, the Bear Clinic in Sacramento will be responsible to conduct the forensic examination of the victim and follow up testing for sexually transmitted diseases/infections, pregnancy testing, and HIV will be offered as clinically indicated. RSADP policy mandates timely access to emergency contraception for inmate sexual abuse victims who are female. Interviews with medical and mental health staff indicate inmate victims of sexual abuse are offered timely access to emergency contraception and STD prophylaxis initially during forensic examination and follow-up care with medical here at the facility.

115.82(e) - Rape & Sexual Assault Detection and Prevention (RSADP) 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.

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

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.83(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Nevada CJ Procedures Manual - Rape and Sexual Assault Prevention & Detection (RSAPD) provides mandate for medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in their facilities.

115.83(b) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Nevada CJ Procedures Manual - Rape and Sexual Assault Prevention & Detection (RSAPD) provides mandate for medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in their facilities. Interview with medical and mental health practitioners agree with policy and refer inmates to follow-up care upon discharge from Wayne Brown Detention Facility. Inmates are not transferred to Truckee Lockup Facilities as trustees if they are in need of any type of mental health or medical treatment.

115.83(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and Nevada CJ Procedures Manual - Rape and Sexual Assault Prevention & Detection (RSAPD) mandates that California Forensic Medical Group (CFMG) provides ongoing medical and mental health services and treatment and post release referrals for sexual abuse victims and abusers will be provided as determined appropriate by qualified medical and mental health practitioners. Following medical forensic examination at the hospital (Sierra Nevada Memorial hospital), once released back to the jail

staff and arrival at the jail, all victims of a sexual assault shall be referred to behavioral health for an urgent suicide risk assessment. Mental health staff shall evaluate the victim within four (4) hours of referral. Until that time, the inmate shall be placed under constant direct supervision to ensure he/she does not attempt to hurt himself/herself or someone else. Behavioral health shall be responsible to monitor victims for suicidal impulses, post-traumatic stress disorder, depression, and other mental health consequences. The victim shall be offered crisis intervention counseling, appropriate to the individual needs of the victim. Interviews with medical and mental health practitioners indicate they are board certified and provide health services consistent with the community level of care. Medical services within the facility only manage low level care. Acute or emergency treatment is handled at the Sutter Roseville Medical Center.

115.83(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that medical staff shall be cognizant to maintain intact any physical evidence which may be found on the victim's person or clothing. Follow-up testing for pregnancy, sexually transmitted infections/diseases and HIV will be offered as clinically indicated and will be the responsibility of the hospital. Interviews with medical and mental health practitioners indicate female inmate victims are provided pregnancy tests should sexually abusive vaginal penetration occurred while incarcerated.

115.83(e) - Nevada CJ Procedures Manual - Rape and Sexual Assault Prevention & Detection (RSAPD) does not mandate that if pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about the timely access to all lawful pregnancy-related medical services. Auditor was provided the wrong excerpt by the agency to support compliance for this standard provision. Interviews with medical and mental health practitioners indicate female inmate victims are provided pregnancy related medical services.

115.83(f) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that at the time forensic examination is being conducted, hospital medical staff from Sutter Roseville Medical hospital will be responsible to conduct the forensic examination of the victim and follow up testing for sexually transmitted diseases/infections, pregnancy testing, and HIV will be offered as clinically indicated.

115.83(g) - Nevada CJ Procedures Manual - Rape and Sexual Assault Prevention & Detection (RSAPD) mandates treatment services to be provided to every sexual abuse victim without financial cost and regardless of whether the victim names the abuser. Policy fails to include "or cooperate with any investigations arising out of the incident."

115.83(h) - N/A - Facility is a county jail & standard is not applicable for this agency

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.83(e) and 115.83(g). Corrective action is required.

Corrective Action:

1. Agency to amend Rape and Sexual Assault Prevention & Detection (RSAPD) to mandate that **“if pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about the timely access to all lawful pregnancy-related medical services.”**
2. Agency to amend Rape and Sexual Assault Prevention & Detection (RSAPD) to include a statement which indicates that “treatment services are provided to the victim without financial cost and **regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident”**

Auditor will conduct a 90-day status review on 2/14/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 5/15/19.

Corrective Action Completion 3/22/19:

1. 3/22/19 agency PREA Coordinator provided amendment to 115.83 which states that: **“if pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about the timely access to all lawful pregnancy-related medical services.”**
2. Auditor was in error identifying #2 as a corrective action recommendation. The language required by the standard was already provided in RSAPD page #8, B.

The agency/facility has met the requirements of Standard provision(s) 115.83(e) & 115.83(g) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.86(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 5 incident reviews were conducted at the facility excluding only unfounded incidents of sexual abuse investigations. Two of those cases were allegations of sexual abuse that occurred at other facilities. During review of 17 completed investigative reports 5 were found to be substantiated or unsubstantiated sexual abuse investigations. Incident Reviews were completed on all 5 completed investigations.

115.86(b) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that incident reviews shall ordinarily occur within 30 days of the conclusion of the investigation. Agency reports that in the past 12 months, 3 criminal or administrative investigations of alleged sexual abuse occurred resulting in incident reviews. Auditor's review of the cases indicated that two Incident Reviews occurred within 30 days of the conclusion of the investigation.

115.86(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 the Incident Review team includes Facility Commander, Medical staff and the PREA Compliance Manager with input from the investigator and any additional staff with specific information to impart to the panel.

115.86(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 standard provision 115.86(d).

115.86(e) - Agency reports that in the past 12 months, no criminal or administrative investigations of alleged sexual abuse occurred prompting recommendations for improvement or implementation of any recommendations.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.87(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 2017 annual report. Review of sheriff's website provided a version of the annual report which provided a set of definitions. Interview with the PREA Coordinator indicates the most recent version of the Survey of Sexual Violence is utilized to assist with the completion of the Annual Report. The report identified problem areas, corrective action taken by each facility or the agency as a whole.

115.87(b) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates incident-based sexual abuse data shall be aggregated at least annually. Review of 2017 annual report, provides aggregated incident-based sexual abuse data for both Wayne Brown and Truckee Facilities.

115.87(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA 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 2017 annual report. Review of sheriff's website provided a version of the annual report which provided a set of definitions. Interview with the PREA Coordinator indicates the most recent version of the Survey of Sexual Violence is utilized to assist with the completion of the Annual Report. The report identified problem areas, corrective action taken by each facility or the agency as a whole.

115.87(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that all data collected shall be maintained, reviews as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87(e) - N/A - Agency reports it does not contract with other facilities for the confinement of inmates

115.87(f) - N/A – Agency reports DOJ has not requested agency data

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

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.88(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates All data collected and aggregated pursuant to § 115.87 shall be reviewed in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its finding and corrections actions for each facility, as well as the agency as a whole.

Interview with Agency Head designee indicates Annual Report is reviewed annually looking for trends, specific locations where incidents occur, population. Agency takes corrective action of conduct physical plant improvements.

115.88(b) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that 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. Auditor verified 2017 annual report has been uploaded to the agency website. The Annual Report is compliant with this standard provision. Review of 2017 Annual Report on agency website indicates comparison of data from 2014 to 2017. Report includes narrative which discusses the improvements made to address sexual abuse and improve sexual safety.

115.88(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that 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 2017 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 the Annual Report on the agency website.

115.88(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that 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.

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.89(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that 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 Administrative Sergeant is designated to maintain all collected documentation.

115.89(b) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that 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 this data is available in the 2017 Annual Report accessible through the Agency website.

115.89(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that prior to making aggregated sexual abuse data publicly available all personal identifiers shall be removed. Review of the 2017 Annual Report on agency website verifies all personal identifiers have been removed.

115.89(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that sexual abuse data collected pursuant to standard 115.87 shall be maintained for at least 10 years after the date of the initial collection.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency has two facilities, Wayne Brown Main Jail and Truckee Lockup facility. Both facilities were audited during the last cycle and both are currently being audited for this second year of the current cycle. During the physical plant review, auditor was provided access to all areas within the facility. There are no outbuildings attached to the Wayne Brown Detention facility. Auditor was provided all documentation as requested, to include electronically stored information. Auditor was permitted to conduct both formal and informal interviews of both detainees and staff. Informal interviews were conducted during the physical plant review. Formal interviews were conducted in a confidential setting

so that neither detainees nor fellow staff could interrupt or view the interviews that were conducted. Auditor discussed the correspondence procedures to be followed when detainees wish to utilize inmate mail to connect with auditor using the Notice of Auditor written protocols. Auditor was informed that the procedure was to treat inmate correspondence with auditor as legal mail. Detainees were allowed to correspond with the auditor if they chose. Auditor did not receive any written communication or correspondence of any kind from inmate(s) housed in the facility.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Auditor verified that the 2016 Wayne Brown Detention Facility and 2016 Final PREA Summary Report is provided for public viewing on the agency website. 2016 was the first PREA audit cycle for the Nevada County Sheriff's Office.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Eric I Woodford

5/2/19

Auditor Signature

Date

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

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