

Prison Rape Elimination Act (PREA) Audit Report Lockups

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 Lockup Visit: 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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 2

Lockup Information

Name of Lockup: Nevada County Sheriff's Office, Truckee Jail
Physical Address: 10879 Donner Pass Rd. Truckee CA 96160

Mailing Address (if different than above): PO Box 669 Truckee CA 96160

Telephone Number: (530) 550-3068

The Lockup Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
Lockup Type:	<input type="checkbox"/> Police	<input checked="" type="checkbox"/> Sheriff	<input type="checkbox"/> Court Holding	<input type="checkbox"/> Other

Lockup Mission: We are committed to providing excellence in public service in partnership with our community.

Lockup Website with PREA Information: mynevadacounty.com

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Jeff Pettitt **Title:** Division Commander
Email: jeff.pettitt@nevada.ca.us **Telephone:** (530) 265-7128

Lockup PREA Compliance Manager

Name: David Nine **Title:** Correctional Officer
Email: David.nine@co.nevada.ca.us **Telephone:** (530) 550-3068

Lockup Health Service Administrator

Name: Laurie Adams **Title:** Program Manager
Email: laurie.adams@co.nevada.ca.us **Telephone:** (530) 265-1291 x1523

Lockup Characteristics

Designated Lockup Capacity: 12	Current Population of Lockup: 2
Number of detainees admitted to lockup during the past 12 months	84
Number of detainees admitted to lockup during the past 12 months who were transferred from a different community confinement lockup:	unknown
Number of detainees admitted to lockup during the past 12 months whose length of stay in the lockup was for 30 days or more:	Click or tap here to enter text.
Number of detainees admitted to lockup during the past 12 months whose length of stay in the lockup was for 72 hours or more:	Click or tap here to enter text.
Number of detainees on date of audit who were admitted to lockup prior to August 20, 2012:	Click or tap here to enter text.
Age Range of Population:	<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Juveniles <input type="checkbox"/> Youthful detainees
29-37	N/A N/A
Are youthful detainees housed separately from the adult population	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Number of juveniles/youthful detainees held in the lockup during the past 12 months:	NONE
Are detainees housed overnight?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Average length of stay or time under supervision:	Less than 1 day
Lockup Security Level:	Med/Max/Min
Detainee Custody Levels:	Same as above
Number of staff currently employed by the lockup who may have contact with detainees:	8
Number of staff hired by the lockup during the past 12 months who may have contact with detainees:	10

Number of contracts in the past 12 months for services with contractors who may have contact with detainees:	1
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Physical Plant

Number of Buildings: 1	Number of Single Cell Holding Areas: None
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Number of Multiple Cell Holding Areas: 4	Click or tap here to enter text.
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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.):

14 cameras, hybrid DVR and 40" LED multiplex monitor. There are interior and exterior cameras positioned to view the highest traffic areas excluding the housing cells where detainees disrobe and perform eliminatory functions. The DVR is located in the jails control station and is capable of storing up to nine weeks of video footage per camera. Viewing of the video is only capable in the jail control room and the 911 communications center in Nevada City.

Medical

Type of Medical Lockup:	No medical facility on site. Officers are trained in Fire/Life Safety, CPR and First aid. The EMS and local hospital (Tahoe Forrest) provide higher levels of care.
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Forensic sexual assault medical exams are conducted at:	Sutter Roseville Medical Center. Roseville, CA.
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Other

Number of contractors and detainees currently working in the lockup:	2
Number of volunteers, who may have contact with detainees, authorized to enter the lockup:	0
Number of volunteers and individual contractors currently authorized to enter the lockup:	0
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 Truckee Lockup Facility 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 to be posted in both the Wayne Brown Detention facility and the Truckee Lockup facility. 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.

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 the 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 all staff assigned to both facilities:

- 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 Truckee Lockup 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 2 staff members per shift. The contractors and volunteers were selected at random based upon their job titles. There is only one contractor assigned to the Truckee Lockup facility. No volunteers are allowed in the facility. No inmates were housed in the Truckee Lockup facility when selections were to be made and no inmates were housed there during the audit. Two inmate trustees are assigned to the Truckee Lockup facility. Auditor provided agency with a completed interview listing on first day of the onsite audit.

The on-site review began on 11/14/18 with an entry briefing. Only attendee was the PREA Coordinator. During the briefing, conduct of the audit was discussed. Following the in briefing, the physical plant review was conducted by the PREA Coordinator and custody deputy. Truckee Lockup facility is one building with four housing areas, two male housing cells, one female housing cell, and one two bed room for the trustees. The inmate population at time of physical plant review was 0.

All hallways leading to the housing cells are monitored by multiple cameras. Doors to cell area access are controlled by Central Control. Facility is supervised by 2 correctional deputies on 12-hour shifts. Truckee Lockup facility housing capacity is 12 inmates. The facility houses both male and female inmates. The female cell area is in a secure facility separated by sight and sound from the male cells. Physical plant review is as follows:

Living Unit: T-103 & T-104 – Male housing cells – housing capacity 4 inmates each

PREA Information Posted: PREA Posters outside of housing cell Auditor Notice Posted? Notice of Auditor posted in hallway across from cells

Opposite Sex Viewing: None, facility placed privacy walls along the cell bars to avoid cross-gender viewing during toileting.

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

Announcement made: No announcement observed as there are no inmates housed during the physical plant review.

Informal Discussion with Staff (Not Interviews): Auditor asked about when cross-gender announcements are made when entering the housing cell area. Deputies announce at the door prior to entering the area.

General Discussion with Inmates (Not Interviews): None

Phones: Located in housing cells

Supervision (staff to inmate ratio): 1 male and 1 female Deputy assigned each 12-hour shift

Showers and Bathrooms (privacy, opposite gender viewing?): 1 shower in the facility for inmates to use. Shower is PREA compliant. Bathrooms are inside housing cells and where shower is.

Recreation Areas/TV/Multi-Purpose: NONE

Living Unit: T-102 - Female housing cell – housing capacity 2 inmates

PREA Information Posted: Outside cell on wall Auditor Notice Posted: Entry to facility in booking

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

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

Announcement made: None observed, no female inmates housed when audit was conducted

Informal Discussion with Staff (Not Interviews): NONE

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

Phones: Located in housing cells

Supervision (staff to inmate ratio): 1 male and 1 female Deputy assigned each 12-hour shift

Showers and Bathrooms (privacy, opposite gender viewing?): 1 shower in the facility for inmates to use.

Shower is PREA compliant. Each housing cell has a toilet and 1 toilet in Shower area.

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

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

PREA Information Posted: Posters inside unit

Auditor Notice Posted: Booking area and hallway leading to trustee housing

Opposite Sex Viewing: NONE

Camera Placement: Hallway leading to Trustee housing door

Announcement made: None observed. Only one trustee available during the onsite audit. Other trustee was on loan to Placer County Sheriff's Office. The lone trustee had a medical appointment, returning late in the day for interview.

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

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

Phones: Located in housing cells and intake area

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

Showers and Bathrooms (privacy, opposite gender viewing?): 1 shower in the facility for trustees to use. Shower is PREA compliant. Toilet located in shower area provides privacy with two area entry/exit doors and privacy screen

Receiving and Discharge (Intake)

Strip Areas (Private?): The Shower area, Female housing cell T-102 for females, Male housing cell T-103 for males if unoccupied and trustees secured out of the area. Both areas are not viewable by camera.

Interview Areas (Confidential): Interview room is outside central/dispatch room near the patrol Sergeant's office. Access to interview room is monitored by camera and with direct supervision from central/dispatch room.

PREA Information Posted: In booking area near phone

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

Facilities (Mechanical Services)

Camera Placement: Throughout all hallways Storage Areas: Storage closets off Admin Hallway

Food Service/Kitchen

Dining Rooms: None, inmates fed in cells

Officer Dining Area: Main control

Kitchen: Off Admin/Control hallway

Coolers: In kitchen

Freezers: In kitchen

Dry Goods Storage: In kitchen cabinet

Garbage Area: Dumpster off kitchen, covered by camera

Dishroom: Located in kitchen

Camera Placement: Very small kitchen area, no cameras in Kitchen

Supervision: Officers on duty

Isolated areas: None, hallway leading to kitchen, Laundry, Control (Old Dispatch) & Staff Bathroom is covered by cameras and directly behind the Control room.

Outside Areas

Intake: Monitored by 2 cameras with rollup door for security

Administration/Control

Offender Access: Limited access by trustees, no trustee access to Control (Old Dispatch) **PREA Information:** On hallway walls

Third Party Info: In lobby

Lockup Characteristics

The Nevada County Sheriff Truckee Substation Facility is located at 10879 Donner Pass Road Truckee CA 96161. The facility was built 1970 and has an in-direct supervision design capacity of 12 inmates with an average population of 3 inmates. Housing units are constructed with old-style "bars" as physical barriers. The facility is used to temporarily house persons arrested in the Truckee area and inmates who are transported daily from the Wayne Brown Correctional Center for court appearances at the Eastern County Superior Court. The substation is a Type 1 facility that house inmates for a maximum of 96 hours excluding weekends and holidays. The facility possesses of four housing units with capacity rating as follows:

T101 2 inmates

T102 2 inmates

T103 4 inmates

T104 4 inmates

2 inmate workers (trustees) are housed in the facility along with 2 correctional officers. Correctional officers work 12-hour shifts, supervised by a patrol sergeant. The facility has an intake sally port and booking/holding area, 2 male housing cells and 1 female housing cell with each capable of housing 4 inmates. The trustee housing area houses 2 male trustees. The facility has a central control room manned by 2 correctional staff for each shift. Laundry room, kitchen and supply room are located near the control room and manned by inmate trustees.

No programming is provided for inmates detained in the lockup cells due the short duration of their hold status.

Interim Summary of Audit Findings

On November 14, 2018 through November 15, 2018 a PREA audit tour was conducted at the Truckee Lockup Facility, located in Tahoe City, California. Summary of audit findings are as follows:

Number of Standards Exceeded: None

Number of Standards Met: 31

115.111, 115.112, 115.113, 115.114, 115.115, 115.116, 115.118, 115.122, 115.131, 115.134, 115.141, 115.151, 115.154, 115.161, 115.162, 115.163, 115.164, 115.165, 115.166, 115.167, 115.172, 115.176, 115.177, 115.178, 115.182, 115.186, 115.187, 15.188, 115.189, 115.401 and 115.403.

Number of Standards Not Met: 4

115.117, 115.121, 115.132, and 115.171

Summary of Corrective Action (if any)

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:

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).

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:

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.

115.71(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.

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.

Final Summary of Audit Findings

On November 14, 2018 through November 15, 2018 a PREA audit tour was conducted at the Truckee Lockup Facility, located in Tahoe City, California. Summary of audit findings are as follows:

Number of Standards Exceeded: None

Number of Standards Met: 35

115.111, 115.112, 115.113, 115.114, 115.115, 115.116, 115.117, 115.118, 115.121, 115.122, 115.131, 115.132, 115.134, 115.141, 115.151, 115.154, 115.161, 115.162, 115.163, 115.164, 115.165, 115.166, 115.167, 115.171, 115.172, 115.176, 115.177, 115.178, 115.182, 115.186, 115.187, 15.188, 115.189, 115.401 and 115.403.

Number of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.111: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.111 (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

115.111 (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 lockups? 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.111(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 detainees. 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 detainees through corrective action reviews and data collection.

115.111(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 proactive. 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.

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

Standard 115.112: Contracting with other entities for the confinement of detainees

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

115.112 (a)

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

115.112 (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 detainees OR the response to 115.112(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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.112(a) and 115.112(b) – N/A - Agency does not contract for the confinement of detainees.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.112.

Standard 115.113: Supervision and monitoring

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

115.113 (a)

- Does the agency ensure that it has developed for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse? Yes No
- Does the agency ensure that it has documented for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse? Yes No
- Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The physical layout of each lockup? Yes No

- Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the detainee population? Yes No
- Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.113 (b)

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

115.113 (c)

- In the past 12 months, has the lockup 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 lockup assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to the lockup's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to the resources the lockup has available to commit to ensure adequate staffing levels? Yes No

115.113 (d)

- If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Continuous direct sight and sound supervision? Yes No
- If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Single-cell housing or placement in a cell actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is determined to be feasible? 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

- 115.113(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 Truckee facility staffing mandates staffing plan is predicated on sufficient personnel to conduct counts/safety checks of detainees through direct visual supervision of all detainees and ensure the implementation of all programs and activities required by CCR Title 15. This allows for minimal staffing of one Sergeant from patrol division assigned to each shift during normal operations & in absence of Sergeant, a corrections supervisor at the western facility (WBCF) is available for consultation 24/7. The corrections supervisor periodically makes on-site visits to the Truckee facility. During emergencies where a shortage of supervisors may exist, the facility commander or designee will be the supervisor. Line staff consists of 2 officers per shift. 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 4 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 Truckee Lockup 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 4 criteria outlined in standard provision 115.13(a) is discussed.
- 115.113(b) - There have been no Staffing Plan deviations over the past 12 months. 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 annual review.
- 115.113(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 6/21/18. Staffing plan includes the facility's deployment of video monitoring systems and monitoring technologies. Truckee Detention Facility includes cameras in all sections, hallways, booking area and vehicle sallyport. 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.

115.113(d) - Interview with security staff indicates vulnerable detainees are transported to Wayne Brown Detention Facility and are not held at Truckee. Pending transport, vulnerable detainees are maintained in a separate holding area. Truckee Detention facility does not house youthful offenders.

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

Standard 115.114: Juveniles and youthful detainees

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

115.114 (a)

- Are juveniles and youthful detainees held separately from adult detainees? (N/A if the lockup does not hold juveniles or youthful detainees (detainees <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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.114(a) - N/A - Facility does not house youthful detainees. 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 115.115: Limits to cross-gender viewing and searches

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

115.115 (a)

- Does the lockup 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

115.115 (b)

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

115.115 (c)

- Does the lockup implement policies and procedures that enable detainees 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 lockup require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.115 (d)

- Does the lockup always refrain from searching or physically examining transgender or intersex detainees for the sole purpose of determining the detainee's genital status? Yes No
- If a detainee's genital status is unknown, does the lockup determine genital status during conversations with the detainee, 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

115.115 (e)

- Does the agency train law enforcement 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 agency train law enforcement staff in how to conduct searches of transgender and intersex detainees 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

- 115.115(a) - Corrections Policy Division Directive 2 Searching of Detainees prohibits cross gender strip or cross gender visual body cavity searches of detainees. 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 detainees over the past 12 months.
- 115.115(b) - Policies Division Directive #69, Division Directive #6 Inmate Counts mandates facility document all cross-gender pat-down searches of female detainees. 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.
- 115.115(c) - 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 detainees 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 1 inmate and 4 staff indicate detainees have the ability to shower, toilet and perform bodily functions without being viewed by staff of the opposite sex. During facility review, auditor observed the single shower located between security doors which does not provide for cross-gender viewing. Cameras in hallways do not provide viewing during toileting. There are solid barriers welded to cell bars which does not allow cross-gender viewing during toileting when staff enter the holding area. There are two holding areas for men and one for women. Both areas are separated by a wall and hallway. Housing for the two trustees are at the end of

the hallway and is in a dorm room. No detainees were housed in either the male or female areas during the onsite visit. One trustee was available during the visit and indicated that staff announce as they enter the hallway area prior to reaching the male and female holding areas. Interview with staff indicate all staff announce prior to or upon entry into the male or female 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 detainees of the opposite gender.

- 115.115(d) - Corrections Division Directive #2 policy prohibits staff from physically searching transgender or intersex detainees for the sole purpose of determining their genital status. Interview with random sample of 4 staff verifies their education and knowledge of PREA mandates and policy regarding prohibited searches of detainees to determine their genital status.
- 115.115(e) - 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 detainees as outlined in the California Penal Code. Electronic training acknowledgement and roster was also provided by agency. Interview with random sample of 10 staff, assigned to both Wayne Brown Detention Facility and Truckee Lockup facility indicates they have received initial or refresher training on how to conduct cross-gender pat-down searches of detainees in 2017 & 2018.

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

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

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

115.116 (a)

- Does the agency take appropriate steps to ensure that detainees 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: Detainees who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that detainees 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: Detainees who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that detainees 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: Detainees who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that detainees 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: Detainees who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that detainees 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: Detainees who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that detainees 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 detainees 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 detainees with disabilities including detainees 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 detainees with disabilities including detainees 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 detainees with disabilities including detainees who: Are blind or have low vision? Yes No

115.116 (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 detainees 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

115.116 (c)

- Does the agency always refrain from relying on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of

first-response duties under §115.164, or the investigation of the detainee'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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.116(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that during the intake booking process all detainees will receive information about sexual abuse, sexual misconduct, and sexual harassment. The information shall be communicated orally, visually or in writing accessible to all detainees including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees 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 detainees 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 detainees 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 and I Reported communication with disability-LRS – Washington University Ending the Silence magazines to be used with detainees who have difficulty understanding their PREA rights or detainees who are developmentally disabled. Interview with disabled detainees 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 detainees have little or no reading abilities during the intake and screening process by having them read a standard narrative at the intake desk. Interview with facility staff and PREA Coordinator indicates disabled detainees are transported to Wayne Brown detention facility for housing. Interview with Agency Head designee indicates facility has multiple ways of communicating with disabled, LEP detainees 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. Agency provided auditor with the PURPLE signed agreement and the rates & policies to

communicate with deaf and mute detainees. The billing is by annual subscription from May 2018 to April 2019.

115.116(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA Sexual Misconduct and Abuse-PREA mandates that during the intake booking process all detainees will receive information about sexual abuse, sexual misconduct, and sexual harassment. The information shall be communicated orally, visually or in writing accessible to all detainees including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees 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. Agency provided auditor with copy of a 10/16/18 Language Line interpreting service for detainees 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 detainees identified as LEP indicate there are many staff who speak Spanish and can interpret effectively. Detainees 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.

115.116(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 detainees' 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 115.117: Hiring and promotion decisions

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

115.117 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement lockup, juvenile lockup, 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 detainees 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 detainees 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 detainees who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement lockup, juvenile lockup, 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 detainees 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 detainees who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.117 (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 detainees? Yes No

115.117 (c)

- Before hiring new employees, who may have contact with detainees, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with detainees, 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

115.117 (d)

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

115.117 (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 detainees or have in place a system for otherwise capturing such information for current employees? Yes No

115.117 (f)

- Does the agency ask all applicants and employees who may have contact with detainees 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 detainees 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

115.117 (g)

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

115.117 (h)

- Unless prohibited by law, 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.117(a) - Policy Division Directive #69 sexual misconduct and abuse prohibits the hiring or promoting anyone who may have contact with detainees or enlisting the services of any contractor who may have contact with detainees 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.

- 115.117(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 detainees. 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.
- 115.117(c) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse mandates that before agency hires any new employees who may have contact with detainees, 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 detainees. 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.
- 115.117(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse mandates that Before hiring new employees who may have contact with detainees, 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 detainees, both have completed background checks via CBI/FBI and work at the Wayne Brown Detention Facility. Auditor requested a list of contractors assigned to the Truckee lockup 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.

- 115.117(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.

- 115.117(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.
- 115.117(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.
- 115.117(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) 115.117(d). Corrective action is required.

Corrective Action Recommendation:

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 115.117(d) compliance verification.
2. Agency to provide auditor with a blank copy of a complete application package to include the personal history statement to verify compliance with standard provisions 115.117(f) and 115.117(g).

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. Background Completed January 2nd 2019 for the only contractor hired between 1/1/19 and 4/1/19 who is employed by the Corrections Technology Group. 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 115.117(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.

2. Agency provided auditor with copy of the blank hire packet used for contractors.

The agency/facility has met the requirements of Standard provision(s) 115.117(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.117.

Standard 115.118: Upgrades to facilities and technologies

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

115.118 (a)

- If the agency designed or acquired any new lockup 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 detainees from sexual abuse? (N/A if agency/lockup has not acquired a new lockup or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.118 (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 detainees from sexual abuse? (N/A if agency/lockup 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

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- 115.118(a) - The agency has not acquired a new lockup or made a substantial expansion to existing facilities since the last PREA Audit which occurred in 2016.
- 115.118(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. Interview with Agency Head designee and Facility Commander indicates the video monitoring system was recently upgraded. Facility leadership also continually looks for needed improvement. Auditor observed upgraded video monitoring system which records up to 1 year.

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

RESPONSIVE PLANNING

Standard 115.121: Evidence protocol and forensic medical examinations

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

115.121 (a)

- If the agency is responsible for investigating allegations of sexual abuse in its lockups, 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/lockup is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.121 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/lockup 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/lockup is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.121 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside lockup, 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

115.121 (d)

- If the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, does the agency permit the detainee to use such services to the extent available, consistent with security needs? Yes No

115.121 (e)

- 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/lockup is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

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

- 115.121(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:

- A. Separate the alleged victim and abuser;
- B. Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence;
- C. 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;
- D. Attempt to obtain the identity of the suspect and any possible witnesses, but do not interview the victim further;
- E. 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.
- F. 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.

- 115.121(b) - Evidence protocol is not developmentally appropriate for youth as facility does not house youthful detainees. 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.
- 115.121(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.

- 115.121(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.

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 detainees 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.

- 115.121(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.

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

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.121(d) and corrective action is required.

Corrective Action Recommendation:

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 3/9/18 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) 115.121(d) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.121.

Standard 115.122: Policies to ensure referrals of allegations for investigations

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

115.122 (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

115.122 (b)

- If another law enforcement agency is responsible for conducting investigations of allegations of sexual abuse and sexual harassment in its lockups, does the agency have a policy in place to ensure that such allegations are referred for investigation to an agency with the legal authority

to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? [N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).] Yes No NA

- Has the agency published such policy, including a description of responsibilities of both the agency and the investigating entity, on its website or, if it does not have one, made the policy available through other means? [N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).] Yes No NA
- Does the agency document all such referrals? [N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).] Yes No NA

115.122 (c)

- Auditor is not required to audit this provision.

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

115.122(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 detainees 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.

115.122(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.

115.122(c) - N/A - Agency conducts their criminal investigations, therefore, standard provision 115.122(c) does not apply to this agency.

115.122(d) - Auditor is not required to audit standard provision 115.212(d) per DOJ.

Recommendation:

Recommend 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 115.122.

TRAINING AND EDUCATION

Standard 115.131: Employee and volunteer training

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

115.131 (a)

- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: Its zero-tolerance policy and detainees' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The dynamics of sexual abuse and sexual harassment in confinement, including which detainees are most vulnerable in lockup settings? Yes No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The right of detainees and employees to be free from retaliation for reporting sexual abuse or harassment? Yes No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to communicate effectively and professionally with all detainees? Yes No
- Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.131 (b)

- Have all current employees and volunteers who may have contact with detainees received such training? Yes No
- Does the agency provide each employee and volunteer with annual refresher information to ensure that they know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

115.131 (c)

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

- 115.131(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 115.131 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.
- 115.131(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA and training course outline provides training which covers both male, female and LGBTI community detainees. Both Truckee facility and Wayne Brown facility house male and female detainees. Staff are assigned to work in housing units that house both male and female detainees. Training curriculum is tailored to the inmate population.
- 115.131(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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.131.

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

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

115.132 (a)

- During the intake process, do employees notify all detainees of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

115.132 (b)

- Does the agency ensure that, upon entering the lockup, all contractors and any detainees who work in the lockup are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.132(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 detainees 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 detainees 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 procedure 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 detainees have been trained in PREA. There is only one contractor assigned to the Truckee Lockup facility. 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.

- 115.132(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 detainees 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 detainees 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.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.132(a) and corrective action is required.

Corrective Action Recommended:

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 115.132(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. Initial PREA Education completed 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) 115.132(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.132.

Standard 115.134: Specialized training: Investigations

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

115.134 (a)

- In addition to the general training provided to all employees pursuant to §115.131, 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 115.121(a).] Yes No NA

115.134 (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 115.121(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 115.121(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 115.121(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 115.121(a).]

Yes No NA

115.134 (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 115.121(a).]
 Yes No NA

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

- 115.134(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates in addition to general training provided to all employees pursuant to (§115.131), 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. One of the 8 special investigators are assigned to the Truckee Lockup facility.
- 115.134(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.

115.134(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.

115.134(d) - Auditor is not required to audit standard provision 115.134 per DOJ.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.134.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.141: Screening for risk of victimization and abusiveness

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

115.141 (a)

- If the lockup is not utilized to house detainees overnight, before placing any detainees together in a holding cell do staff consider whether, based on the information before them, a detainee may be at a high risk of being sexually abused? (N/A if the lockup is utilized to house detainees overnight.) Yes No NA
- When appropriate, do staff take necessary steps to mitigate such danger to the detainee? (N/A if the lockup is utilized to house detainees overnight.) Yes No NA

115.141 (b)

- If the lockup is utilized to house detainees overnight, are all detainees screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees? (N/A if lockup is NOT used to house detainees overnight.) Yes No NA

115.141 (c)

- In lockups described in paragraph (b) of this section, do staff always ask the detainee about his or her own perception of vulnerability? (N/A if lockup is NOT used to house detainees overnight.) Yes No NA

115.141 (d)

- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability? (N/A if lockup is NOT used to house detainees overnight.) Yes No NA
- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The age of the detainee? (N/A if lockup is NOT used to house detainees overnight.) Yes No NA
- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The physical build and appearance of the detainee? (N/A if lockup is NOT used to house detainees overnight.) Yes No NA
- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has previously been incarcerated? (N/A if lockup is NOT used to house detainees overnight.) Yes No NA
- Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The nature of the detainee's alleged offense and criminal history? (N/A if lockup is NOT used to house detainees overnight.) 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

- 115.141(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA all detainees shall be screened during the booking intake process to assess their risk of being sexually abused by other detainees or sexually abusive towards other detainees. 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 1 inmate indicate detainees are provided screening within 72 hours of intake and rescreening within 30 days of intake. Since the lockup only houses detainees for no more than 4 to 6 days, the rescreening will be conducted at Wayne Brown Detention facility
- 115.141(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 612 detainees 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 detainees 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 1 detainee indicate detainees are provided screening within 72 hours of intake using an objective screening instrument. Review of 20 inmate screening records, which is maintained in the electronic Jail Management System (JMS). Verifies agency's compliance with this standard provision.
- 115.141(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 115.141(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.
- 115.141(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 10 criteria, 5 of which is mandated standard provision 115.141(d). Interview with random sample of 4 staff, who also serve as risk screening staff, indicates that when the weighted risk assessment questionnaire returns results of high scores, detainee is transferred to Wayne Brown Detention facility and medical is notified.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.141.

REPORTING

Standard 115.151: Detainee reporting

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

115.151 (a)

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

115.151 (b)

- Does the agency also provide at least one way for detainees 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 detainee reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the detainee to remain anonymous upon request? Yes No

115.151 (c)

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

115.151 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of detainees? 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

- 115.151(a) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA provides multiple internal methods for detainees to privately report sexual abuse and sexual harassment and retaliation by staff or detainees 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 4 staff and 1 detainee indicate their knowledge and training with regards to multiple ways to report sexual abuse/harassment and retaliation both internally and privately.
- 115.151(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 detainees 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 detainees detained solely for immigration purposes contact information to relevant consular officials and relevant officials at the Department of Homeland Security. Interview with PREA Coordinator and random sample of 1 detainee indicates that detainees are provided reporting information and contact numbers on posters next to phones inside their housing units. Auditor observed this information located in each housing cell. Agency provides this information during booking/intake to include the Inmate Handbook. The one interviewed detainee exhibited his knowledge and education with regards to the methods they can report abuse or harassment to a public or private entity.
- 115.151(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 4 staff & 1 detainee 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. The interviewed detainee is aware of his reporting rights.

- 115.151(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 detainees. 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 detainees to Human Resources. Interview with random sample of 4 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 115.151.

Standard 115.154: Third-party reporting

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

115.154 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment in its lockups? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee? 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.111(a) - PREA policy 2-1 mandates detainees, visitors, offender family members/associates and other community members can privately report allegations of sexual abuse and sexual harassment, any retaliation by other detainees 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 is 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 115.154.

OFFICIAL RESPONSE FOLLOWING A DETAINEE REPORT

Standard 115.161: Staff and agency reporting duties

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

115.161 (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 an agency lockup? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against detainees or staff who reported such an incident? 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

115.161 (b)

- Apart from reporting to designated supervisors or officials, do 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 and investigation decisions? Yes No

115.161 (c)

- 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

115.161 (d)

- Does the agency report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency'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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.161(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 detainees 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 4 staff indicate their knowledge & training with regards to their responsibilities to an incident of sexual abuse or harassment.

- 115.161(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 4 staff indicates providing or revealing information to anyone who is not on a need to know basis is prohibited.
- 115.161(c) - 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 Agency Head designee 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. Note: agency does not house detainees under 18 years of age at the Truckee Detention facility.
- 115.161(d) - 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 115.161.

Standard 115.162: Agency protection duties

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

115.162 (a)

- When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the detainee? 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.162(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 4 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. There is no record of any allegations of sexual abuse or sexual harassment from the Truckee Lockup facility.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.162.

Standard 115.163: Reporting to other confinement facilities

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

115.163 (a)

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

115.163 (b)

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

115.163 (c)

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

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

- 115.163(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 not received any allegations that detainees were abused while confined at another facility.
- 115.163(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.
- 115.163(c) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates such notification shall be documented
- 115.163(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 115.163.

Standard 115.164: Staff first responder duties

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

115.164 (a)

- Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement 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 a detainee was sexually abused, is the first law enforcement 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 a detainee was sexually abused, is the first law enforcement 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

115.164 (b)

- If the first staff responder is not a law enforcement staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify law enforcement 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 lockup does

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

115.164(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 no allegations of sexual abuse in the past 12 months. Interview with both staff and the one contractor assigned as maintenance to the Truckee Lockup facility provided auditor with the 1st responder protocol which is compliant with the PREA standards specific to their role as custody or non-custody 1st Responder.

115.164(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 4 staff 1st Responders, and the one contractor assigned as maintenance to the Truckee Lockup facility 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 115.164.

Standard 115.165: Coordinated response

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

115.165 (a)

- Has the agency 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 a lockup incident of sexual abuse? Yes No
- If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law and unless the victim requests otherwise, inform the receiving facility of the incident and the victim's potential need for medical or social services? Yes No

115.165 (b)

- If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the incident unless the victim requests

otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.) Yes No NA

- If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the victim's potential need for medical or social services unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.) 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.165(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 Truckee Lockup Facility:

Coordinated response (§ 115.165):

- 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) at Wayne Brown Detention facility shall be notified immediately.
- C. If there is an immediate medical emergency, the inmate is to be immediately taken to Tahoe Forest Hospital
- D. Forensic medical examinations shall be offered for all victims of sexual abuse where evidentiarily or medically appropriate.
- 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.
- F. If there is no immediate emergency the inmate will be transported to Wayne Brown Correctional Facility for medical assessment.
- G. 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.
- H. 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.
- I. 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 Facility Commander indicates there is a Coordinated Response plan, specific to the Truckee Lockup facility which provides protocols for all departments 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 115.165.

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

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

115.166 (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 detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.166 (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

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115.166(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 detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

115.166(b) - Auditor is not required to audit provision 115.166(b).

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.166.

Standard 115.167: Agency protection against retaliation

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

115.167 (a)

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

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

115.167 (b)

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

115.167 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees or staff who have reported sexual abuse? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees who were reported to have suffered sexual abuse? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Act promptly to remedy any such retaliation? Yes No

115.167 (d)

- 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

115.167 (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

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

- 115.167(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.
- 115.167(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 detainees or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interview with Agency Head designee and Facility Commander, indicate multiple measures to protect detainees from abusers which include housing transfers, facility transfers, removal of staff from victim housing areas pending investigation and providing emotional support for detainees and staff who fear retaliation for reporting sexual abuse or cooperating with investigations.
- 115.167(c) - Policy Division Directive #69 mandates the facility commander shall ensure that the conduct and treatment of detainees 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.
- 115.167(d) - 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.
- 115.167(e) - Auditor is not required to audit standard provision 115.167(e) per DOJ.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.167.

INVESTIGATIONS

Standard 115.171: Criminal and administrative agency investigations

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

115.171 (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/lockup is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.121(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/lockup is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.121(a).] Yes No NA

115.171 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.134? Yes No

115.171 (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

115.171 (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

115.171 (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 detainee or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.171 (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

115.171 (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

115.171 (h)

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

115.171 (i)

- Does the agency retain all written reports referenced in 115.171(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.171 (j)

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

115.171 (k)

- Auditor is not required to audit this provision.

115.171 (l)

- When an outside entity investigates sexual abuse, does the agency 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 115.121(a).] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

- 115.171(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. One of the special investigators are assigned to Truckee Lockup facility to investigate criminal sexual abuse allegations. There has been no sexual abuse allegations from the Truckee Lockup facility over the past 12 months. Review of the 19 allegations of sexual abuse and sexual harassment investigated over the past 12 months from the Wayne Brown Detention facility determines all 19 were investigated thoroughly by investigators who are certified in the investigations of sexual abuse cases in a correctional setting through NIC.
- 115.171(b) - Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates in addition to general training provided to all employees pursuant to (§115.131), 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 at the Wayne Brown Detention facility were conducted by any member of the Major Crimes Unit.

- 115.171(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.
- 115.171(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 the prosecution is contacted prior to conducting any compelled interviews. None of the 19 Wayne Brown Detention facility investigations that occurred over the past 12 months were referred to the DA for prosecution. No compelled interviews were conducted during that period.
- 115.171(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.
- 115.171(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.

- 115.171(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.
- 115.171(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.
- 115.171(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.
- 115.171(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.
- 115.171(k) - N/A – Auditor is not required to audit standard provision 115.171(k) per DOJ.
- 115.171(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) 115.171(b). Corrective action is required.

Corrective Action Recommendation:

1. 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 3/9/19:

1. 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) 115.171(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.171.

Standard 115.172: Evidentiary standard for administrative investigations

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

115.172 (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

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

115.172(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 115.172.

DISCIPLINE

Standard 115.176: Disciplinary sanctions for staff

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

115.176 (a)

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

115.176 (b)

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

115.176 (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

115.176 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.176(a) - Policy #69 Sexual Misconduct and Abuse PREA mandates that:

- A. Employees shall be subject to disciplinary sanctions up to and including termination for violating this policy.
- B. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
- C. 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.
- D. 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.

115.176(b) - Policy #69 Sexual Misconduct and Abuse PREA mandates that 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.

115.176(c) - Policy #69 Sexual Misconduct and Abuse PREA 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.

115.176(d) - Policy #69 Sexual Misconduct and Abuse PREA 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 115.176.

Standard 115.177: Corrective action for contractors and volunteers

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

115.177 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with detainees? 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

115.177 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the lockup take appropriate remedial measures, and consider whether to prohibit further contact with detainees? 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.177(a) - Policy #69 Sexual Misconduct and Abuse PREA mandates that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees 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 detainees over the past 12 months.

115.177(b) - Policy #69 Sexual Misconduct and Abuse PREA mandates that appropriate remedial measure shall be taken in addition to considering whether to prohibit further contact with detainees, in the case any other violation of this policy by a volunteer or contractor. Interview with Agency Head designee 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 115.177.

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

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

115.178 (a)

- When there is probable cause to believe that a detainee sexually abused another detainee in a lockup, does the agency refer the matter to the appropriate prosecuting authority?
 Yes No

115.178 (b)

- If the agency itself is not responsible for investigating allegations of sexual abuse, does the agency inform the investigating entity of this policy? (N/A if the agency/facility is responsible for administrative and criminal investigations. See 115.121(a).) Yes No NA

115.178 (c)

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

115.178(a) - Policy #69 Sexual Misconduct and Abuse PREA mandates that detainees 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 no

administrative or criminal findings of inmate-on-inmate sexual abuse occurring at the Truckee Lockup facility over the past 12 months.

115.178(b) - Standard provision 115.178(b) does not apply to this agency/facility as it is responsible for administrative and criminal investigations.

115.178(c) - N/A – Auditor is not required to audit standard provision 115.178(c).

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with standard 115.178.

MEDICAL AND MENTAL CARE

Standard 115.182: Access to emergency medical and mental health services

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

115.182 (a)

- Do detainee victims of sexual abuse in lockups receive timely, unimpeded access to emergency medical treatment? Yes No

115.182 (b)

- 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 lockup does

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

115.182(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.

115.182(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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.182.

DATA COLLECTION AND REVIEW

Standard 115.186: Sexual abuse incident reviews

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

115.186 (a)

- Does the lockup 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

115.186 (b)

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

115.186 (c)

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

115.186 (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 lockup? Yes No
- Does the review team: Examine the area in the lockup 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 §§ 115.186(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the lockup head and agency PREA coordinator?
 Yes No

115.186 (e)

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

- 115.186(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 no Incident Reviews were conducted as there were no allegations of sexual abuse during that period.
- 115.186(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, no allegations of sexual abuse occurred resulting in incident reviews.
- 115.186(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.
- 115.186(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 115.186(d).

115.186(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 115.186.

Standard 115.187: Data collection

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

115.187 (a)

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

115.187 (b)

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

115.187 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdictions Survey of Sexual Violence conducted by the Department of Justice, or any subsequent form developed by the Department of Justice and designated for lockups? Yes No

115.187 (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

115.187 (e)

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

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

- 115.187(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.
- 115.187(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.
- 115.187(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.
- 115.187(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.

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

115.187(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 115.187(f).

Standard 115.188: Data review for corrective action

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

115.188 (a)

- Does the agency review data collected and aggregated pursuant to § 115.187 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 § 115.187 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 § 115.187 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 lockup, as well as the agency as a whole? Yes No

115.188 (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

115.188 (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

115.188 (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 lockup? 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

115.188(a) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates All data collected and aggregated pursuant to § 115.187 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 and PREA Coordinator indicates that the annual report is reviewed annually looking for trends, specific locations where incidents occur, population. Agency takes corrective action of conduct physical plant improvements.

115.188(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.

- 115.188(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.
- 115.188(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 detainees, staff and specific areas within the facility.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.188.

Standard 115.189: Data storage, publication, and destruction

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

115.189 (a)

- Does the agency ensure that data collected pursuant to § 115.187 are securely retained? Yes No

115.189 (b)

- Does the agency make all aggregated sexual abuse data, from lockups under its direct control and private agencies 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

115.189 (c)

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

115.189 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.187 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*)

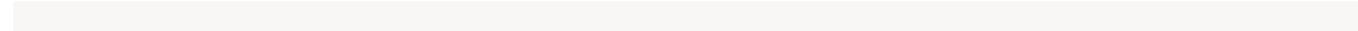
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

- 115.189(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 the PREA Coordinator indicates the Administrative Sergeant is designated to maintain all collected documentation.
- 115.189(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.
- 115.189(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.
- 115.189(d) - PREA Policy Division Directive #69 Sexual Misconduct and Abuse-PREA mandates that sexual abuse data collected pursuant to standard 115.187 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 115.189.



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 detainees, detainees, and detainees? Yes No

115.401 (n)

- Were detainees 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

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, to include the outside sally-port. There are no outbuildings attached to the Lockup 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 lockup 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 lockup does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the lockup.

Auditor verified that the 2016 Truckee Lockup 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 detainee 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.