

PREA Facility Audit Report: Final

Name of Facility: San Luis Obispo County Main Jail and Honor Farm Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/27/2023

Date Final Report Submitted: 05/27/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Eric I Woodford	Date of Signature: 05/27/2024

AUDITOR INFORMATION	
Auditor name:	Woodford, Eric
Email:	eiw@comcast.net
Start Date of On-Site Audit:	10/09/2023
End Date of On-Site Audit:	10/13/2023

FACILITY INFORMATION	
Facility name:	San Luis Obispo County Main Jail and Honor Farm Complex
Facility physical address:	1585 Kansas Avenue, San Luis Obispo, California - 93405
Facility mailing address:	

Primary Contact

Name:	Clinton Willey
Email Address:	cwilley@co.slo.ca.us
Telephone Number:	805-788-2468

Warden/Jail Administrator/Sheriff/Director	
Name:	Stephanie Landgraf
Email Address:	slandgraf@co.slo.ca.us
Telephone Number:	805-781-4610

Facility PREA Compliance Manager	
Name:	Rebekah Fontanilla
Email Address:	Rfontanilla@co.slo.ca.us
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Jared Robinson
Email Address:	jnrobinson@wellpath.us
Telephone Number:	805-781-4613

Facility Characteristics	
Designed facility capacity:	797
Current population of facility:	406
Average daily population for the past 12 months:	418
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	18+
Facility security levels/inmate custody levels:	(All) Min-Max, Pre-Sentence
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	189
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	73

AGENCY INFORMATION

Name of agency:	San Luis Obispo County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	1585 Kansas Avenue, San Luis Obispo, California - 93405
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	Ian Parkinson
Email Address:	iparkinson@co.slo.ca.us
Telephone Number:	805-781-4546

Agency-Wide PREA Coordinator Information

Name:	Clinton Willey	Email Address:	cwilley@co.slo.ca.us
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.13 - Supervision and monitoring

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-09
2. End date of the onsite portion of the audit:	2023-10-13

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	9/6/23 received response from Leelyn Aquino from Just Detention International with the following response: "A review of our database indicates that we have not received any information regarding this facility in the last 12 months."

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	797
15. Average daily population for the past 12 months:	418
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	461
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	26
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>72</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>73</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No additional characteristics to report.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>189</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>75</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>30</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No additional characteristics to report.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>16</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Auditor was provided housing unit and Facility schematics to include Rosters with IP intake information, ethnicity and gender</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Auditor conducted minimum number of random IP interviews
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor conducted discussions with PREA Coordinator, PREA Manager, random staff and leadership, medical and mental health to determine the number and type of targeted IPs housed in the facility</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor conducted discussions with PREA Coordinator, PREA Manager, random staff and leadership, medical and mental health to determine the number and type of targeted IPs housed in the facility</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Nothing to add</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	16
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Nothing to add
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Nothing to add
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	37

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	IT staff IP Mail Staff Training Staff Grievance Response Staff Kitchen Staff IP Hearing /Disciplinary Staff Volunteer & Contractor Coordinators
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
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<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Nothing to add</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Auditor was provided full access to all areas of the facility and conducted tests of critical functions and conduct informal conversations with both staff and IPs</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Auditor selected sampling included housing units, age of IP, gender and ethnicity</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	1	2	3
Staff-on-inmate sexual abuse	1	X	X	1
Total	4	1	2	4

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

Staff-on-inmate sexual abuse case was reported to San Luis Obispo Facility Commander from out of state Agency regarding inmate housed in Scott County Sheriff's Department who reported sexual misconduct by staff of the San Luis Obispo County Jail. Case was investigated and determined to be unfounded.

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	X	5	X
Staff-on-inmate sexual harassment	1	X	1	X
Total	6	X	6	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

Out of 6 Sexual Harassment allegations and investigations, none were investigated criminally nor were they investigated both criminally and administratively.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	X	X	X	X	X
Staff-on-inmate sexual abuse	X	X	X	X	X
Total	X	X	X	X	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

None of the Sexual Abuse investigation outcomes are ongoing, referred for prosecution, indicted/court case filed, convicted/adjudicated or acquitted.

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	X	1	X	2
Staff-on-inmate sexual abuse	X	1	X	X
Total	X	2	X	2

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

None of the Sexual Abuse investigation outcomes are ongoing.
None of the sexual abuse investigation outcomes findings were Unsubstantiated. There were no Substantiated findings for Staff-on-inmate sexual abuse investigations

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	X	X	X	X	X
Staff-on-inmate sexual harassment	X	X	X	X	X
Total	X	X	X	X	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

None of the Sexual Harassment investigation outcomes are ongoing, referred for prosecution, indicted/court case filed, convicted/adjudicated or acquitted.

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	X	X	5	X
Staff-on-inmate sexual harassment	X	X	1	X
Total	X	X	6	X

<p>You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.</p>	<p>None of the Sexual Abuse investigation outcomes are ongoing. None of the sexual abuse investigation outcomes findings were Unfounded. None of the Sexual Harassment investigations were determined to be Substantiated</p>
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>

Inmate-on-inmate sexual abuse investigation files

<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>Agency provided sexual abuse and sexual harassment investigation files per the auditor's request.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11(a): Policy 612 PREA mandates that "This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all incarcerated persons from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment."</p> <p>Policy PREA 612.1 through 612.8.1 outlines the implementation of the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors and description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>115.11(b): Auditor's review of the Agency's Custody Organizational Chart identifies the agency employment or designation of an upper-level, agency-wide PREA Coordinator. The position of the PREA Coordinator is a Correctional Lieutenant in the agency's organizational structure, 3rd in line from the Sheriff.</p>

	<p>Interview with the PREA Coordinator indicates that he indicates that he has enough time to manage all of his PREA related responsibilities. There is one PREA Compliance Manager throughout the agency and he meets with the PCM on a daily basis, phone in person or via e-mail regarding incidents or facility safety issues. If an issue is identified with compliance with a PREA Standard, he works towards compliance with that Standard by finding solutions to the specific problem. Possible solutions may be updating policy or finding monetary issues to update the problem.</p> <p>115.11(c): Agency provided auditor with copy of the San Luis Obispo County Sheriff's Office letter which outlines the Agency's determination that both the San Luis Obispo County Main Jail and San Luis Obispo County Jail Honor Farm be considered as a single facility and the PREA audit was conducted as a single facility for both Main Jail and Honor Farm in the Online Audit System.</p> <p>The Custody Organizational Chart identifies a Sergeant as PREA Compliance Manager for the Main Jail and Honor Farm Complex.</p> <p>Interview with the Administrative Sergeant indicates that he has enough time to manage all of his PREA related responsibilities.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.12(a) & 115.12(b): N/A - PAQ indicates that the agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later.</p>

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>115.13(a): Policy 246 Staffing Plan mandates that "It is the policy of the San Luis Obispo County Sheriff's Office to ensure the safety, security and efficient operation of this facility by assigning custody personnel according to a detailed staffing plan that is developed and maintained in accordance with law." Agency reports that the average daily inmate population is 417. During the Physical Plan Review of the Main</p>

Jail and Honor Farm custody staffing appeared adequate in each housing unit and throughout the facility for both IP and staff safety. Based on layout of housing units and population, some had both male and female staff on duty for both shifts. Numerous cameras throughout the facility and housing units were viewed by auditor in control rooms and found they provided surveillance in addition to custody staffing. Control rooms were continuously staffed by at least two custody staff members. Auditor did not observe any blind spots throughout the facility that were not viewed by cameras or monitored by custody staff. There were instances where staff were alerted to assist in the event of IP disruption. In those instances, staff assigned to the housing units maintained their station and rovers assisted in response to resolve issues that occurred.

Interview with Facility Commander indicates that the facility possesses a Staffing Plan that provides for adequate staffing levels to protect IPs, discusses video monitoring and is documented. The plan discusses the IP population, any findings of inadequacy, generally accepted detention and correctional practices, components of the physical plant including blind spots, number and placement of supervisory staff, institution programs occurring on a particular shift, prevalence of substantiated and unsubstantiated incidents of sexual abuse, any applicable state or local laws, regulations or standard and any other relevant factors. In order the check for compliance of the Staffing Plan, the supervisor puts together custody staff rosters for each shift for standardized staffing placement and allocation of staff shortages are identified on rosters. Shortages are e-mailed to supervisors for each shift for correction.

Interview with PREA Manager indicates that when assessing adequate staffing levels and the need for video monitoring the facility staffing plan considers IP population, any findings of inadequacy, generally accepted detention and correctional practices, components of the physical plant including blind spots, number and placement of supervisory staff, institution programs occurring on a particular shift, prevalence of substantiated and unsubstantiated incidents of sexual abuse, any applicable state or local laws, regulations or standard and any other relevant factors. Boshe Camera System for camera views, Classification, IP accessibility and Body-Worn Cameras. Agency failed to provide a copy of a Staffing Plan in accordance with Standard 115.13. Auditor's review of Policy 246 does not meet Standard 115.13 requirements that each facility is mandated to take into consideration when creating an annual Staffing Plan. Agency to create the Staffing Plan as mandated by PREA Standard Provision 115.13(a).

115.13(b): The PAQ indicates that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The six most common reasons for deviating from the staffing plan in the past 12 months is Medical Emergency, Medical transport, Staff sick, Staff injury on duty, Major incident and Facility emergency.

Interview with the Facility Commander indicates that the facility documents all instances of non-compliance with the Staffing Plan. Agency did not identify N/A regarding deviations to the Staffing Plan, and review of the 2022 Staffing Plan Review also failed to provide a narrative regarding the status as to whether or not deviations to the Staffing Plan existed. Response to Standard provision 115.13(b) gives the

impression there were deviations from the Staffing Plan in the past 12 months, but no deviations were documented.

115.13(c): Agency provided Staffing Plan Annual Reviews for years 2018, 2019, 2020, 2021 and 2022. The original Staffing Plan in accordance with Standard provision 115.13(a), was not provided per the Standard.

Interview with the PREA Coordinator indicates that he is consulted annually regarding any assessments of, or adjustments to, the Staffing Plan for the facility. Facility provide auditor with copy of the initial PREA Staffing Plan which was created in 2017 or 2018. If the original plan cannot be located for presentation, the facility is required to create an original, complete 2022 staffing plan in lieu of the Staffing Plan Review.

115.13(d): PREA Policy 612.4(m) mandates that the PREA Coordinator implements a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur, unless it is necessary for operational considerations (28 CFR 115.13). Agency provided auditor with Supervisory Rounds of all shifts for 8/13/23.

Interview with Intermediate or Higher-Level Facility Staff indicates that unannounced rounds are randomly conducted in multiple housing units at least once per shift. The Unit Innovations phone documents rounds electronically via tags throughout the facility via "electronic safety checks."

Review of unannounced rounds documentation found no narrative which complies with Standard provision 115.13(d). None of the tracking narrative identifies each round conducted for Safety Checks. None of the documented entries identifies PREA unannounced rounds conducted to deter staff sexual abuse or sexual harassment as mandated by PREA Standard provision 115.13(d).

Agency to provide copies of Supervisory Unannounced Rounds which includes and identifies a PREA component to each round. Documented unannounced rounds provided to auditor will be identified for each shift, at least twice a month for 90-days following the ONSITE AUDIT.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.13(a), 115.13(b), 115.13(c), 115.13(d) and corrective action is required.

Corrective Action Recommended:

115.13(a): Agency did not provide a copy of a Staffing Plan in accordance with Standard 115.13. Auditor's review of Policy 246 does not meet Standard 115.13 requirements that each facility is mandated to take into consideration when creating an annual Staffing Plan.

1. Agency to create the Staffing Plan as mandated by PREA Standard Provision 115.13(a).
2. Agency to upload the Staffing Plan to the Supplemental File for compliance review.

115.13(b): Agency did not identify N/A regarding deviations to the Staffing Plan, and review of the 2022 Staffing Plan Review also failed to provide a narrative regarding the status as to whether or not deviations to the Staffing Plan existed. Response to Standard provision 115.13(b) gives the impression there were deviations from the Staffing Plan in the past 12 months, but no deviations were documented.

1. Please either create a complete 2022 Staffing Plan that addresses each of the itemized considerations identified in Standard Provision 115.13(a).

115.13(c): Please provide auditor with copy of the initial PREA Staffing Plan which was created in 2017 or 2018. If the original plan cannot be located for presentation, the facility is required to create an original, complete 2022 staffing plan in lieu of the Staffing Plan Review.

1. Please provide documentation to the Supplemental File.

115.13(d): Review of unannounced rounds documentation found no narrative which complies with Standard provision 115.13(d). None of the tracking narrative identifies each round conducted for Safety Checks. None of the documented entries identifies PREA unannounced rounds conducted to deter staff sexual abuse or sexual harassment as mandated by PREA Standard provision 115.13(d).

1. Agency to provide copies of Supervisory Unannounced Rounds which includes and identifies a PREA component to each round.
2. Documented unannounced rounds provided to auditor will be identified for each shift, at least twice a month for 90-days following the ONSITE AUDIT.
3. Compliance documentation to be uploaded to the Supplemental File for compliance verification by auditor.

Corrective Action Completion 3/9/24:

115.13(a): Agency uploaded Staffing Plan 2024 to the Supplemental File

115.13(b): 2/7/24 - PREA Manager provided 2024 SLOSO PREA Staffing Report. Items mandated by Standard provision 115.13(a) such as:

1. Physical Plant Components & Blind Spots where staff or IPs may be isolated.
2. Programs conducted on particular shifts.
3. Deviations of Staffing Plan.

Agency to update the 1/25/24 Staffing Plan to include narrative of the 3 areas identified and upload to the Supplemental File. 3/1/24 - Agency provided updates for the 2024 PREA Staffing Plan Report for Blind Spots and Programs on particular shifts. 3/9/24 - Agency uploaded the PREA Staffing Report #2 to correct Staffing Deviation narrative in the previous 2024 Staffing report #1. The updated narrative states that: "The Sergeant for each shift also ensures all the required positions are filled for the upcoming shift. Shift minimums are maintained through overtime posted to accommodate leave requests and mandatory shift holdovers if needed. There are also 2 Correctional Lieutenants assigned to the Jail and 1 assigned to the Honor Farm. One Correctional Captain oversees Jail operations. Shift minimums are maintained through advanced scheduling vacation relief personnel overtime requests and mandatory shift holdovers if needed."

115.13(c): 3/9/24 - Agency uploaded the PREA Staffing Report #2 to correct Staffing Deviation narrative in the previous 2024 Staffing report #1. The updated narrative states that: "The Sergeant for each shift also ensures all the required positions are filled for the upcoming shift. Shift minimums are maintained through overtime posted to accommodate leave requests and mandatory shift holdovers if needed. There are also 2 Correctional Lieutenants assigned to the Jail and 1 assigned to the Honor Farm. One Correctional Captain oversees Jail operations. Shift minimums are maintained through advanced scheduling vacation relief personnel overtime requests and mandatory shift holdovers if needed."

115.13(d): 9/23/23 - Agency provided auditor with copies of the CS Log - Unannounced Supervisor rounds documented from 8/13/23 to 8/15/23 and CS Supervisor rounds all shifts collected from 8/13/23 to 8/19/23. Tracking of Supervising rounds conducted through electronic tags and safety checks monitoring for each shift. All checks are catalogued via ATIMS and electronic Innovation Log unannounced rounds which exceeds the Standard requirements.

3/1/24 - 90-Day Corrective Action Review. Auditor viewed electronic Innovation Log unannounced rounds conducted by shift Sergeants and recorded on Innovation Log phones. Policy 508.4.1 Safety Checks Cross-Gender Viewing provided to all custody staff and uploaded to the Supplemental File requires that "staff of the opposite gender to announce their presence when entering an inmate housing unit (28 CFR 115.15). Correctional Deputies of the opposite sex shall announce their presence, once, at the beginning of the shift, alerting incarcerated persons of potential cross-gender viewing within the scope of routine staff duties (e.g. count, safety checks, & safety cell checks). When Correctional Deputies of the same sex as incarcerated persons housed in a unit are no longer assigned to work that unit, Correctional Deputies of the opposite sex who remain assigned to that unit shall announce their presence, alerting incarcerated persons of potential cross-gender viewing within the scope of routine staff duties (e.g. count, safety checks, & safety cell checks)."

3/9/2024 - Agency uploaded Correctional Sergeant Unannounced Workflow Rounds to the Supplemental file which identifies Electronic Innovation Logs unannounced rounds conducted by Shift Sergeants between 1/8/23 and 4/9/23 during day and night shifts in all housing units and facility areas throughout the facility

The agency/facility has met the requirements of Standard provision(s) 115.13(a),

	115.13(b), 115.13(c), 115.13(d) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.13.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.14(a): N/A - Agency reports that the facility does not house or hold youthful inmates. Policy 504.11 Reception mandates that "Juveniles are not eligible for admission to this jail. A juvenile may be held only for the length of time needed for release to a parent or guardian or transfer to an appropriate facility, and in any case, for a maximum of six hours (Welfare and Institutions Code § 207.1). Detention is subject to the following conditions:</p> <ul style="list-style-type: none"> (a) The juvenile shall be held in an unlocked area that is not used for housing and is outside the secure perimeter of the jail, such as an interview room, lobby, or office. (b) The juvenile shall not be physically secured to a cuffing rail or other stationary object. (c) The juvenile shall be under continuous visual supervision by a law enforcement officer, a facility employee, or a designated youth attendant. Continuous visual monitoring may be by an audio/video system. The juvenile shall have constant auditory access to the staff. (d) Separation by sight and sound shall be maintained between all juveniles and adults in custody (34 USC § 11133). There should also be sight and sound separation between non-offender juveniles, such as those who may be in protective custody, and juveniles and status offenders." <p>Auditor conducted a physical plant review throughout the facility and verifies the agency does not house youthful offenders under the age of 18 years at Maple Street facility and found the facility complies with Standard provision 115.13.</p> <p>Physical Plan Review conducted by the auditor during the onsite audit found no youthful offenders housed at the Main Jail or Honor Farm facility.</p> <p>115.14(b): N/A - Agency reports that the facility does not house or hold youthful inmates. Policy 504.11 Reception mandates that "Juveniles are not eligible for admission to this jail. A juvenile may be held only for the length of time needed for release to a parent or guardian or transfer to an appropriate facility, and in any case, for a maximum of six hours (Welfare and Institutions Code § 207.1). Detention is subject to the following conditions:</p> <ul style="list-style-type: none"> (a) The juvenile shall be held in an unlocked area that is not used for housing and is outside the secure perimeter of the jail, such as an interview room, lobby, or office. (b) The juvenile shall not be physically secured to a cuffing rail or other stationary object. (c) The juvenile shall be under continuous visual supervision by a law enforcement officer, a facility employee, or a designated youth attendant. Continuous visual

monitoring may be by an audio/video system. The juvenile shall have constant auditory access to the staff.

(d) Separation by sight and sound shall be maintained between all juveniles and adults in custody (34 USC § 11133). There should also be sight and sound separation between non-offender juveniles, such as those who may be in protective custody, and juveniles and status offenders."

Auditor conducted a physical plant review throughout the facility and verifies the agency does not house youthful offenders under the age of 18 years at Maple Street facility and found the facility complies with Standard provision 115.13.

115.14(c): N/A - Agency reports that the facility does not house or hold youthful inmates. Policy 504.11 Reception mandates that "Juveniles are not eligible for admission to this jail. A juvenile may be held only for the length of time needed for release to a parent or guardian or transfer to an appropriate facility, and in any case, for a maximum of six hours (Welfare and Institutions Code § 207.1). Detention is subject to the following conditions:

(a) The juvenile shall be held in an unlocked area that is not used for housing and is outside the secure perimeter of the jail, such as an interview room, lobby, or office.

(b) The juvenile shall not be physically secured to a cuffing rail or other stationary object.

(c) The juvenile shall be under continuous visual supervision by a law enforcement officer, a facility employee, or a designated youth attendant. Continuous visual monitoring may be by an audio/video system. The juvenile shall have constant auditory access to the staff.

(d) Separation by sight and sound shall be maintained between all juveniles and adults in custody (34 USC § 11133). There should also be sight and sound separation between non-offender juveniles, such as those who may be in protective custody, and juveniles and status offenders."

Auditor conducted a physical plant review throughout the facility and verifies the agency does not house youthful offenders under the age of 18 years at Maple Street facility and found the facility complies with Standard provision 115.13.

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

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.15(a): Modified Strip Search and Strip Search Procedures Policy 525.4.4

mandates that "All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in an area of privacy so that the search cannot be observed by persons not participating in the search.

Unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted by staff members of the same sex as the person being searched (Penal Code § 4030). Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15).

Whenever possible, a second staff member of the same sex should be present during the search for security purposes and to witness the discovery of evidence.

The staff member conducting a strip search shall not touch the breasts, buttocks or genitalia of the person being searched. These areas may be touched through the clothing during a modified strip search.

(a) The searching staff member will instruct the inmate to:

1. Remove his/her clothing.
2. Raise his/her arms above the head and turn 360 degrees.
3. Bend forward and run his/her hands through his/her hair.
4. Turn his/her head first to the left and then to the right so the searching deputy can inspect the inmate's ear orifices.
5. Open his/her mouth and run a finger over the upper and lower gum areas, then raise the tongue so the deputy can inspect the interior of the inmate's mouth. Remove dentures if applicable.
6. Turn around and raise one foot first, then the other so the deputy can check the bottom of each foot.
7. For a visual cavity search, turn around, bend forward and spread the buttocks if necessary to view the anus.

(b) At the completion of the search, the inmate should be instructed to dress in either his/ her street clothes or jail-supplied clothing, as appropriate."

Physical Body Cavity Search Policy 525.4.5 mandates that "Physical body cavity searches shall be completed as follows:"

"(a) No person shall be subjected to a physical body cavity search without the approval of the Facility Manager or the authorized designee and only with the issuance of a search warrant. A copy of any search warrant and the results of the physical body cavity search shall be included with the related reports and made available, upon request, to the inmate or authorized representative (except for those portions of the warrant ordered sealed by a court).

(b) Only a physician may conduct a physical body cavity search. Except in exigent circumstances, only a physician who is not responsible for providing ongoing care to the inmate may conduct the search (15 CCR 1206(o)).

(c) Except for the physician conducting the search, persons present must be of the same sex as the person being searched. Only the necessary staff needed to maintain the safety and security of the medical personnel shall be present (Penal Code § 4030).

(d) Privacy requirements, including restricted touching of body parts and sanitary condition requirements are the same as required for a strip search.

(e) All such searches shall be documented including:

1. The facts that led to the decision to perform a physical body cavity search of the inmate.

2. The reasons less intrusive methods of searching were not used or were insufficient.
3. The Facility Manager's approval.
4. A copy of the search warrant.
5. The time, date and location of the search.
6. The medical personnel present.
7. The names, sex and roles of any staff present.
8. Any contraband or weapons discovered by the search.

(f) Completed documentation should be placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

(g) All contraband and weapons should be processed in accordance with the office's current evidence procedures.

(h) If appropriate, the staff member shall complete a crime report and/or disciplinary report."

Agency reports that in the past 12 months, 4 IPs were subject of cross-gender strip or cross-gender visual body cavity searches of inmates.

During the Physical Plant Review, auditor observed areas used to conduct strip searches, visual body cavity searches and pat-down searches both in person and via video camera in control room. In Intake, same sex staff conducts strip searches in room where cross-gender staff are unable to view the search either by line of sight or video camera viewing.

Interview with non-medical staff involved in Cross-Gender Strip or Visual Searches indicate that urgent circumstances which would require cross-gender strip searches and visual body cavity searches would involve an emergency or if a transgender signed the Cross-Gender Preference Form requesting cross-gender staff conduct cross-gender strip search and that staff must document and obtain approval from the Supervising Sergeant. Agency reports that in the past 12 months, 4 inmates were subject of cross-gender strip or cross-gender visual body cavity searches of IPs.

Agency to provide documentation in the Supplemental File of all 4 inmates who were subjected to cross-gender strip or cross-gender visual body cavity searches in the past 12 months.

115.15(b): Policy 525.3 Pat-Down Searches mandates that Pat-down searches will be performed on all Incarcerated Persons (IP's)/arrestees upon entering the secure booking area of the facility. Additionally, pat-down searches should occur frequently within the facility. At a minimum, the staff shall conduct pat-down searches in circumstances that include:

- When inmates leave their housing units, including the Honor Farms, to participate in activities elsewhere in the facility (e.g., exercise yard, medical, program, visiting) and when they return.
- When IP's leave their housing units to participate in activities outside of the facility (e.g., court, medical appointment) and when they return.
- During physical plant searches of entire housing units.
- When inmates come into contact with other inmates housed outside of their housing units, such as work details.
- Any time the staff believes the inmates may have contraband on their person.

Except in emergencies, male staff may not pat down female IP's and female staff may not pat down male IP's. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented (28 CFR 115.15).

Policy 525.5 Transgender Searches mandates that Staff shall not search or physically examine a transgender or intersex Incarcerated Person (IP) for the sole purpose of determining genital status (see Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).

IP's identifying as transgender or intersex shall be referred to the shift supervisor to determine the appropriate gender of the staff member who will be conducting the search. This determination will be made on a case by case basis. Inmates identifying as transgender or intersex will be given a voluntary Statement of Preference Form to document their gender identity in accordance with Penal Code §4030(k). The Statement of Preference Form will be placed in the IP's Booking Jacket. A copy will be forwarded to the Classification Unit and Jail Medical Staff.

If the IP's identifying as intersex or transgender does not specify a gender identity, the search will be conducted by a deputy of the same gender as the O['s gender presentation.

Agency reports no pat-down searches of female IP's that were conducted by male staff and no pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s).

Interview with Random Sample of 12 Staff indicates that female staff are not available to conduct patdown search is a female IP's, the jail does not restrict. those inmates IPs to programs or out of cell opportunities.

Interview with Random Sample of Incarcerated Persons (IPs) indicates that female IP's have not been unable to participate in activities outside of their cell because females staff was unavailable to conduct pat down searches.

115.15(c): Policy 525.5 Transgender Searches mandates that Staff shall not search or physically examine a transgender or intersex Incarcerated Person (IP) for the sole purpose of determining genital status (see Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).

Inmates identifying as transgender or intersex shall be referred to the shift supervisor to determine the appropriate gender of the staff member who will be conducting the search. This determination will be made on a case by case basis. Inmates identifying as transgender or intersex will be given a voluntary Statement of Preference Form to document their gender identity in accordance with Penal Code §4030(k). The Statement of Preference Form will be placed in the IP's Booking Jacket. A copy will be forwarded to the Classification Unit and Jail Medical Staff.

If the inmate identifying as intersex or transgender does not specify a gender

identity, the search will be conducted by a deputy of the same gender as the IP's gender presentation.

Policy 525.3 Pat-Down Searches mandates that Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the facility.

Additionally, pat-down searches should occur frequently within the facility. At a minimum, the staff shall conduct pat-down searches in circumstances that include:

- When inmates leave their housing units, including the Honor Farms, to participate in activities elsewhere in the facility (e.g., exercise yard, medical, program, visiting) and when they return.

- When inmates leave their housing units to participate in activities outside of the facility (e.g., court, medical appointment) and when they return.

- During physical plant searches of entire housing units.

- When inmates come into contact with other inmates housed outside of their housing units, such as work details.

- Any time the staff believes the inmates may have contraband on their person.

Except in emergencies, male staff may not pat down female inmates and female staff may not pat down male Incarcerated Persons (IP). Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented (28 CFR 115.15).

115.15(d): Policy 814.12 Hygiene mandates that "Incarcerated persons shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an incarcerated person housing unit (28 CFR 115.15)."

Interview with Random Sample of 16 IPs indicates that both gender staff fail to announce their presence when entering the housing area. IPs indicate they are not naked in full view of male/female staff except when toileting in some housing unit cells.

Interview with Random Sample of 12 Staff indicates that they always announce their presence when entering a housing unit that houses residents of the opposite gender.

IPs are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During Physical Plant Review, auditor observed the following opportunities for cross-gender viewing:

A) Intake Holding Cell #2 - toileting

B) Main Jail Decks Safety Cells 1/2/3 - camera viewing during toileting

C) Kansas SHU 100 Unit - SAF #5 & SAF #6 during toileting

D) Kansas MAX from staff corridor - Cells 103 & 106 cross-gender viewing during toileting & changing clothes.

E) Kansas Jail Dorm cross-gender viewing during toileting in cells - 203, 301, 302, 303, 304, 305, 307, and 309.

F) West Housing cross-gender viewing from each cell during toileting

1. Agency to apply either M-05 chemical etching or film barrier to dissuade cross-

gender viewing of IPs during toileting and changing clothing.

2. Auditor noticed that a number of custody staff and medical staff failed to conduct announcements when entering cross-gender housing units.

3. Agency to conduct cross-gender announcement training for all staff and verify understanding of that training via signed training acknowledgement or electronic signature.

4. Provide documented verification that training has been completed for all staff via the Supplemental File.

115.15(e): Policy 525.5 Transgender Searches mandates that Staff shall not search or physically examine a transgender or intersex Incarcerated Person (IP) for the sole purpose of determining genital status (see Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).

IPs identifying as transgender or intersex shall be referred to the shift supervisor to determine the appropriate gender of the staff member who will be conducting the search. This determination will be made on a case by case basis. IPs identifying as transgender or intersex will be given a voluntary Statement of Preference Form to document their gender identity in accordance with Penal Code §4030(k). The Statement of Preference Form will be placed in the IP's Booking Jacket. A copy will be forwarded to the Classification Unit and Jail Medical Staff.

If the IP identifying as intersex or transgender does not specify a gender identity, the search will be conducted by a deputy of the same gender as the IP's gender presentation.

Agency states that no such searches occurred in the past 12 months.

Interview with Random Sample of 12 Staff indicates that they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex IP for the purpose of determining their genital status. The alternative provided in training is to ask the IP their genital status and having them fill out the cross-gender preference form for their preference in staff gender to conduct the pat search for Sgt review and approval prior to search.

Interview with Random Sample of 2 Transgender IPs indicates that they were asked questions regarding their safety. They were not placed in a housing area only for transgender or intersex IPs and were not strip searched for the sole purpose of determining their genital status. They were both asked their gender identity and provided the opportunity to select staff member gender to conduct searches. One IP asked to be placed in Security Housing on his own volition. Agency to provide auditor with the Statement of Preference Form utilized when determining the status of a Transgender IP. Upload form to the Supplemental File in response to Standard 115.5(b).

115.15(f): Agency reports that 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Agency provided 10-8 Tactics and Training PREA expanded lesson plan, Cross-

gender Search curricula and PREA Training Records. The PREA Training Records are electronic documentation where each staff member has a unique user code which verifies the security staff who attended and completed PREA Cross Gender Search training in 12/6/21.

Interview with Random Sample of 12 staff indicates that they have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex IPs in a professional and respectful manner, consistent with security needs. Last training they received was either 2023 or 2022.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.15(a), 115.15(d), 115.15(e) and corrective action is required.

Corrective Action Recommended:

115.15(a): Agency reports that in the past 12 months, 4 inmates were subject of cross-gender strip or cross-gender visual body cavity searches of inmates

1. Agency to provide documentation in the Supplemental File of all 4 inmates who were subjected to cross-gender strip or cross-gender visual body cavity searches in the past 12 months.

115.15(d): During Physical Plant Review, auditor observed the following opportunities for cross-gender viewing:

- a). Intake Holding Cell #2 - toileting
- b). Main Jail Decks Safety Cells 1/2/3 - camera viewing during toileting
- c). Kansas SHU 100 Unit - SAF #5 & SAF #6 during toileting
- d). Kansas MAX from staff corridor - Cells 101, 102, 103 & 106 cross-gender viewing during toileting & changing clothes.
- e). Kansas Jail Dorm cross-gender viewing during toileting in cells - 203, 301, 304, 305, 307, and 309.
- f). West Housing cross-gender viewing from each cell during toileting

1. Agency to apply either M-05 chemical etching or film barrier to dissuade cross-gender viewing of IPs during toileting and changing clothing.

2. Auditor noticed that a number of custody staff and medical staff failed to conduct announcements when entering cross-gender housing units.

3. Agency to conduct cross-gender announcement training for all staff and verify understanding of that training via signed training acknowledgement or electronic signature. Provide documented verification that training has been completed for all staff via the Supplemental File.

115.15(e): Agency to provide auditor with the Statement of Preference Form utilized when determining the status of a Transgender inmate. Upload form to the

Supplemental File in response to Standard 115.5(b).

Corrective Action Completion 4/11/24:

115.15(a): 12/15/23 - The PREA Compliance Manager uploaded documentation in support of Standard provision 115.15(a). Documentation for the 4 Transgender Incarcerated Persons which outlines procedure for pat search and strip search of the identified incarcerated persons were provided as requested, to include Statement of Gender preference forms. One of the four Transgender Incarcerated Persons were found to have completed their transition procedure and was mistakenly identified as Transgender, however, the Statement of Preference was completed and approved for this IP by the Custody Sergeant.

115.15(d): 3/1/24 - During the 90-Day onsite Corrective Action review, auditor observed film barriers to dissuade cross gender viewing in Intake Holding Cell #2

- During the 90-Day Corrective Action onsite review auditor observed film barriers to dissuade cross-gender viewing in Intake Holding Cell Cell #2, Main Jail Decks Safety Cells 1, 2 and 3 camera viewing and Kansas SHU 100 Unit SAF#5 & SAF #6 cells.
- KANSAS MAX UNIT provides film on windows to dissuade cross-gender viewing on cells 101 - 103 & 104 - 106.
- KANSAS WEST HOUSING JAIL DORM provides film on door window on cells 203, 301, 302, 303, 304, 305, 307 & 309
- NOTE: KJ DORM/WEST HOUSING /CONTROL UTILIZES cell intercom announcement via control and observed by auditor during the 90-day review.
- MAIN JAIL announcements are conducted by staff on the floor. Custody staff was observed by auditor conducting cross-gender announcements in this unit.

Agency provided photos documenting film upgrades on cell windows to dissuade cross-gender viewing.

Agency has provided documented memorandums to all staff (custody & medical) regarding announcement procedures and mandates and uploaded documentation to the Supplemental file, identified as Policy 501.4.1 and Cover-Up Rule - Announcement memorandum accompanied by the P&J PREA Refresher #4 - Inmate Privacy training documentation. Staff announcements were conducted in housing units as observed during the 90-day Corrective Action review by auditor.

Policy 508.4.1 Safety Checks Cross-Gender Viewing was also uploaded to the Supplemental File and provided to all custody staff, which outlines the 30-minute Safety Check procedures to include cross-gender announcements which require the following:

"If the opposite gender to announce their presence when entering an inmate housing unit (28 CFR 115.15), Correctional Deputies of the opposite sex shall announce their presence, once, at the beginning of the shift, alerting incarcerated persons of potential cross-gender viewing within the scope of routine staff duties (e.g. count, safety checks, & safety cell checks).

	<p>When Correctional Deputies of the same sex as incarcerated persons housed in a unit are no longer assigned to work that unit, Correctional Deputies of the opposite sex who remain assigned to that unit shall announce their presence, alerting incarcerated persons of potential cross-gender viewing within the scope of routine staff duties (e.g. count, safety checks, & safety cell checks)."</p> <p>Agency provided documented memorandums to all staff regarding Cover-Up Rule _announcement procedures and mandates. Auditor conducted random informal interviews of both staff and IPs which verifies custody staff are making cross-gender Cover-up Rule announcements when entering housing unit by voice to include housing unit control staff through cell or dorm intercom announcement.</p> <p>Auditor reviewed Policy 508.4.1 and Policy 1012.12.1 uploaded to Supplemental File which mandate new procedures to staff.</p> <p>115,15(e): 12/19/23 - Agency provided Statement of Gender Preference form to the Supplemental File for a Transgender Female Incarcerated Person as requested by auditor. The Transgender incarcerated person in question identified as being born a male and identified as female. IP agreed to having a male custody staff perform a strip search, which was conducted by male custody staff member following completion of a Statement of Gender Preference Form and approval of Correctional Sergeant. IP was escorted to a holding cell following the procedure.</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.15(a), 115.15(d), 115.15(e) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.15.</p> <p>-</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16(a): Policy 604 Incarcerated Persons with Disabilities section 604.1.1 provides definitions related to the policy specific to ADA, ADA Coordinator, Intake Release Center (IRC), Major life Activities, Non-Ambulatory, Prosthesis, Reasonable Modification, Service Animal and Video Phone. "The ADA Coordinator is tasked with ensuring compliance with the Americans with Disabilities Act within the Custody Bureau of the San Luis Obispo Sheriff's Office. The ADA Coordinator shall be responsible for reviewing all documentation, and documenting responses to all</p>

disability related requests. The ADA Coordinator shall maintain information of each ADA inmate and incorporate the previously listed information."

PREA Brochure in English provides the Agency Zero Tolerance Policy, PREA Act of 2003, mailing addresses and phone numbers to available services such as the RISE, San Luis Obispo County Jail, the Sheriff's Office, Transitions Mental Health Services, County Health Mobile Crisis and the California Attorney General Public Inquiry Unit.

The Brochure also provides narrative to What is Sexual Assault, Why should I tell, What should I do, Perpetrators and Reproductive Rights.

Example of ADA assistance for hearing impaired Incarcerated Persons (IPs) per Policy 604.7 Disabled Incarcerated Person Procedures indicates that "Medical Staff as well as the IRC Correctional Deputies will ensure every effort is made to assist the incarcerated person so they can effectively communicate their information. If the incarcerated person is hearing impaired, staff will ensure hearing-impaired incarcerated persons are provided with an ADA Request for Accommodation form.

Hearing impaired incarcerated persons wishing to make telephone calls shall be allowed to utilize the '**Purple**' software which acts as a videophone. The incarcerated persons will be afforded use of the Purple system whenever they request to do so. The Purple system may also be used as a translation device for hearing impaired who cannot otherwise communicate with staff. Suggested uses include, but are not limited to: Classification interview, Medical interview, and/or Mental Health interview.

Instructions for proper use of the Purple system shall be kept in Classification and a copy may be made available to an incarcerated person upon request."

Interview with Agency Head Designee indicates that Agency has establish procedures to provide APs with disabilities, and in any APs, who are limited, insufficient, equal opportunity to participate in or benefit from all aspects of agencies efforts to prevent, detect and respond to sexual views and sexual-harassment through ADA adjustments, language line and bilingual staff on each shift.

Interview with 2 IPs who are Limited English Proficient (LEP) indicates that each were provided bi-lingual staff when they arrived at intake to translate and explain the intake process. The tablets and kiosks provided in the Housing units also have the ability to provide the Spanish language. Medical staff and Classification has access to Language Line Solutions if needed.

During the onsite audit, auditor interviewed two LEP IPs. Bi-lingual staff was readily available and assisted for both shifts and Language Line could be used as a backup.

115.16(b): Policy 604 Incarcerated Persons with Disabilities section 604.1.1 provides definitions related to the policy specific to ADA, ADA Coordinator, Intake Release Center (IRC), Major life Activities, Non-Ambulatory, Prosthesis, Reasonable Modification, Service Animal and Video Phone. PREA Brochure in English provides the Agency Zero Tolerance Policy, PREA Act of 2003, mailing addresses and phone numbers to available services such as the RISE, San Luis Obispo County Jail, the Sheriff's Office, Transitions Mental Health Services, County Health Mobile Crisis and the California Attorney General Public Inquiry Unit. The Brochure also provides narrative to What is Sexual Assault, Why should I tell, What should I do, Perpetrators and Reproductive Rights.

Agency also provided auditor with copy of the PREA Poster in English, which outlines

some of the same information provided in the PREA Brochure. Both the PREA Brochure and PREA Posters are provided in both English and Spanish languages.

Agency also provided contact and client ID number to Language Line Solutions for inmates who require interpretation for those who speak alternative languages other than English and Spanish.

Interview with 2 Incarcerated Persons (IPs) who are Limited English Proficient (LEP) indicates that the first IP states he was provided information about sexual abuse and sexual harassment when booked into the facility through staff interpreter and Tablet provided by facility. He was provided a bi-lingual Spanish Interpreter both in Booking and Classification. The electronic Tablet had Spanish language for bi-lingual availability. 2nd IP indicates the booking officer was bi-lingual and read the IP Handbook and PREA Poster. Both Handbook, posters, tablets and kiosks in housing unit provides bi-lingual languages.

Interview with 2 IPs who are Limited English Proficient (LEP) indicates that each were provided bi-lingual staff when they arrived at intake to translate and explain the intake process. The tablets and kiosks provided in the Housing units also have the ability to provide the Spanish language. Medical staff and Classification has access to Language Line Solutions if needed.

115.16(c): Policy 612.7 PREA - 1st Responders mandates that "Should an investigation involve incarcerated persons (IP) who have disabilities or who have limited English proficiency, the first responder shall not rely on incarcerated person interpreters, incarcerated person readers, or other types of incarcerated person assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise incarcerated person safety, the performance of first responder duties, or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16)."

Agency reports that they document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used and In the past 12 months, there have been no instances where IP interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the IP's safety, the performance of first-response duties under §115.64, or the investigation of the IP's allegations.

Interview with Random Sample of 12 staff indicates that Policy prohibits use of IP interpreters when needing to translate language when an IP is making an allegation of sexual abuse or sexual harassment. We have a number of bi-lingual staff daily on both shifts and Language Line accessibility also.

Interview with 2 Incarcerated Persons (IPs) who are Limited English Proficient (LEP) indicates that the first IP states he was provided information about sexual abuse and sexual harassment when booked into the facility through staff interpreter and Tablet provided by facility. He was provided a bi-lingual Spanish Interpreter both in Booking and Classification. The electronic Tablet had Spanish language for bi-lingual availability. 2nd IP indicates the booking officer was bi-lingual and read the IP Handbook and PREA Poster. Both Handbook, posters, tablets and kiosks in housing unit provides bi-lingual languages.

Interview with 2 IPs who are Limited English Proficient (LEP) indicates that each were

	<p>provided bi-lingual staff when they arrived at intake to translate and explain the intake process. The tablets and kiosks provided in the Housing units also have the ability to provide the Spanish language. Medical staff and Classification has access to Language Line Solutions if needed.</p> <p>Interview with Random Sample of 12 Staff indicates that Policy prohibits the use of inmate interpreters when Limited English IPs are making an allegation of sexual abuse or sexual harassment. The alternative for staff is to request a bi-lingual staff member to interpret for them or utilize Language Line through medical or Classification.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.16.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.17(a): Policy 113 Special Assignments and Promotions section 113.2.1 mandates that "The San Luis Obispo County Sheriff's Office shall not promote, assign or transfer any member to a position that may allow contact with inmates if the member has (28 CFR 115.17):</p> <ul style="list-style-type: none"> (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 USC § 1997. (b) Been convicted of engaging in or attempting to engage in sexual activity that was facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse. (c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section. <p>The Office shall either conduct criminal background records checks at least every five years on members or contractors who may have contact with inmates or have in place a system for otherwise capturing such information.</p> <p>Employees who may have contact with inmates shall disclose any conduct described above in written applications or interviews for promotion or specialized assignment." Agency has not provided auditor with copies of the background records checks and 3 Required Questions for both custody staff and contractors required by PREA Standard provision 115.17(a). Agency to provide auditor with the required verifying documentation to meet compliance with Standard 115.17. Agency to upload documentation tot the Supplemental File under the Standard provision of 115.17(a).</p> <p>115.17(b): PREA Standard provision 115.17(b) mandates Agency policy requires the</p>

consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Agency Policy 310 Recruitment and Selection Section 310.3.1 has no narrative or mandate which meets Standard provision 115.17(b).

Interview with Human Resources (HR) staff indicates that the facility considers prior incidents of sexual harassment, when determining whether to hire or promote anyone, or to list the services of any contractor, who may have contact with APs. This includes employees, new hires, and promotions. PREA Standard provision 115.17(b) mandates Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Agency Policy 310 Recruitment and Selection Section 310.3.1 has no narrative or mandate which meets Standard provision 115.17(b).

Agency to amend Policy 310 Recruitment and Selection Section to meet PREA requirement for Agency to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Agency to upload amended documentation to the Supplemental File and tab the document as response to 115.17(b) for review by auditor for compliance.

115.17(c): Policy 310 Section 310.2.1 Criminal Record Check mandates "Every person who may have inmate contact as a member or contractor shall, prior to service, undergo a thorough background investigation to verify their personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the San Luis Obispo County Sheriff's Office."

Policy 115.17 Recruitment Section 310.5(a) 1. Selection Process mandates that "The personnel records of any applicant with prior peace officer experience in this state shall be requested from the appropriate law enforcement agency and reviewed prior to extending an offer of employment (Penal Code § 832.12)."

Interview with Human Resources (HR) staff indicates that HR conducts criminal record background checks and promotions for employees only.

Interview with Volunteer & Contractor Coordinator indicates that they conducts criminal record background checks for volunteers and contractors. The 3 required questions are not currently being done and will be implemented for the 90-day Corrective Action Status Review. They conduct LiveScan background checks annually for both contractors and volunteers. Both LiveScan FBI and DOJ check boxes are utilized in order to obtain notifications of sexual misconduct nationally, same as custody staff. Policy does not provide narrative which mandates criminal record background checks to be 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. Agency did not provide auditor with copies of criminal records background checks for employees hired over the past 12 months or verification of contact with all prior institutional employers per Standard provision 115.17(c).

115.17(d): Policy "Every person who may have inmate contact as a member or contractor shall, prior to service, undergo a thorough background investigation to verify their personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the San Luis Obispo County Sheriff's Office."

Agency reports that in the past 12 months, 6 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Interview with Volunteer & Contractor Coordinator indicates that they conduct criminal record background checks for volunteers and contractors. The 3 required questions are not currently being done and will be implemented for the 90-day Corrective Action Status Review. They conduct LiveScan background checks annually for both contractors and volunteers. Both LiveScan FBI and DOJ check boxes are utilized in order to obtain notifications of sexual misconduct nationally, same as custody staff. Agency has not provided auditor with copies of contractor background records checks.

115.17(e): Policy 310 Recruitment and Selection Section 310.2.1 mandates that "The Office shall either conduct follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or have in place a system for otherwise capturing such information (28 CFR 115.17)."

Interview with Volunteer & Contractor Coordinator indicates that they conduct criminal record background checks for volunteers and contractors. The 3 required questions are not currently being done and will be implemented for the 90-day Corrective Action Status Review. They conduct LiveScan background checks annually for both contractors and volunteers. Both LiveScan FBI and DOJ check boxes are utilized in order to obtain notifications of sexual misconduct nationally, same as custody staff. Agency has not provided auditor with copies of criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Agency to provide auditor with copies of the criminal records background checks for all 6 contracts for services of all staff covered in the contract who might have contact with inmates. This request includes the 3 Required Questions mandated by Standard 115.17(a).

115.17(f): Policy 310 Recruitment Section 310.3 mandates that "The Office shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Employees who may have contact with inmates shall disclose any conduct described above in written applications or interviews for promotion or specialized assignment."

Interview with HR staff indicates that the facility asks all applicants and employees who may have contact with IP's about previous misconduct in written applications for hiring or promotions, and any interviews or written self evaluations, conducted as part of reviews of current employees. The facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

115.17(g): Policy 310 Recruitment Section 310.3 mandates that "The Office shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

115.17 (h): Policy 115.17 Recruitment Section 310.5(a) 1. Selection Process mandates that "The personnel records of any applicant with prior peace officer experience in this state shall be requested from the appropriate law enforcement agency and reviewed prior to extending an offer of employment (Penal Code § 832.12)."

Interview with HR staff indicates that when a former employee applies will work at another institution, upon request from the institution facility, provides information on substantiated allegations of sexual abuse, or sexual harassment involving the former employee, unless prohibited by law. Human resources requires a notarized, release and waiver from the hiring institution before, releasing any information regarding the former employee.

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

Corrective Action Recommended:

115.17(a): Agency has not provided auditor with copies of the background records checks and 3 Required Questions for both custody staff and contractors required by PREA Standard provision 115.17(a).

1. Agency to provide auditor with the required verifying documentation to meet compliance with Standard 115.17. Agency to upload documentation tot the Supplemental File under the Standard provision of 115.17(a).

115.17(b): PREA Standard provision 115.17(b) mandates Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Agency Policy 310 Recruitment and Selection Section 310.3.1 has no narrative or mandate which meets Standard provision 115.17(b).

1. Agency to amend Policy 310 Recruitment and Selection Section to meet PREA requirement for Agency to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Agency to upload amended documentation to the Supplemental File and tab the document as response to 115.17(b) for review by auditor for compliance.

115.17(c): Agency has not provided Policy narrative which states that:
- background records checks are consistent with federal laws (FBI checks)
- make attempts 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.

1. Agency to amend Agency policy which meets the requirements of Standard provision 15.17(c).

2. Agency to provide auditor with criminal record background checks consistent with Federal , state and local law, make efforts to contact all prior institutional employers for information on substantiated sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

3. Agency to provide auditor copies of the 38 employees hired over the past 12 months who may have contact with inmates who have had criminal record background checks.

4. Should the 38 employees identified in the PAQ have background checks that did not meet the requirements of Standard 115.17(c), Agency to provide copies of the required background documentation of new employees hired following the onsite audit.

4. Upload requested documentation to the Supplemental File under the heading of Standard provision 115.17(c).

115.17(d): Policy "Every person who may have inmate contact as a member or contractor shall, prior to service, undergo a thorough background investigation to verify their personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the San Luis Obispo County Sheriff's Office."

Agency reports that in the past 12 months, 6 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Interview with Volunteer & Contractor Coordinator indicates that they conduct criminal record background checks for volunteers and contractors. The 3 required questions are not currently being done and will be implemented for the 90-day Corrective Action Status Review. They conduct LiveScan background checks annually for both contractors and volunteers. Both LiveScan FBI and DOJ check boxes are utilized in order to obtain notifications of sexual misconduct nationally, same as custody staff. Agency has not provided auditor with copies of contractor background records checks or completion of the 3 required questions.

1. Agency to provide auditor with copies of contractor background records checks or completion of the 3 required questions.

115.17(e): PREA Policy Section 903.11 and Policy 310 Recruitment and Selection Section 310.2.1 mandates that "The Office shall either conduct follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or have in place a system for otherwise capturing such information (28 CFR 115.17)."

Interview with Volunteer & Contractor Coordinator indicates that they conduct criminal record background checks for volunteers and contractors. The 3 required questions are not currently being done and will be implemented for the 90-day Corrective Action Status Review. They conduct LiveScan background checks annually for both contractors and volunteers. Both LiveScan FBI and DOJ check boxes are utilized in order to obtain notifications of sexual misconduct nationally, same as custody staff.

Agency has not provided auditor with copies of criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

1. Agency to provide auditor with copies of the criminal records background checks for all 6 contracts for services of all staff covered in the contract who might have contact with inmates. This request includes the 3 Required Questions mandated by Standard 115.17(a).

Corrective Action Completion 5/20/24:

115.17(a): 3/1/24 - The PREA Manager uploaded the following documents to the Supplemental file:

115.17(a) Memorandum outlining the initiation of the 3 Required Questions for employees, volunteers and contractors.

17 signed PREA Questionnaire 3 Required Questions acknowledgements by employees hired between 1/9/23 and 2/16/24.

5/20/24 - Agency provided auditor with updated PREA Audit HR Records Review Tool for 11 contractors who were hired between 2023 and 2024. Provided documentation verifies compliance with Standard provisions 115.17(a), 115.17(b), 115.17(d) and 115.32. 3 Required Questions were completed for each contractor during initial orientation prior to their date of initial entry into the facility.

115.17(b): 1/27/24 - Policy 903.11 Hiring and Promotion policy narrative meets PREA Standard 115.17(b)

115.17(c): 9/20/23 - Agency provided 40 staff hired in the past 12 months prior to the onsite audit where auditor utilized to make random selections for document reviews.

1/10/23 - Agency provided auditor with HR document review documentation to include FBI Criminal Record Background checks for custody staff, promotions (to include prior institutional employers), contractors and volunteers.

5/20/24 - Agency provided auditor with updated PREA Audit HR Records Review Tool with accompanying documentation for 11 contractors who were hired between

	<p>November 2023 and May 2024. Provided documentation verifies compliance with Standard provisions 115.17(a), 115.17(b), 115.17(d) and 115.32. 3 Required Questions and PREA training with signed acknowledgements were completed for each contractor during initial orientation prior to their date of initial entry into the facility.</p> <p>115.17(d): 1/26/24 - Agency provided criminal records background checks for randomly selected contractors.</p> <p>115.17(e): Both DOJ and FBI reviews are selected in Livescan to obtain a national criminal record background check for both employees and contractors. 1/26/24 - Agency provided FBI criminal records background checks for both employees and contractors for document review.</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.17(a), 115.17(b), 115.17(c), 115.17(d), 115.17(e) completed during the corrective action period. The auditor has determined that the agency/facility has met the Standard provisions and complies with Standard 115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18(a): N/A - Agency reports it has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. Interview with Agency Head designee and Facility Commander indicates that when designing , acquiring, or planning substantial modifications to facilities, the agency considers the effects of such changes on its ability to protect inmates from sexual abuse through technology, video monitoring, staffing adjustments and ADA modifications.</p> <p>115.18(b): The agency/facility reports that it has 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 such as Unit Innovations - automated security check system. Body Worn Cameras. Interview with Agency Head designee and Facility Commander indicates that the Agency uses monitoring technology to, and hands the protection of inmates from incidence of sexual abuse, through video monitoring technology and jail management systems for tracking and accountability. When installing or updating monitoring technology, such as video monitoring systems, or electronic surveillance. The facility considers, using such technology to enhance inmates' protection from sexual abuse by eliminating blind spots through recording capabilities, such as video cameras and body worn cameras. Agency to provide auditor with documentation which outlines the</p>

video monitoring systems to include any other monitoring technology.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.18(b) and corrective action is required.

Corrective Action Recommended:

115.18(b): Agency reports that automated security system and body work cameras have been updated since August 20, 2012 or since the last PREA Audit of 2017.

1. Agency to provide auditor with documentation which outlines the video monitoring systems to include any other monitoring technology and upload documentation to the Supplemental File.

Corrective Action Completion 2/8/24 :

115.18(b): 2/8/24 - PREA Coordinator uploaded the following documentation to the Supplemental file:

- Policy 523 Body Worn Camera, which establishes guidelines for Sheriff's Office Deputies using body worn cameras and the preservation of related digital evidence.
- Policy 508 Safety Checks, which establishes a requirement for conducting visual safety checks at least every 30 minutes for all IPs, and for creating and maintaining a log to document all safety checks.
- PREA Coordinator provided auditor with 2/5/24 memorandum for Standard provision 115.18(b), which outlines the implemented Unit Innovations system which replaced the previous paper log system on 10/7/22 to complete safety checks. The system utilizes sensors scanned by cell phones to complete security checks in a timely manner. Since implementation it has enhanced staff's ability to protect incarcerated persons from sexual abuse.

The agency/facility has met the requirements of Standard provision(s) 115.18(b) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.18.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.21(a): Agency reports that the agency/facility is responsible for conducting

administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

Policy 320 PREA Section 320.5 mandates that "Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; 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 referral for prosecution (28 CFR 115.21; 28 CFR 115.34)."

Interview with Random Sample of 12 staff indicates that they understand the agency's protocol for obtaining usable physical evidence if an IP alleges sexual abuse by isolating crime scene for Patrol, separate victim and abuser to remove from the crime scene. 1st Responder protocol is:

- Separate victim and abuser
- Place in area under direct supervision or rooms without access to running water such as interview rooms
- Contact Supervisor, medical and mental health
- Request victim and perpetrator not to brush teeth, change clothing, wash
- Seal the crime scene

115.21(b): Policy 504 Reception Section 504.11 mandates that "Juveniles are not eligible for admission to this jail. A juvenile may be held only for the length of time needed for release to a parent or guardian or transfer to an appropriate facility, and in any case, for a maximum of six hours (Welfare and Institutions Code § 207.1).

Detention is subject to the following conditions:

- (a) The juvenile shall be held in an unlocked area that is not used for housing and is outside the secure perimeter of the jail, such as an interview room, lobby, or office.
- (b) The juvenile shall not be physically secured to a cuffing rail or other stationary object.
- (c) The juvenile shall be under continuous visual supervision by a law enforcement officer, a facility employee, or a designated youth attendant. Continuous visual monitoring may be by an audio/video system. The juvenile shall have constant auditory access to the staff.
- (d) Separation by sight and sound shall be maintained between all juveniles and adults in custody (34 USC § 11133). There should also be sight and sound separation between non-offender juveniles, such as those who may be in protective custody, and juveniles and status offenders."

Policy 612 PREA Section 612.8 mandates that "Evidence collection shall be based on a uniform evidence protocol that is adapted from or otherwise based on the most recent edition of the DOJ'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 (28 CFR 115.21)."

115.21(c): Policy 612 PREA Section 611.11 mandates that "Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be

performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21)."

The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Agency reports no forensic examinations have been conducted over the past 12 months.

Interview with SAFE/SANE staff indicates that San Luis Obispo County Sheriff's detective Bureau contacts SAFE/SANE for forensic exam. Either detective or SAFE/SANE calls for advocate. If patient agrees, advocate is allowed to assist patient during forensic for emotional support. Treatment provided to patient includes STD testing and treatment, testing options for HIV prophylaxis and pregnancy information. SAFE/SANE serves the Sheriff's Office and San Luis Obispo County.

115.21(d): Policy 612 PREA Section 611.11 mandates that "If requested by the victim, a victim advocate, a qualified office staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21)." Agency reports that these efforts are documented.

Interview with PREA Manager indicates that If requested by victim, a victim advocate may accompany and provide emotional support during forensic medical examination process and investigatory interviews.

Interview with 3 IPs who reported sexual abuse indicates that they informed facility of sexual abuse. They were provided access to advocacy for emotional support from rape crisis center. Agency has not provided auditor with copy of the Lumina Alliance MOU to date. Agency to provide copy of the Lumina Alliance MOU which is valid and maintained through the end of the current PREA Audit.

115.21(e): Policy 612 PREA Section 611.11 mandates that "If requested by the victim, a victim advocate, a qualified office staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21)." Agency reports that these efforts are documented.

Interview with PREA Manager indicates that If requested by victim, a victim advocate may accompany and provide emotional support during forensic medical examination process and investigatory interviews and is requested by Detective Bureau or SAFE/SANE nurse.

Interview with 3 IPs who reported sexual abuse indicates that they informed facility of sexual abuse. They were provided access to advocacy for emotional support from rape crisis center. Agency MOU with RISE which provides emotional support during forensic examinations had an MOU period of 7/1/19 through 6/30/22. The MOU is currently undergoing a restructuring and combination with another community based source and a new MOU will be created.

115.21(f): N/A - Agency reports they are responsible for investigating administrative and criminal allegations of sexual abuse.

115.21(g): Agency is not required to audit this provision.

115.21(h): Policy 612 PREA Section 612.11(a) mandates that "Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21). If requested by the victim, a victim advocate, a qualified office staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21)."

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

Corrective Action Recommended:

115.21(d): Agency has not provided auditor with copy of the Lumina Alliance MOU.

1. Agency to provide copy of the Lumina Alliance MOU which is valid and maintained through the end of the current PREA Audit.

115.21(e): Per 115.21(e): Agency MOU with RISE which provides emotional support during forensic examinations had an MOU period of 7/1/19 through 6/30/22. The MOU is currently undergoing a restructuring and combination with another community based source and a new MOU will be created.

1. Agency to provide clarification regarding the MOU with RISE or another community based source which provides emotional support for victims of sexual abuse.

2. Please provide the status of obtaining an MOU with a community based source which provides emotional support for victims of sexual abuse.

Corrective Action Completion 1/15/23 :

115.21(d): 1/15/23 - Agency provided auditor with copy of e-mail correspondence between Lumina Alliance, Community -Based Victim Advocacy and San Luis Obispo County Sheriff's Office which provides confirmation from Lumina Alliance Chief Program Officer of the following:

- If contacted by the Sheriffs Office Lumina Alliance will provide an advocate to a victim to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support.

	<ul style="list-style-type: none"> • If Lumina Alliance is contacted by an incarcerated person from the San Luis Obispo County Jail via confidential mail or the free confidential phone line, Lumina Alliance will provide support and counseling for those victims. <p>I would also like to inquire if there is interest on the behalf of the Sheriffs Office to complete the MOU. Our services are available regardless of this document but since there was a great deal of effort on both sides it would be rewarding to conclude with that completed.</p> <p>115.21(e): 1/15/23 - Agency provided auditor with copy of e-mail correspondence between Lumina Alliance, Community -Based Victim Advocacy and San Luis Obispo County Sheriff's Office which provides confirmation from Lumina Alliance Chief Program Officer of the following:</p> <ul style="list-style-type: none"> • If contacted by the Sheriffs Office Lumina Alliance will provide an advocate to a victim to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support. • If Lumina Alliance is contacted by an incarcerated person from the San Luis Obispo County Jail via confidential mail or the free confidential phone line, Lumina Alliance will provide support and counseling for those victims. <p>I would also like to inquire if there is interest on the behalf of the Sheriffs Office to complete the MOU. Our services are available regardless of this document but since there was a great deal of effort on both sides it would be rewarding to conclude with that completed.</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.21(d) & 115.21(e) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22(a): Policy 612 PREA Section 612.8 mandates that "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71).</p> <p>When practicable, an investigator of the same gender as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be</p>

conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an incarcerated person's sexual orientation, physical gender, or gender identity. Investigators should not assume that any sexual activity among incarcerated persons is consensual.

The departure of the alleged abuser or victim from the employment or control of the jail or Office shall not provide a basis for terminating an investigation (28 CFR 115.71).

If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71) If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.71).

Evidence collection shall be based on a uniform evidence protocol that is adapted from or otherwise based on the most recent edition of the DOJ'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 (28 CFR 115.21)."

Agency reports that In the past 12 months, 11 allegations of sexual abuse and sexual harassment were received and all 11 resulted in an administrative investigation. In the past 12 months, no allegations were referred for criminal investigation.

Interview with Agency Head designee indicates that can you see ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment through staff allegations and professional standards. Every allegation is documented and completed by assigned detectives.

115.22(b): Policy 612 PREA Section 612.8 mandates that "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71)."

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website:

"www.slosheriff.org Jail Information" located with the Jail FAQ tab "What is PREA" -

What is PREA, and what is the Sheriff's Office Policy on PREA?

- The Prison Rape Elimination Act (PREA), is a law enacted in 2013.
- The Sheriff's Office has zero tolerance with regard to sexual abuse and sexual harassment in this County Jail facility and will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment and to promptly and

thoroughly investigate all allegations of sexual abuse and sexual harassment. An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22).

- All staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports. All reports will be investigated.

Reports may be made to the Jail directly at:

1585 Kansas Ave, San Luis Obispo, California, 93405 or by calling 805-781-4600.

More information can be found at the following sites:

PREA is published as Title 28, Part 115, Code of Federal Regulations and is available at: <http://www.federalregister.gov>.

SLO County Jail PREA statistics:

2015

2016

2017

2018

2019

2020

2021

Interview of Investigative staff indicates that Agency policy requires that allegations of sexual abuse, or sexual harassment would be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potential criminal behavior. Investigations are initiated following an allegation of sexual abuse or sexual harassment within 24 hours of notification. All investigations are documented.

115.22 (c): N/A - Agency is responsible for conducting criminal investigations as outlined on the Sheriff's website.

115.22 (d): N/A - Agency is responsible for conducting criminal investigations as outlined on the Sheriff's website.

115.22(e): Auditor is not required to audit this provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.22(b) and corrective action is required.

Corrective Action Recommended:

115.22(b): When auditor accessed the PREA information tab, Jail Statistics on the Agency PREA website does not provide any information on Statistical PREA Reporting.

	<p>1. Agency to upload Jail Statistics as it is related to PREA for years 2015 to 2021.</p> <p>2. In addition, all PREA Audit summary reports are required to be on the Agency website per Standard provision 115.88(b) & (c).</p> <p><u>Corrective Action Completion 1/15/23:</u></p> <p>115.22(b): Agency has previously provided Jail Statistics on the Agency website from 2015 to 2021 available to the public. Agency PREA Audit Summary Report for 2017 was reported in error. Issue narrative is at issue for Standard 115.89.</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.22(b) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.22.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31(a): Policy 612 PREA Section 612.2 mandates that "This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all incarcerated persons from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment."</p> <p>Section 320.3(a) mandates that "All staff, volunteers, and contractors who may have contact with incarcerated persons shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Coordinator shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and incarcerated persons may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The Training Coordinator shall be responsible for developing and administering this training, covering at minimum (28 CFR 115.31; 28 CFR 115.32):</p> <p>(a) The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents."</p> <p>Agency has provided 10-8 Tactics and Training PREA expanded lesson plan which explains:</p> <ol style="list-style-type: none"> 1. Define PREA and discuss its span of influence. 2. Identify public perception, jail culture, and effects of violence (Rape) over time. 3. Recognize abuse statistics and methods.

4. Discuss vulnerable inmates and abuser traits and identify inmates and staff red flags.
5. Explain fraternization, consequences of staff misconduct, victim impacts, and reporting barriers and outcomes.
6. Discuss responding to victims and explain deliberate indifference.
7. Identify the importance of mandatory reporting and inmate reporting.
8. Explain how to document an incident and discuss LGBTI harassment, statistics, and sexual abuse definition.
9. Discuss PREA policies, staff roles and responsibilities, and crime scene/evidence preservation.
10. Describe the role of mental health, medical, and victim advocates, including SANE's / SAFE's."

and P&J PREA Refresher#1 PREA Basics (1) which outlines the Zero Tolerance Policy, Dynamics of Sexual Abuse in Detention and Detecting Signs of Sexual Abuse.

Additionally, staff is provided training via NIC - PREA Learning Center:

- 1) PREA: Your Role in Responding to Sexual Abuse
- 2) Communicating Effectively and Professionally with LGBTI Offenders,
- 3) PREA: Investigating Sexual Abuse in a Confinement Setting.
- 4) Inmate Privacy
- 5) Ways IPs can report
- 8) Reporting knowledge, suspicion or information
- 12) Encouraging IPs to report sexual abuse.

Interview with Random Sample of 12 staff indicates that staff received PREA refresher training in 2022 or 2023.

Agency did not provide auditor with documentation that all employees have received Initial PREA and refresher PREA training. Agency to provide auditor with documented verification that all custody staff received initial PREA training prior to contact with IPs and Refresher training on a bi-annual basis for compliance verification. Agency to upload requested documentation via the Supplemental file.

115.31(b): Policy 320 PREA Section 320.3 Member Training mandates that "All staff, volunteers, and contractors who may have contact with incarcerated persons shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Training Coordinator shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and incarcerated persons may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The Training Coordinator shall be responsible for developing and administering this training, covering at minimum (28 CFR 115.31; 28 CFR 115.32):

- (a) The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents.
- (b) The dynamics of sexual abuse and sexual harassment in confinement.
- (c) The common reactions of sexual abuse and sexual harassment victims.
- (d) Prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail.
- (e) Procedures for the investigation of a report of sexual abuse and/or sexual harassment.

- (f) Individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- (g) An individual's right to be free from sexual abuse and sexual harassment.
- (h) The right of incarcerated persons to be free from retaliation for reporting sexual abuse and sexual harassment.
- (i) How to detect and respond to signs of threatened and actual sexual abuse.
- (j) How to communicate effectively and professionally with incarcerated persons, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming incarcerated persons.
- (k) How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities.
- (l) How to avoid inappropriate relationships with incarcerated persons."

Agency reports that the Jail houses both male and female IPs, the training is not tailored to the gender of the inmates at the facility but training is tailored for both IP genders.

115.31(c): Agency provided auditor with copies of the P&J PREA Refresher training #1 thru #12 to include the refresher training bonus slide, Monitoring for Safety and Security where Tools of the Trade, Blind Spots and Incarcerated Person Movement is discussed. Agency reports that employees who may have contact with IPs receive monthly refresher training on PREA requirements. Agency to provide auditor with copy of Video/Test via thumb drive.

115.31(d): Agency reports that they document that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. Agency to provide auditor with training documentation from employees who have contact with inmates to verify each employee understands the training they have received through employee signature or electronic verification.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.31(a), 115.31(b), 115.31(c), 115.31(d) and corrective action is required.

Corrective Action Recommended:

115.31(a): Agency did not provide auditor with documentation that all employees have received Initial PREA and refresher PREA training.

1. Agency to provide auditor with documented verification that all custody staff received initial PREA training prior to contact with IPs and Refresher training on a bi-annual basis for compliance verification. Agency to upload requested documentation via the Supplemental file.

115.31(b): Agency failed to provide auditor with copies of training records. Agency to provide auditor with copies of completed initial and refresher training verification for employees who have contact with IPs. Documentation to be uploaded to the Supplemental File.

115.31(c): Agency to provide auditor with copy of Video/Test via thumb drive.

115.31(d): Agency to provide auditor with training documentation from employees who have contact with inmates to verify each employee understands the training they have received through employee signature or electronic verification.

Corrective Action Completion 12/21/23:

115.31(a): 12/21/23 - Agency uploaded 8 hour Initial Employee PREA Training electronic roster verification, PREA Refresher and Quiz grades, PREA What You Need to Know video, Guidance for cross-gender searches video, PREA Refresher Quiz and both signed and electronic cross-gender training rosters for 144 custody staff.

115.31(b): 12/21/23 - Agency uploaded PREA initial and refresher training which included cross gender search guidance signed student rosters conducted in 2023 and electronic attendance documentation for 2023 both for 144 custody staff. Training provided covers both male and female IPs.

115.31(c): 12/21/23 - Agency uploaded "PREA What You Need to Know" video & PREA Refresher electronic 30 minute PREA Refresher Quiz & 157 passing grades for custody staff to the Supplemental file.

115.31(d): 12/21/23 - Agency uploaded 8 hour Initial Employee PREA Training electronic roster verification, PREA Refresher and Quiz grades, PREA What You Need to Know video, Guidance for cross-gender searches video, PREA Refresher Quiz and both signed and electronic cross-gender training rosters for 144 custody staff which verifies the Agency maintains documentation, both written and electronic on PREA Employee education.

The agency/facility has met the requirements of Standard provision(s) 115.31(a), 115.31(b), 115.31(c), 115.31(d) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.31.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.32(a): Agency indicates that All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Agency provided auditor with a blank Contractors & Volunteers PREA training verification signature sheet document which indicates that the contractor or volunteer has read and understands the Sheriff's Office PREA Policy and their duty to report such incidents to a Correctional Deputy. Agency also provided auditor with copy of the blank PREA and Sexual Misconduct Programs Medical which acknowledges receipt of the PREA training for medical programs and indicates their signature to verify they have read the above Policy and understand the obligation to adhere to the conditions.

Interview with 2 Volunteers and 2 Contractors indicate that they have received PREA training prior to hire which covered zero-tolerance policy and the 1st responder protocol.

Agency reports that 73 volunteers and contractors who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response, however, auditor has not received documentation for compliance review. Agency to provide auditor with copies of the Contractor and volunteers who attended and signed acknowledgement sheets from their PREA training prior to having contact with IPs. Agency to provide auditor with copies of the signed acknowledgement sheets of staff who attended the PREA Sexual Misconduct Programs Medical prior to their having contact with IPs.

115.32(b). Agency reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interview with Volunteers and Contractors who have contact with IPs indicate that they have received PREA training prior to hire which covered zero-tolerance policy and the 1st responder protocol.

1. Agency to provide auditor with copies of the Contractor and volunteers who attended and signed acknowledgement sheets from their PREA training prior to having contact with inmates for PREA training verification.

2. Agency to provide auditor with copies of the signed acknowledgement sheets of staff who attended the PREA Sexual Misconduct Programs Medical prior to their having contact with inmates for PREA training verification.

115.32(c): Auditor awaits signed acknowledgements from contractors, volunteers and medical staff that they have completed PREA training with signed acknowledgement forms prior to their contact with inmates. Agency to provide auditor with copies of the Contractor and volunteers who attended and signed acknowledgement sheets from their PREA training prior to having contact with

inmates for PREA training verification. Agency to provide auditor with copies of the signed acknowledgement sheets of staff who attended the PREA Sexual Misconduct Programs Medical prior to their having contact with inmates for PREA training verification.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.32(a), 115.32(b), 15.32(c) and corrective action is required.

Corrective Action Recommended:

115.32(a): Agency reports that 73 volunteers and contractors who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response, however, auditor has not received documentation for compliance review.

1. Agency to provide auditor with copies of the Contractor and volunteers who attended and signed acknowledgement sheets from their PREA training prior to having contact with inmates.
2. Agency to provide auditor with copies of the signed acknowledgement sheets of staff who attended the PREA Sexual Misconduct Programs Medical prior to their having contact with inmates.

115.32(b): Agency reports that 73 volunteers and contractors who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response, however, auditor has not received documentation for compliance review.

1. Agency to provide auditor with copies of the Contractor and volunteers who attended and signed acknowledgement sheets from their PREA training prior to having contact with inmates for PREA training verification.
2. Agency to provide auditor with copies of the signed acknowledgement sheets of staff who attended the PREA Sexual Misconduct Programs Medical prior to their having contact with inmates for PREA training verification.

115.32(c): Agency reports that 73 volunteers and contractors who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response, however, auditor has not received documentation for compliance review.

1. Agency to provide auditor with copies of the Contractor and volunteers who

	<p>attended and signed acknowledgement sheets from their PREA training prior to having contact with inmates for PREA training verification.</p> <p>2. Agency to provide auditor with copies of the signed acknowledgement sheets of staff who attended the PREA Sexual Misconduct Programs Medical prior to their having contact with inmates for PREA training verification.</p> <p><u>Corrective Action Completion 4/17/24:</u></p> <p>115.32(a): 12/21/23 - Agency provided auditor with signed acknowledgements of PREA Audit Training Records Review documentation for randomly selected 10 contractors and 10 volunteers hired in 2022 and 2023 by auditor.</p> <p>115.32(b): 12/21/23 - Agency provided auditor with signed acknowledgements of PREA Audit Training Records Review documentation for randomly selected 10 contractors and 10 volunteers hired in 2022 and 2023 by auditor. Agency failed to provide PREA training documentation for one volunteer Hired 12/31/22). Agency to upload the signed training acknowledgement to the supplemental file. 2/29/24 - Agency uploaded PREA signed acknowledgement and gate clearance documentation both dated 10/15/23 for missing volunteer. FBI clearance provided via Supplemental File for missing volunteer. 4/17/24 - Agency uploaded 3 Required Questions for additional volunteer into the Supplemental File.</p> <p>115.32(c): 12/21/23 - Agency provided auditor with signed acknowledgements of PREA Audit Training Records Review documentation for randomly selected 10 contractors and 10 volunteers hired in 2022 and 2023 by auditor</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.32(a), 115.32(b, 15.32(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.32.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.33(a): Policy 506.2 Handbook and Orientation Policy mandates that "The Facility Manager shall provide an effective method of orienting all incoming incarcerated persons that includes an incarcerated person handbook. The orientation should take place within 24 hours of an incarcerated person's admission and in any event prior to the incarcerated person (IP) being moved to general population housing and should be an ongoing process in the housing area so that the information is</p>

available to the incarcerated persons throughout their entire time in custody."

Agency provided auditor with the:

- IP Rulebook
- PREA info Brochure in both English & Spanish
- PREA Poster available in both English and Spanish

Agency reports that 7377 IPs admitted during past 12 months who were given this information at intake.

During the onsite audit, auditor tested systems in intake to verify IPs received PREA education and have access to interpreters - auditor observed the following:

MEDICAL: Upon arrival at the Main Jail, IPs meet with the intake nurse who determines if IP is Limited English Proficient, or disabled. If so Medical and Mental Health utilizes Language Line to obtain an interpreter (which was tested with the nurse for access to a Italian interpreter using the WELLPATH account - 6 digit ID for Italiat -site code). Italian interpreter came online within 2 minutes to provide translation services. Once medically cleared, Medical nurse then goes over the PREA questions obtains information medical and mental health history, Medical PREA acknowledgement is signed. The Intake Nurse also goes over PREA questions which includes zero-tolerance and reporting during intake procedures.

INTAKE: In Booking, there are no cross-gender visual strip searches of IPs.

Transgender IPs are asked their sexual identity and gender preference for pat-down and strip searches. Cross-gender pat-search & strip-search documentation is completed for Supervisor review and approval prior to conducting the search. IPs have access to the Holding cell phones where PREA narratives and phone call postings are available in each holding tank. Fingerprint and charges are discussed. Classification then goes over IPs disabilities, if any, criminal history. IP goes through a body scanner and is the provided dress clothing in holding cell with same sex staff providing strip search and jail clothing. Once completed, IP is provided bed-roll, cup, spork and IP rulebook. IP is then escorted to their housing unit and provided both initial and comprehensive PREA education form via Tablet sign-in. Tablet access provided with video and acknowledgement during sign-in

Interview with Intake staff indicates that all holding cells have posted PREA procedures. Nurses notify the IP who they can report PREA violations to. The Kiosk and Tablets in housing units also have PREA training information. IP's go over the initial and comprehensive PREA training when they first have access to the Kiosk and Tablets in the housing units when they first obtain sign-in access once being housed.

The Intake Nurse also goes over PREA questions which includes zero-tolerance and reporting during intake procedures.

Interview with Random Sample of 16 IPs indicates that IPs receive PREA video through TABLET and KIOSK access when they sign-in to either or both prior to obtaining password and access when assigned to the housing unit. They are also provided PREA information via the IP handbook and intake orientation.

115.33(b): Agency reports that 939 IPs (100%) of IPs were admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. IPs received

their comprehensive education through Tablet access with video and acknowledgement.

"In addition to English, orientation information will be provided in the most commonly used languages for the inmate population.

The Facility Manager should consider enlisting the assistance of volunteers who are qualified and proficient in both English and the language in which they are providing translation assistance to translate the orientation information. Use of outside translation sources may also be considered.

Interpretive services will be provided to inmates who do not speak English or any of the other languages in which the orientation information is available.

A written and signed acknowledgment of the orientation and receipt of the handbook should be maintained in the inmate's permanent file (28 CFR 115.33).

Verbal instructions for initial orientation will be provided to the incarcerated person during the classification process and may be supplemented by the Housing Unit Correctional Deputy."

Interview with Intake staff indicates that IPs obtain PREA education via the PREA training video to obtain initial access to tablets and kiosks in their housing units. The Rulebook also provides PREA information. IPs are made aware of their rights within 1 hour of Intake either in Booking or nurses in medical before Booking.

Interview with Random Sample 16 IPs indicates that during Booking, Classification and initial housing, IPs were provided their right not to be sexually abused or sexually harassed, how to report sexual harassment and their right not to be punished for reporting sexual abuse or sexual harassment.

Agency has not provided auditor with documented verification that IPs admitted to the facility, whose length of stay in the facility was for 30 days or more received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Agency to provide auditor copy of unit intake roster for random selection of IPs who were booked into the facility following the receipt of the Interim PREA Summary Report. Auditor will make random selection of 20 IPs in order to obtain signed documents which verifies PREA education within 30 days of intake.

115.33(c): Policy 506 Section 506.2.1. Initial Orientation mandates that "Of those who were NOT educated (as stated in 115.33(b)-1) within 30 days of intake, all inmates have been educated subsequently." Additionally, all incarcerated persons have access to tablet and have to acknowledge PREA information prior to using tablet.

Agency reports that there are no IPs who have not been educated as all incarcerated persons had access to tablet and have to acknowledge PREA information prior to using tablet.

Interview with Intake staff indicates that IPs receive PREA video through TABLET and KIOSK access when they sign-in to either or both prior to obtaining password and access when assigned to the housing unit. They are also provided PREA information via the IP handbook and intake orientation. Auditor awaiting documented verification of initial and comprehensive education

115.33(d): Policy 506 Handbook Section 506.2.2 Orientation for Non-Readers, Visually Impaired and Deaf or Hard of Hearing IPs mandates that "Inmates who cannot read, are visually impaired, or have intellectual, psychiatric or speech disabilities or limited reading skills, shall have the materials read to them by a staff member or presented to them using audible recorded media (28 CFR 115.16). Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information."

Policy 506.2.2 ORIENTATION FOR NON-READERS, VISUALLY IMPAIRED AND DEAF OR HARD- OF-HEARING INMATES

Inmates who cannot read, are visually impaired, or have intellectual, psychiatric or speech disabilities or limited reading skills, shall have the materials read to them by a staff member or presented to them using audible recorded media (28 CFR 115.16).

Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information."

115.33(e): Agency indicates "A written and signed acknowledgment of the orientation and receipt of the handbook should be maintained in the inmate's permanent file (28 CFR 115.33).

Verbal instructions for initial orientation will be provided to the incarcerated person during the classification process and may be supplemented by the Housing Unit Correctional Deputy." Agency maintains documentation of inmate participation in PREA education sessions. Agency to provide auditor with copies of said signed documentation of PREA education sessions completed by auditor's randomly selected IPs who have been booked in the facility over the past 12 months. Agency to provide signed documentation via the Supplemental File to verify compliance with Standard provision 115.33(e).

115.33(f): The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. During the Physical Plant Review auditor observed IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.33(b),115.33(c), 115.33(e), 115.33(f) and corrective action is required.

Corrective Action Recommended:

115.33(b): Agency has not provided auditor with documented verification that IPs admitted to the facility, whose length of stay in the facility was for 30 days or more received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency

policies and procedures for responding to such incidents within 30 days of intake.

1. Agency to provide auditor copy of unit intake roster for random selection of IPs who were booked into the facility following the receipt of the Interim PREA Summary Report.

2. Auditor will make random selection of 20 IPs in order to obtain signed documents which verifies PREA education within 30 days of intake.

115.33(c): Of those who were NOT educated (as stated in 115.33(b)-1) within 30 days of intake, all inmates have been educated subsequently.

1. Auditor awaiting documented verification of initial and comprehensive education.

115.33(e): Agency maintains documentation of inmate participation in PREA education sessions.

1. Agency to provide auditor with copies of said **signed** documentation of PREA education sessions completed by auditor's randomly selected 26 IPs who have been booked in the facility over the past 12 months.

2. Agency to provide signed documentation via the Supplemental File to verify compliance with Standard provision 115.33(e).

115.33(f): During the Physical Plant Review auditor observed IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility.

1. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

a). 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.

b). At least 3 PREA posters in each housing unit on all floors, to include posters near the phones

c). PREA posters in work area available to the IPs and staff.

Corrective Action Completion 3/9/24:

115.33(b): 2/13/24 - Agency provided auditor copy of the NCIC Inmate Communications electronic PREA Comprehensive Education Acknowledgements of 26 IPs who's intake dates occurred between 6/26/22 & 9/17/23. English and Spanish video PREA training was provided via electronic tablets in their assigned housing unit. Documentation verifies each IP received their Comprehensive Education within 30

days of intake by way of their inmate PIN. Agency also provided auditor with copies of Incarcerated Persons PREA Education documentation in both English and Spanish, which included Zero Tolerance explanations, Right to Report to whom and how, informing IPs that calls to the 24 hour PREA Reporting Hotline at (855) 326-9623 are free, confidential, anonymous, not recorded, not monitored and available for 3rd -party person reporting. The same information is available in the IP Rulebook and on posters throughout the facility. The document also informs IPs of the Medical and Mental Health Help which indicates the availability of Medical and mental Health certified sexual abuse counselors at no cost to the incarcerated person, contact with Lumina Alliance for victim advocacy services made by writing which is confidential and handled the same as legal mail. Mailing addresses are made available in the IP Rulebook.

115.33(c): 2/13/24 - Agency provided auditor copy of the NCIC Inmate Communications electronic PREA Comprehensive Education Acknowledgements of 26 IPs who's intake dates occurred between 6/26/22 & 9/17/23. English and Spanish video PREA training was provided via electronic tablets in their assigned housing unit. Documentation verifies each IP received their Comprehensive Education within 30 days of intake by way of their inmate PIN.

115.33(e): 2/13/24 - Agency provided auditor copy of the NCIC Inmate Communications electronic PREA Comprehensive Education Acknowledgements of 26 IPs who's intake dates occurred between 6/26/22 & 9/17/23. English and Spanish video PREA training was provided via electronic tablets in their assigned housing unit. Documentation verifies each IP received their Comprehensive Education within 30 days of intake by way of their inmate PIN.

115.33(f): 3/1/24 - 90 Day Corrective Action Review. All housing units observed by auditor and contained at a minimum 16 PREA posters throughout the housing unit including by the phones in both tiers and kiosks. This also included 3 posters in intake.

Main Jail Housing Units and Kansas SHU unit have posters on phone trollies (rolling carts) and on walls across from cells.

Auditor observed announcements being made by staff entering housing unit.

Posters containing 3rd Party information or narrative is not included on Lobby area posters, visiting room area for attorney visits and family visits. Agency to have posters in this area repaired with 3rd party narrative and upload to Supplemental File.

3/9/24 - Agency uploaded photos of new PREA posters with 3rd Party contact narrative in Attorney and Family visiting entrance, and lobby area to the Supplemental File. The upload included additional posters which are placed throughout the facility.

The agency/facility has met the requirements of Standard provision(s) 115.33(b),115.33(c), 115.33(e), 115.33(f) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.33.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34(a): Policy 104 Annual Review Investigators Section 104.4(d) Criteria to Measure Performance mandates that "The following items will be used to measure and evaluate the level of success in achieving the office's stated goals:</p> <p>"(d) Documentation that office investigators have completed the required specialized training in conducting sexual abuse investigations (28 CFR 115.34)"</p> <p>Policy 320 PREA Section 320.5 Specialized Investigative Training mandates that "Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; 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 referral for prosecution (28 CFR 115.21; 28 CFR 115.34)."</p> <p>Agency reports that Investigators Training is conducted through the National Institute of Corrections (NIC) Learning Center for the Investigating Sexual Abuse in a Confinement Setting Course.</p> <p>Interview with 5 Investigative staff indicates that they have received training specific to conducting sexual abuse investigation in confinement settings. They took both the POST ICI-2 and NIC Investigation in confinement settings. the ICI-2 training through post was 40 hours and included:</p> <ul style="list-style-type: none"> How to investigate How to document Interview Techniques Child sexual assault Standard injuries Evidence Collection <p>NIC PREA Course was for 2.5 hours online and included:</p> <ul style="list-style-type: none"> Investigative techniques in a confinement setting Best practices conducting investigations Separation & Interview techniques Miranda and Garrity warnings Sexual abuse evidence collection in confinement settings Criteria and evidence required to substantiate a case for administrative or prosecution referral. <p>115.34(b): Policy 320 PREA Section 320.5 Specialized Investigative Training mandates that "Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; 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 referral for prosecution (28 CFR 115.21; 28 CFR 115.34)."</p>

Agency reports that Investigators Training is conducted through the National Institute of Corrections (NIC) Learning Center for the Investigating Sexual Abuse in a Confinement Setting Course.

Interview with 5 Investigative staff indicates that the NIC course provided the following:

- NIC PREA Course was for 2.5 hours online and included:
- Investigative techniques in a confinement setting
- Best practices conducting investigations
- Separation & Interview techniques
- Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative or prosecution referral.

115.34(c): Agency maintains documentation showing that investigators have completed the required training, Agency indicates that 19 investigators are currently employed who have completed the required training. Agency to provide auditor with copies of Certification of Completion for the 19 investigators who completed the NIC required training for Investigating Sexual Abuse in a Confinement Setting.

115.34(d): Auditor is not required to audit this provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.34(c) and corrective action is required.

Corrective Action Recommended:

115.34(c): Agency indicates that 19 investigators are currently employed who have completed the required training.

1. Agency to provide auditor with copies of Certification of Completion for the 19 investigators who completed the NIC required training for Investigating Sexual Abuse in a Confinement Setting.
2. Agency to upload the above requested information into the Supplemental File identified as Standard provision 115.34(c).

Corrective Action Completion 1/11/24:

115.34(c): 1/11/24 - Agency provided auditor with 19 NIC certificates which verifies 19 investigative staff have completed Investigating Sexual Abuse in a Confinement Setting Course.

The agency/facility has met the requirements of Standard provision(s) 115.34(c) completed during the corrective action period. The auditor has determined that the

	agency/facility has met the standard provisions and complies with Standard 115.34.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35(a): Policy 320 PREA Section 320.4 Specialized Medical Training mandates that "All full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes (28 CFR 115.35):</p> <ul style="list-style-type: none"> (a) Detecting and assessing signs of sexual abuse and sexual harassment. (b) Preserving physical evidence of sexual abuse. (c) Responding effectively and professionally to victims of sexual abuse and sexual harassment. (d) Reporting allegations or suspicions of sexual abuse and sexual harassment. <p>If the qualified health care and mental health professionals employed by this facility conduct forensic examinations, they shall receive the appropriate training to conduct such examinations.</p> <p>The Training Coordinator shall maintain documentation that the facility's health care and mental health professionals have received the training referenced above, either from this office or elsewhere."</p> <p>Agency reports that 62 (100%) of medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. Agency identifies WellPath Website as "www.healthstream.com"</p> <p>Interview of Medical and Mental Health staff indicates that they recieved PREA training through WellPath e-learning and on-board training through the facility. Agency to provide auditor with documented PREA training which includes signed & dated acknowledgement of training receipt and understanding of said training.</p> <p>115.35(b): N/A - Agency reports that medical staff at this facility does not conduct forensic medical exams.</p> <p>Interview of Medical and Mental Health staff indicates that they do not conduct forensic examinations.</p> <p>115.35(c): Agency reports that it maintains documentation showing that medical and mental health practitioners have completed the required training. Agency to provide auditor with documentation which verifies that 62 medical and mental health practitioners have completed the required PREA training.</p> <p>115.35(d): Agency reports that all 62 of the Medical and Mental Health practitioners have been trained through Wellpath as required by Policy 320.4 and PREA Standard 115.35. Agency to provide auditor with documentation which verifies that 62 medical and mental health practitioners have completed the required PREA training.</p> <p>Based upon the analysis of evidence, the auditor finds the facility is not fully</p>

compliant with Standard provision(s) 115.35(a),115.35(c), 115.35(d) and corrective action is required.

Corrective Action Recommended:

115.35(a): Agency indicates that 62 medical and mental health care practitioners (100%) who work regularly at this facility who received the training required by agency policy.

1. Agency to provide auditor with documented PREA training which includes signed & dated acknowledgement of training receipt and understanding of said training.

115.35(c): Agency reports they maintains documentation showing that medical and mental health practitioners have completed the required training.

1. Agency to provide auditor with documentation which verifies that 62 medical and mental health practitioners have completed the required PREA training.
2. Agency to supply the requested documentation through the supplemental file identified as 115.35(c).

115.35(d): Agency to provide auditor with documentation which verifies that 62 medical and mental health practitioners have completed the required PREA training.

Corrective Action Completion 2/29/24:

115.35(a): 2/29/24 - Agency PREA Manager provided 97 signed PREA training acknowledgement Medical/Mental Health documentation. Signed acknowledgements indicate that staff have read and understand their obligation to adhere to the conditions outlined in the PREA training conducted between 2019 & 2024.

115.35(c): 2/29/24 - Agency PREA Manager provided 97 signed PREA training acknowledgement Medical/Mental Health documentation. Signed acknowledgements indicate that staff have read and understand their obligation to adhere to the conditions outlined in the PREA training conducted between 2019 & 2024. Agency maintains training acknowledgement documentation

115.35(d): 2/29/24 - Agency PREA Manager provided 97 signed PREA training acknowledgement Medical/Mental Health documentation. Signed acknowledgements indicate that staff have read and understand their obligation to adhere to the

	<p>conditions outlined in the PREA training conducted between 2019 & 2024. Agency maintains training acknowledgement documentation</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.35(a), 115.35(c) 115.35(d) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.35.</p>
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115.41 Screening for risk of victimization and abusiveness	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.41(a): Policy 515 Inmate Classification Section 515.4 & 515.6 mandates that "The Facility Manager or the authorized designee should create and maintain a classification plan to guide staff in the processing of individuals brought into the facility.</p> <p>The plan should include an initial screening process, as well as a process for determining appropriate housing assignments (28 CFR 115.42). The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms, and a process to ensure that all classification and housing records are maintained in each inmate's permanent file. The plan should include an evaluation of the following criteria (15 CCR 1050):"</p> <p>"The initial classification process is intended to identify predatory, violent and at-risk inmates. It should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment Inmates should be interviewed by an intake deputy as soon as possible in the booking process."</p> <p>"Once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible but no later than 24 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing."</p> <p>Interview with Risk Screening staff indicates that IPs are screened upon admission to the Maguire Facility Intake and reassessed within 30 days of intake, for risk of sexual abuse victimization or sexual abusiveness towards other IPs.</p> <p>Interview with Random Sample of IPs indicates that when they first arrived at the Maguire facility Intake, they were asked if they have been sexually abused in the past sexual identity and if they think that they might be in danger of sexual abuse while housed in the jail.</p> <p>MEDICAL: Upon arrival at the Main Jail, IPs meet with the intake nurse who determines if IP is Limited English Proficient, or disabled. If so Medical and Mental</p>

Health utilizes Language Line to obtain an interpreter (which was tested with the nurse for access to a Italian interpreter using the WELLPATH account - 6 digit ID for Italiat -site code). Italian interpreter came online within 2 minutes to provide translation services. Once medically cleared, Medical nurse then goes over the PREA questions obtains information medical and mental health history, Medical PREA acknowledgement is signed. Nurse goes over sexual identity and history of sexual abuse in addition to PREA questions.

INTAKE: In Booking, there are no cross-gender visual strip searches of IPs.

Transgender IPs are asked their sexual identity and gender preference for pat-down and strip searches. Cross-gender pat-search & strip-search documentation is completed for Supervisor review and approval prior to conducting the search. IPs have access to the Holding cell phones where PREA narratives and phone call postings are available in each holding tank. Fingerprint and charges are discussed. Classification interviews IPs in a confidential setting such as interview room or Classification office and goes over IPs disabilities, if they experience history of sexual abuse and criminal history using an objective screening instrument. IP goes through a body scanner and is the provided dress clothing in holding cell with same sex staff providing strip search and jail clothing. Once completed, IP is provided bed-roll, cup, spork and IP rulebook. IP is then escorted to their housing unit and provided both initial and comprehensive PREA education form via Tablet sign-in. Tablet access provided with video and acknowledgement during sign-in

Interview with Intake staff indicates that all holding cells have posted PREA procedures. Nurses notify the IP who they can report PREA violations to. The Kiosk and Tablets in housing units also have PREA training information. IP's go over the initial and comprehensive PREA training when they first have access to the Kiosk and Tablets in the housing units when they first obtain sign-in access once being housed.

The Intake Nurse also goes over PREA questions which includes zero-tolerance and reporting during intake procedures.

Interview with Random Sample of 16 IPs indicates that IPs receive PREA video through TABLET and KIOSK access when they sign-in to either or both prior to obtaining password and access when assigned to the housing unit. They are also provided PREA information via the IP handbook and intake orientation.

115.41(b): Policy 515 Classification Section 515.6 mandates that "Once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible but no later than 24 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing."

Agency reports that 1459 IPs entered the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

Interview with Risk Screening staff indicates that IPs are screened for risk of sexual victimization or risk of being sexually abusing other IPs within 72 hours of their intake. Interview with Random Sample of 16 IPs indicates that Interview with Random Sample of IPs indicates that when they first arrived at the Maguire facility Intake, they were asked if they have been sexually abused in the past , sexual identity and if they think

that they might be in danger of sexual abuse while housed in the jail.

115.41(c): Review of the Classification Record does not comply with PREA Standard 115.41(d) intake screening minimum consideration items 1 thru 10 as an objective screening instrument. The instrument fails to include consideration regarding prior convictions for sex offenses against and adult or child, the physical build of the IP, the IPs own perception of vulnerability, or perception of LGBTI or gender nonconforming. Agency to amend or update the Classification Record to meet criteria outlined in Standard provision 115.41(d).

115.41(d): Review of the Classification Record does not comply with PREA Standard 115.41(d) intake screening minimum consideration items 1 thru 10 as an objective screening instrument.

Interview with Risk Screening staff indicates that the Risk Screening considers:

- History of sexual abuse
- History of being sexually abusive
- Suicidal
- Gender identity
- Sexual orientation

The initial screening process includes bringing IP into classification office for confidential PREA questions conducted by using electronic PREA documentation.

30-day assessment is conducted in ATIMS. Reassessments are flagged in ATIMS prior to the 30-day expiration date for Classification notification.

115.41(e): The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Interview with Risk Screening staff indicates that the Risk Screening considers:

- History of sexual abuse
- History of being sexually abusive
- Suicidal
- Gender identity
- Sexual orientation

The initial screening process includes bringing IP into classification office for confidential PREA questions conducted by using electronic PREA documentation.

30-day assessment is conducted in ATIMS. Reassessments are flagged in ATIMS prior to the 30-day expiration date for Classification notification.

115.41(f): Policy 515 Classification Section 515.7.1, 515.7.2 and 515.7.3 mandates the following:

"515.7.1 PERIODIC CLASSIFICATION REVIEWS

An initial assessment should be conducted at intake for risk of being sexually abused by other inmates or sexually abusive towards other inmates. Prior to housing an inmate will be reassessed for risk of victimization or abuse. (28 CFR 115.41).

Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42).

Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness (28 CFR 115.41).

515.7.2 STAFF REQUESTED REVIEW

At any point during an inmate's incarceration, a staff member may request a review of the inmate's classification. The reason for the review, the review itself and the outcome of the review shall be documented in the inmate's permanent file. Nothing in this section shall prohibit staff from immediately moving an inmate to another location in the facility based on exigent circumstances. Under such circumstances, the staff member moving the inmate must immediately document the action and notify the classification deputy.

515.7.3 OBJECTIVE RECLASSIFICATION TOOL

Inmate custody levels will be assessed using an objective reclassification tool every (60) sixty days. Inmates may also be reclassified using the objective reclassification tool after incidents at the discretion of a classification deputy."

Agency reports that 939 (100%) of IPs entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

Interview with Risk Screening staff indicates that IP risk assessment levels are reassessed within 90 days of arrival at the facility.

Interview with Random Sample of 16 IPs indicates that they were asked questions at Medical and Booking if they have ever been sexually abused in the past, gender identity and their perception of danger of sexual abuse while housed at the facility.

Standard provision 115.41(f) mandates that within 30 days from IP arrival at the facility, the facility will reassess the IP's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. Agency has no narrative in policy 515.7.1 Periodic Classification Reviews which mandate that specific timeframe. Agency to provide auditor with reassessment documentation for IPs randomly selected by auditor to verify compliance with Standard provision 115.41(f).

115.41(g): Policy 515 Classification Section 515.7.1 and 515.7.2 Periodic Classification Reviews and Staff Requested Review mandates that "Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness (28 CFR 115.41)."

"At any point during an inmate's incarceration, a staff member may request a review of the inmate's classification. The reason for the review, the review itself and the outcome of the review shall be documented in the inmate's permanent file. Nothing in this section shall prohibit staff from immediately moving an inmate to another location in the facility based on exigent circumstances. Under such circumstances, the staff member moving the inmate must immediately document the action and notify the classification deputy."

Interview with Risk Screening staff indicates that upon entry in Medical, Booking and Classification, IPs are informed of their right not to be sexually abuse or sexually

harassed, how to report sexual abuse and sexual harassment and their right not to be punished for reporting sexual abuse or sexual harassment.

Interview with Random Sample of 16 IPs indicates that the PREA questions asked when they initially was booked into the facility was not asked again unless they were treated in medical or mental health.

115.41(h): Policy 515 Classification Section 515.4.1 Inmate Response to Screening mandates that "Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41):

(a) Whether the inmate has a mental, physical or developmental disability."

(b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming.

(c) Whether the inmate has previously experienced sexual victimization.

(d) The inmate's own perception of vulnerability."

Interview with Risk Screening staff indicates that IPs are not disciplined in any way for refusing to respond to or not disclosing complete information related to mental, physical or developmental disability, LGBTI perception, previous experience of sexual victimization or perception of vulnerability.

115.41(i): Interview with IT Technology staff indicates the following:

a). ATIMS - Authorization credentials and password required to log in

b). IA Pro (Internal Affairs Cases & Professional Standards - Functionality requires approval through Chain of Command and developed through IT. Rules and permissions are set.

c). Jail Security System, Camera system all maintained and run through IT Technology.

d). Laser Fiche - Repository of electronic Documents through the Sheriff's office where requires permissions to access.

Interview with PREA Coordinator indicates that ATIMS Jail Management System and Internal Affairs (IA Pro), access is specialized. Password and authorization for permissions are required.

Interview with PREA Manager indicates that IP risk assessments is limited to ATIMS within the facility to protect sensitive information from exploitation.

Interview with Risk Screening staff indicates that risk assessment within the facility requires electronic access only and permission is provided to Classifications and Sergeants

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.41(c), 115.41(f) and corrective action is required.

Corrective Action Recommended:

115.41(c): Review of the Classification Record does not comply with PREA Standard 115.41(d) intake screening minimum consideration items 1 thru 10 as an objective screening instrument. The instrument fails to include consideration regarding prior convictions for sex offenses against an adult or child, the physical build of the IP, the

IPs own perception of vulnerability, IP perceived to be LGBTI or Gender Nonconforming. Agency provided auditor with the Classification Record as their objective screening instrument. Review of the Classification Record does not comply with PREA Standard 115.41(d) intake screening minimum consideration items 1 thru 10 as an objective screening instrument. The instrument fails to include consideration regarding prior convictions for sex offenses against and adult or child, the physical build of the IP, the IPs own perception of vulnerability, or perception of LGBTI or gender nonconforming.

2/8/24 - Agency uploaded a blank medical/mental health Receiving Screening Interviewer documentation completed at intake by medical practitioner for all IPs. Document possesses PREA Screening Questions which include prior convictions for sex offenses against and adult or child, the physical build of the IP, the IPs own perception of vulnerability, IP perceived to be LGBTI or Gender Nonconforming.

1. 5/16/24 - Agency to upload completed, signed copy of the Receiving Screening Interviewer Forms for the following IPs, identified by the following ID numbers who were screened for intake in year 2024.

115.41(f): Standard provision 115.41(f) mandates that within 30 days from IP arrival at the facility, the facility will reassess the IP's risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening.

1. Agency has no narrative in policy 515.7.1 Periodic Classification Reviews which mandate that specific timeframe.

2. Agency to provide auditor with reassessment documentation for IPs randomly selected by auditor to verify compliance with Standard provision 115.41(f).

Corrective Action Completion 5/16/23 :

115.41(c): 2/8/24 - Agency uploaded the medical/mental health Receiving Screening Interviewer documentation completed at intake by medical practitioner for all IPs. Document possesses PREA Screening Questions which include prior convictions for sex offenses against and adult or child, the physical build of the IP, the IPs own perception of vulnerability, IP perceived to be LGBTI or Gender Nonconforming.

5/16/23 - Agency uploaded copies of the Receiving Screening Interviewer Forms PREA questionnaire section for 26 IPs, who were screened for intake in year 2024.

115.41(f): 1. 2/21/24 - Agency provided auditor with copy of revised Classification Policy 515 Section 515.7.1 Periodic Classification Reviews & 515.7.5 Review for Risk of Victimization and Abuse which mandates: Within a set time period, not to exceed 30 days from the incarcerated person's arrival at the facility, classification will reassess the incarcerated person's risk of victimization or abusiveness based upon

	<p>any additional, relevant information received since the initial classification. Date of implementation 2/7/24.</p> <p>5/2/24 - Agency provided 15 additional IP reassessments to the Supplemental File IAW Standard provision 115.41(f) under agency's updated Classification process. All IPs were reassessed within 30 days of intake per Standard provision requirements.</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.41(c), 115.41(f) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.41.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.42(a): Policy 515 Classification Section 515.11 mandates that "Housing, bed, work, and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68).</p> <p>"Housing and program assignments of a transgender or an intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management, or facility security concerns (15 CCR 1050). A transgender or an intersex inmate's views with respect to his/her own safety shall be given serious consideration.</p> <p>Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement, or legal judgment (28 CFR 115.42)."</p> <p>Interview with PREA Manager indicates that the facility uses information for rescreening during intake to keep inmates from being sexually victimized, or being sexually abusive. Classification takes disclosure of history of sexual abuse very seriously regarding housing and programs.</p> <p>Interview with Risk Screening staff indicates that Silva uses information from the wrist screening during intake to keep IPs safe from being sexually victimized from being sexually abusive through housing and programming, limitation of victimization,</p>

medical and mental health treatments.

115.42(b): Policy 515 Classification Section 515.6.1 mandates that "Individualized determinations shall be made about how to ensure the safety of each inmate (28 CFR 115.42; 15 CCR 1050)."

Interview with Risk Screening staff indicates that Silva uses information from the wrist screening during intake to keep IPs safe from being sexually victimized from being sexually abusive through housing and programming, limitation of victimization, medical and mental health treatments.

115.42(c): Policy 515 Classification Section 515.11 mandates that "Housing and program assignments of a transgender or an intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management, or facility security concerns (15 CCR 1050). A transgender or an intersex inmate's views with respect to his/her own safety shall be given serious consideration.

Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement, or legal judgment (28 CFR 115.42)."

Interview with PREA Manager indicates that the facility determines housing and program assignments for transgender or intersex IPs by ensuring the IPs health and safety. Housing and programming depends on housing and programming location (non-limited).

Interview with 2 Transgender IPs indicates that when booked into the jail, staff asked questions about their safety perception. They were not put in the housing area only for transgender or intersex IP's. Booking asked where they would like to be placed for housing. One requested general population and the other requested secure housing and both requests were approved.

115.42(d): Policy Policy 515 Classification Section 515.7.1 mandates that "Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42)."

Interview with PREA Manager indicates that placement and programming assignments for each transgender or intersex IP is reassessed to review any threats to safety experienced by the IP every 30 days or less.

Interview with Risk Screening staff indicates that placement of programming assignments for each transgender or intersex IP is reassessed at least twice a year to review any threats to safety experience by the IP. If an incident occurs, the IP is taken out of programming.

115.42(e): Policy Policy 515 Classification Section 515.11 PREA Considerations mandates that "Housing and program assignments of a transgender or an intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management, or facility security concerns (15 CCR 1050). A transgender or an intersex inmate's views with respect to his/her own safety shall be given serious consideration."

	<p>Interview with PREA Manager indicates that transgender or intersex IP views, with respect to his or her own safety is giving serious consideration and placement of programming assignments.</p> <p>Interview with Risk Screening staff indicates that transgender or intersex IP's views of his, or her own safety is given serious consideration in placement and programming assignments.</p> <p>Interview with 2 Transgender IPs indicates that when booked into the jail, staff asked questions about their safety perception.</p> <p>115.42(f): Conduct physical plant review for compliance.</p> <p>Interview with PREA Manager indicates that transgender and intersex IPs are given the opportunity to shower separately from other IP's.</p> <p>Interview with Risk Screening staff indicates that transgender and intersex APs are given the opportunity to shower separately from other eyepiece.</p> <p>Interview with 2 Transgender IPs indicates that they are allowed to shower separately, from other IPs.</p> <p>115.42(g): Policy 515 Classification Section 515.11 mandates that "Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement, or legal judgment (28 CFR 115.42)."</p> <p>Interview with PREA Manager indicates that if a screening indication and IP has experienced prior sexual victimization, whether in an institution setting, or in the community, the agency offers a follow up meeting with a medical and or mental health practitioner within 14 days of intake.</p> <p>Interview with Risk Screening staff indicates that facility has no consent decree.</p> <p>Interview with 2 Transgender IPs indicates that both indicate they were asked at booking where they wished to be housed and were provided their choice of housing.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.42.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.43(a): Policy 515 Classification Section 515.11 mandates that "Housing, bed, work, and program assignments should be made to separate IPs at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other IPs and staff. All IPs identified as being at risk of victimization shall be monitored and housed in an</p>

area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68)."

Agency reports that no IPs were at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.

Interview with Facility Commander indicates that policy prohibits, placing APs at high risk for sexual victimization, or who have alleged sexual abuse in voluntary severe housing in lieu of other housing areas, unless it assessment has determined that there are no available alternative means of separation from potential abusers.

115.43(b): 115.43(a): Policy 515 Classification Section 612.12 mandates that "Incarcerated persons placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education, and work opportunities. If restrictions are put in place, the Facility Manager shall document the following:

- (a) The opportunities that have been limited
- (b) The duration of the limitation
- (c) The reasons for such limitations

Every 30 days, the Facility Manager shall afford each such incarcerated person a review to determine whether there is a continuing need for protective custody (28 CFR 115.43)."

Interview with Staff who Supervise IPs in Segregated Housing indicates that if the facility restricts access to programs, privileges, education, or work opportunities for facility documents the opportunities that have been limited, the duration of the limitations, and the reasons for such limitations.

During the Onsite Audit, no IPs were housed in Segregated Housing for risk of sexual victimization/who allege to have suffered sexual abuse.

115.43(c): Agency reports that In the past 12 months, no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

Interview with Facility Commander indicates that IPs at high risk for sexual victimization, or who have alleged sexual abuse, and are placed in involuntary single housing, our house only until alternative means of separation from likely abusers can be arranged. agency tries to minimize involuntary segregated at all cost. housing involuntary segregated station is on a case by case basis, no more than one to two days.

Interview with Staff who Supervise IPs in Segregated Housing indicates that iP's are placing involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Ordinarily, APs are placing involuntary Seguin housing as a means of separation from likely abusers until acceptable housing can be arranged.

During the Onsite Audit, no IPs were housed in Segregated Housing for risk of sexual victimization/who allege to have suffered sexual abuse.

115.43(d): Agency reports that In the past 12 months, no inmates at risk of sexual

	<p>victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p>115.43(e): Policy 612 PREA Section 612.12 Protective Custody mandates that "Incarcerated persons placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education, and work opportunities. If restrictions are put in place, the Facility Manager shall document the following:</p> <ul style="list-style-type: none"> (a) The opportunities that have been limited (b) The duration of the limitation (c) The reasons for such limitations <p>Every 30 days, the Facility Manager shall afford each such incarcerated person a review to determine whether there is a continuing need for protective custody (28 CFR 115.43)."</p> <p>Interview with Staff who Supervise IPs in Segregated Housing indicates that what an IP is assigned to voluntary circuit housing, facility reviews VIPs circumstances every 30 days to determine if continue placement. Involuntary segregated housing is needed. Documentation is maintain in ATIMS.</p> <p>During the Onsite Audit, no IPs were housed in Segregated Housing for risk of sexual victimization/who allege to have suffered sexual abuse.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.51(a): Policy 612 PREA Section 612.5 Reporting Sexual Abuse, Harassment and Retaliation mandates that "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against incarcerated persons or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of incarcerated persons (e.g., report to the Facility Manager) (28 CFR 115.51; 15 CCR 1029).</p> <p>The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).</p> <p>Incarcerated persons (IPs) may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all incarcerated person requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029).</p>

Threats or allegations of sexual abuse and sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61)."

Interview with Random Sample of 12 staff indicates that

Interview with Random Sample of 16 IPs indicates that in order to report sexual abuse or sexual harassment, IPs indicate that they can utilize their Tablets or Kiosks in the housing units, inform staff, medical or mental health, write a note to place in locked medical box or locked grievance box in housing units.

During the Physical Plant Review auditor observed:

SIGNAGE: IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

- 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.
- At least 3 PREA posters in each housing unit on all floors, to include posters near the phones
- PREA posters in work area available to the IPs and staff.

TESTING INTERNAL REPORTING METHODS: IPs have the availability to report sexual abuse and sexual harassment internally through Tablets, Kiosks, locked Grievance boxes available in the housing units.

GRIEVANCE PROCESS: Once grievance form is received alleging sexual abuse and sexual harassment, investigation is initiated. Response to grievance is written and provided to IP. PREA investigation determines substantiation and letter is provided to the IP as to the outcome of the investigation.

VERBAL REPORTING: IPs have the availability to report sexual abuse and sexual harassment to custody staff, medical and mental health staff.

MAIL PROCESS: Auditor received 3 confidential correspondence from two IPs that were sent via confidential mail process as if mailed to attorneys. Incoming mail procedures - mail is processed at night, separated mail in each housing unit by legal and random. Legal mail procedures are outlined on pg 14 in the Jail Rule Book 2/7/2020. Legal mail remains sealed until staff can deliver to IP in person for review.

Non-legal mail is open and reviewed in mail room to remove any contraband. All mail is logged with officer name and # on yellow copy.

Outgoing mail procedures - If legal mail, mail is scanned in housing unit and sealed in front of IP, then presented to the mail room. If not legal mail, letter remains unsealed until the housing unit officer reviews it and seals the envelope before providing to mail staff every evening for processing.

RECORD STORAGE: Interview with IT Technology staff indicates the following:

- a). ATIMS - Authorization credentials and password required to log in
- b). IA Pro (Internal Affairs Cases & Professional Standards - Functionality requires approval through Chain of Command and developed through IT. Rules and permissions are set.
- c). Jail Security System, Camera system all maintained and run through IT

Technology.

d). Laser Fiche - Repository of electronic Documents through the Sheriff's office where requires permissions to access.

Interview with PREA Coordinator indicates that ATIMS Jail Management System and Internal Affairs (IA Pro), access is specialized. Password and authorization for permissions are required. There is no physical record storage in the physical plant, only electronic storage as verified via auditor viewing of all areas of physical plant. Interview with PREA Manager indicates that IP risk assessments is limited to ATIMS within the facility to protect sensitive information from exploitation.

Interview with Risk Screening staff indicates that risk assessment within the facility requires electronic access only and permission is provided to Classifications and Sergeants.

Policy 612.5 and IP Rulebook Item 20 PREA fails to include an established procedure narrative (115.51(a) which provides for multiple internal ways for inmates to report privately to agency officials about: (c) staff neglect or violation of responsibilities that may have contributed to such incidents. Agency to provide auditor with established procedure or training which informs inmates that they have the ability to report staff neglect or violation of responsibilities that may have contributed to such incidents. During the Physical Plant Review auditor observed IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.

At least 3 PREA posters in each housing unit on all floors, to include posters near the phones

PREA posters in work area available to the IPs and staff.

115.51(b): Policy 612 PREA Section 612.4(g) PREA Coordinator mandates that "Ensuring the protocol describing the responsibilities of the Office and of another investigating agency, if another law enforcement agency will be responsible for conducting any sexual abuse or sexual harassment investigations, is published on the facility website or by other means, if no website exists (28 CFR 115.22)."

Policy 506 Handbook and Orientation Section 506.2.1(6) mandates that "Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53)"

Agency provided auditor with Operational Agreement with RISE, which provides assistance for victims of sexual assault throughout San Luis Obispo Counties. Said agreement expired on 6/30/2022. Prior to the onsite audit, Agency provided auditor with contact information for "Whistleblower" which is utilized by IPs to report sexual abuse and sexual harassment via hotline in housing unit phones. Phone contact is confidential, toll free and not monitored by the Agency. Auditor conducted a test of

the system during the onsite audit utilizing a holding tank phone in Intake on 10/12/23. Phone contact was immediate, answering advocate took the test information and asked a few additional questions to verify who I was and purpose of the call (reporting sexual abuse). The call was given a case number, I was provided an access number in the event I needed to followup with Whistleblower. On 10/16/23, Agency provided auditor with verification of receipt of Whistleblower report on 10/12/23 by the Facility Commander, forwarded to the investigative Lieutenant per their protocol. Copy of the Hotline report has been uploaded to the Supplemental File.

Interview with PREA Manager indicates that facility provides reporting availability for sexual abuse or sexual harassment in writing to Lumina Alliance (advocacy) and WhistleBlower for hotline reporting from housing units and holding cells.

Whistleblower hotline is confidential, toll free, provides IP with anonymity upon request.

Interview with 16 IPs indicates that IPs have the opportunity to report sexual abuse and sexual harassment via Tablet, Kiosk in housing units, staff members, medical, mental health, kites through medical or grievance lock boxes.

1/15/23 - Agency provided auditor with copy of e-mail correspondence between Lumina Alliance, Community -Based Victim Advocacy and San Luis Obispo County Sheriff's Office which provides confirmation from Lumina Alliance Chief Program Officer of the following:

- If contacted by the Sheriffs Office Lumina Alliance will provide an advocate to a victim to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support.
- If Lumina Alliance is contacted by an incarcerated person from the San Luis Obispo County Jail via confidential mail or the free confidential phone line, Lumina Alliance will provide support and counseling for those victims.

I would also like to inquire if there is interest on the behalf of the Sheriffs Office to complete the MOU. Our services are available regardless of this document but since there was a great deal of effort on both sides it would be rewarding to conclude with that completed.

Agency reports MOU Rise pending final signatures. Agency to provide auditor with MOU to (RISE, Whistleblower, Lumina Alliance Rape Crisis Center) which are pending final approval. If Agency is unable to secure MOU from the above public or private entities in order for IPs to report sexual abuse or sexual harassment within 90 days of receipt of Interim PREA Report, Agency to provide written documentation outlining attempts to obtain and status of agreement or MOU.

Policy 506 Handbook and Orientation Section 506.2.1(6) mandates that "Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53). Agency to clarify procedures should they detain IPs solely for civil immigration purposes. Should. agency detain IPs solely for civil immigration purposes, please provide the documented contact information on how an IP contacts relevant officials and relevant officials of the Department of Homeland Security.

115.51(c): Policy 612 PREA Section 612.5 mandates that "Any employee, agency

representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against incarcerated persons or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of incarcerated persons (e.g., report to the Facility Manager) (28 CFR 115.51; 15 CCR 1029).

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).

Staff is educated via P&J PREA Refresher training units 8 Reporting Knowledge, Suspicion or Information, 10 Completing an Incident Report & 12 Encouraging IPs to Report Sexual Abuse.

Incarcerated persons may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all incarcerated person requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029).

Threats or allegations of sexual abuse and sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61)."

Inmate Rulebook #20 PREA informs inmates that they can report sexual misconduct to any employee through an Inmate Request Form, 24-hour Rape Crisis Hotline via housing unit telephone (confidential) or in writing (address handled same as legal mail). All allegations made to Rape Crisis or other agencies will be reported to the appropriate law enforcement agency. Jail Rulebook 2/7/23 Final ph#23 provides IPs with: "Incarcerated persons may report sexual misconduct to any employee, contractor or volunteer, through face-to-face contact, an Inmate Request form, Request for Medical or Mental Health Attention form, Inmate Grievance Appeal form, or the 24-hour Rape Crisis Hotline (from a housing unit telephone dial 855-886-7473 or write Rape Crisis Center, 51 Zaca Lane, Suite 140, San Luis Obispo, CA. 93401). Contacting the Rape Crisis Hotline is confidential and not recorded e crisis Center is confidential and handled the same as legal mail."

Interview with Random Sample of 12 staff indicates that aPs can report sexual abuse or sexual harassment, verbally, in writing, anonymously, and from third parties. Staff documents verbal reports immediately or no later than end of shift.

Interview with Random Sample of 16 IPs indicate that they understand they can make reports of sexual abuse or sexual harassment, either in person or in writing.

115.51(d): 115.51(d): Policy 612 PREA Section 612.5 mandates that "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against incarcerated persons or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of incarcerated persons (e.g., report to the Facility Manager) (28

CFR 115.51; 15 CCR 1029).

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.51(a), 115.51(b) and corrective action is required.

Corrective Action Recommended:

115.51(a): Policy 612.5 and IP Rulebook Item 20 PREA fails to include an established procedure narrative (115.51(a) which provides for multiple internal ways for inmates to report privately to agency officials about: (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

1. Agency to provide auditor with established procedure or training which informs inmates that they have the ability to report staff neglect or violation of responsibilities that may have contributed to such incidents.

During the Physical Plant Review auditor observed IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility.

1. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

a). 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.

b). At least 3 PREA posters in each housing unit on all floors, to include posters near the phones

c). PREA posters in work area available to the IPs and staff.

115.51(b): Agency reports MOU Rise pending final signatures.

1. Agency to provide auditor with MOU to (RISE, Whistleblower, Lumina Alliance Rape Crisis Center) which are pending final approval.

2. If Agency is unable to secure MOU from the above public or private entities in order for IPs to report sexual abuse or sexual harassment within 90 days of receipt of Interim PREA Report, Agency to provide written documentation outlining attempts to obtain and status of agreement or MOU.

Policy 506 Handbook and Orientation Section 506.2.1(6) mandates that "Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53).

1. Agency to clarify procedures should they detain IPs solely for civil immigration purposes.
2. Should. agency detain IPs solely for civil immigration purposes, please provide the documented contact information on how an IP contacts relevant officials and relevant officials of the Department of Homeland Security.

Corrective Action Completion 3/12/24 :

115.51(a): 3/1/24 - 90-Day Corrective Action Review:

Auditor observed PREA posters in multiple languages located by phones in each housing unit and throughout the facility to include the lobby, observed by auditor. All lobby & non-contact visiting Posters have 3rd party contact information.

The lobby also has Lumina Alliance pamphlets in both English and Spanish for visitors. Agency provided documented list which outlines the location where each housing unit and work area posters are placed (132 total) such as:

- IRC Holding areas 1,2,6,7,8,, IRC Room A, B and Room 16 - above phones
- West Housing Unit & West Dorm Housing above phones
- Main Jail Adjacent wall from cells
- Kansas Dorm, Kansas Jail Max - Above phones and located in common areas near television
- Honor Farm in housing area above phone and common area, Kitchen & laundry in common work area
- MPU in Holding 1,2 & 3, Classrooms 1, 2 & 3, North Program & South Program Rooms - adjacent from bench and visible on classroom walls

115.51(b): 1/29/24 - PREA Coordinator provided memorandum from Facility Commander to auditor which attests that the below sections do not apply to the San Luis Obispo Main Jail and Honor Farm facilities due to the fact that they do not house people solely for immigration violations

2/8/24 - Agency indicates the MOU from Rise expired and has not been re-established.

Agency currently uses Whistleblower Hotline for confidential sexual abuse reporting back to the Agency. There is no MOU with Whistleblower. On 10/16/23, auditor conducted a mock sexual abuse report through Whistleblower during the onsite audit utilizing inmate hotline. Call was forwarded to the Main Jail Commander and auditor informed of it's receipt for action.

Agency utilizes Lumina Alliance Rape Crisis Center (805) 545-8888 which serves a dual purpose for emotional support, advocacy and 3rd Party anonymous reporting, Confidential Jail Hotline contact is not-monitored nor recorded by the Agency via

confidential jail hotline. 1/15/23 - Agency provided auditor with copy of e-mail correspondence between Lumina Alliance, Community -Based Victim Advocacy and San Luis Obispo County Sheriff's Office which provides confirmation from Lumina Alliance Chief Program Officer of the following:

- If contacted by the Sheriffs Office Lumina Alliance will provide an advocate to a victim to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support.
- If Lumina Alliance is contacted by an incarcerated person from the San Luis Obispo County Jail via confidential mail or the free confidential phone line, Lumina Alliance will provide support and counseling for those victims.

I would also like to inquire if there is interest on the behalf of the Sheriffs Office to complete the MOU. Our services are available regardless of this document but since there was a great deal of effort on both sides it would be rewarding to conclude with that completed.

There is also a 3rd -party form on their website: www.luminaalliance.org/contact/. There is no MOU with Lumina Alliance. SLO Jail hotlines are not recorded or monitored by the Agency.

Policy 540.3 mandates that:

An Immigration Detainer requests the Sheriff's Office to notify ICE, prior to release of an individual, in order for ICE to make arrangements to assume custody. The detainer request will be honored only within the following established guidelines:

a. The existence of an Immigration Detainer does not affect an individual's ability to post bail or bond or to be released on their own recognizance.

b. Immigration Detainers are not to be considered warrants and should be considered separate entities. Duly issued warrants will be honored in all cases.

c. If an individual becomes release eligible, the Sheriff's Office will not detain the individual on the basis of an Immigration Detainer past his or her scheduled release date (Maria Miranda- Olivares v Clackamas County).

The Sheriff's Office will only respond to a request for notification or transfer of an incarcerated person if the person has been convicted of a Trust Act crime, which includes a serious or violent felony, a felony punishable by imprisonment in state prison, a misdemeanor as part of a "wobbler" within the past five years, or a felony for one of the numerous offenses outlined in Government Code section 7282.5(a)(3) within the last 15 years.

There will be no cooperation with immigration authorizes for individuals arrested, detained, or convicted of misdemeanors that were previously felonies or wobblers prior to the passage of Proposition 47.

The Sheriff's Office will not transfer an individual to immigration unless authorized by a judicial Policy 506 Handbook and Orientation mandates that Mailing addresses "Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53)

4/17/24 - Auditor contacted Lumina Alliance & immediately transferred to an

	<p>Advocate. She indicated that if an IP contacted Lumina for emotional support there are 5 advocates who answers calls and are trained to provide emotional support. Currently 1 advocate is cleared to enter the Jail for face-to-face support, provide programming in the facility and crisis intervention. 3 additional advocates are in the process for jail clearance.</p> <p>Advocates provide accompaniment support services for forensic medical examinations. All calls are confidential, toll free and not monitored by the San Luis Obispo County Jail. Advocates are not mandated reporters and will not provide IP contact information to the Agency due to the confidentiality mandate.</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.51(a), 115.51(b) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.51.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52(a): Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52)</p> <p>Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the allegation. Staff receiving a grievance regarding PREA shall immediately forward the grievance to the on-duty Correctional Sergeant. It shall not be forwarded to any individual, including but not limited to a Correctional Sergeant, who is subject of the allegation.</p> <p>The Correctional Sergeant receiving the grievance regarding a PREA allegation shall initiate a formal investigation as outlined in the Sheriff Office's PREA policy §612.8.</p> <p>Any grievance forms related to a PREA allegation will be logged by a Correctional Sergeant in the Grievance Log and noted "Referred for PREA." The grievance process will cease and the PREA investigation will commence.</p> <p>Notwithstanding the above, all grievances related to sexual abuse or sexual harassment shall be referred for investigation in accordance with 28 C.F.R. § 115.22 and the Sheriff Office's PREA policy §612.9. In addition, incarcerated persons shall not be restricted from filing grievances related to sexual abuse unless an investigation determines that such a grievance is made in bad faith (28 C.F.R. § 115.52(g))."Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52). Copy of the above Policy was submitted to auditor in DRAFT form and</p>

cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(b): Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52)

Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the allegation. Staff receiving a grievance regarding PREA shall immediately forward the grievance to the on-duty Correctional Sergeant. It shall not be forwarded to any individual, including but not limited to a Correctional Sergeant, who is subject of the allegation.

The Correctional Sergeant receiving the grievance regarding a PREA allegation shall initiate a formal investigation as outlined in the Sheriff Office's PREA policy §612.8.

Any grievance forms related to a PREA allegation will be logged by a Correctional Sergeant in the Grievance Log and noted "Referred for PREA." The grievance process will cease and the PREA investigation will commence.

Notwithstanding the above, all grievances related to sexual abuse or sexual harassment shall be referred for investigation in accordance with 28 C.F.R. § 115.22 and the Sheriff Office's PREA policy §612.9. In addition, incarcerated persons shall not be restricted from filing grievances related to sexual abuse unless an investigation determines that such a grievance is made in bad faith (28 C.F.R. § 115.52(g))."

Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(c): Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52)

Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the allegation. Staff receiving a grievance regarding PREA shall immediately forward the grievance to the on-duty Correctional Sergeant. It shall not be forwarded to any individual, including but not limited to a Correctional Sergeant, who is subject of the allegation.

The Correctional Sergeant receiving the grievance regarding a PREA allegation shall initiate a formal investigation as outlined in the Sheriff Office's PREA policy §612.8.

Any grievance forms related to a PREA allegation will be logged by a Correctional Sergeant in the Grievance Log and noted "Referred for PREA." The grievance process

will cease and the PREA investigation will commence.

Notwithstanding the above, all grievances related to sexual abuse or sexual harassment shall be referred for investigation in accordance with 28 C.F.R. § 115.22 and the Sheriff Office's PREA policy §612.9. In addition, incarcerated persons shall not be restricted from filing grievances related to sexual abuse unless an investigation determines that such a grievance is made in bad faith (28 C.F.R. § 115.52(g))."

Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(d): Policy 620 Grievances Section 620.8.1 Additional Provisions for Grievances Relating to Sexual Abuse mandates that "The Administrative Sergeant/PREA Coordinator shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Administrative Sergeant/PREA Coordinator may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the incarcerated person shall be notified and provided a date by which a decision will be made."

Agency reports that In the past 12 months, 1 grievance was filed that alleged sexual abuse. In the past 12 months, 1 grievance alleging sexual abuse reached final decision within 90 days after being filed. In the past 12 months, no grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days. Policy 620 Grievances Section 620.8.1 Additional Provisions for Grievances Relating to Sexual Abuse mandates that "The Administrative Sergeant/PREA Coordinator shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Administrative Sergeant/PREA Coordinator may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the incarcerated person shall be notified and provided a date by which a decision will be made. Policy fails to provide narrative which mandates that the granted extension shall be provided to the IP in writing.

Agency to provide auditor with documentation to auditor through the Supplemental File which mandates that the granted extension shall be provided to the IP in writing per Standard provision 115.52(d)-7

115.52(e): Policy 620.8.1(2) PREA mandates that "Third parties, including fellow incarcerated persons, staff members, family members, attorneys, and outside advocates, are permitted to assist incarcerated persons in filing such grievances and to file such grievances on behalf of incarcerated persons if the incarcerated person agrees to have the grievance filed on their behalf. Staff members who receive a grievance filed by a third party on behalf of an incarcerated person shall inquire whether the incarcerated person wishes to have the grievance processed and shall

document the incarcerated person's decision. If an incarcerated person declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency shall document the incarcerated person's decision to decline (28 CFR 115.52)."
Agency reports that no grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

3rd Party Reporting Test - Prior to the onsite audit, Agency provided auditor with contact information for "Whistleblower" which is utilized by IPs to report sexual abuse and sexual harassment via hotline in housing unit phones. Phone contact is confidential, toll free and not monitored by the Agency. Auditor conducted a test of the system during the onsite audit utilizing a holding tank phone in Intake on 10/12/23. Phone contact was immediate, answering advocate took the test information and asked a few additional questions to verify who I was and purpose of the call (reporting sexual abuse). The call was given a case number, I was provided an access number in the event I needed to followup with Whistleblower. On 10/16/23, Agency provided auditor with verification of receipt of Whistleblower report on 10/12/23 by the Facility Commander, forwarded to the investigative Lieutenant per their protocol. Copy of the Hotline report has been uploaded to the Supplemental File.

SIGNAGE - IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

- 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.
- At least 3 PREA posters in each housing unit on all floors, to include posters near the phones
- PREA posters in work area available to the IPs and staff.

Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115,52(f): Policy 620 Grievances Section 620.8.2 Emergency Grievances Related to Sexual Abuse mandates that "Any incarcerated person who believes he/she or any other incarcerated person is in substantial risk of imminent sexual abuse may file an emergency grievance to any On-Duty Sergeant. The On-Duty Sergeant shall determine whether immediate action is reasonably necessary to protect the incarcerated person and shall provide an initial response as soon as practical, but no more than 48 hours (28 CFR 115.52).

The supervisor shall refer the grievance to the Operations Correctional Lieutenant, who will investigate and issue a final decision within five calendar days. The initial response and final decision shall be documented and shall include a

determination whether the incarcerated person is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.52)."

Agency reports that no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months. Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(g): Policy 620 Grievance Section 620.8.1(7) Emergency Grievances Related to Sexual Abuse mandates that "Incarcerated persons may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the incarcerated person filed the grievance in bad faith."

Agency reports that no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.52(a), 115.52(b), 115.52(c), 115.52(d), 115.52(e), 115.52(f), 115.52(g) and corrective action is required.

Corrective Action Recommended:

115.52(a): Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

1. Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(b): Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

1. Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(c): Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

1. Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(d): Policy 620 Grievances Section 620.8.1 Additional Provisions for Grievances Relating to Sexual Abuse mandates that "The Administrative Sergeant/ PREA Coordinator shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Administrative Sergeant/PREA Coordinator may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the incarcerated person shall be notified and provided a date by which a decision will be made. Policy fails to provide narrative which mandates that the granted extension shall be provided to the IP in writing.

1. Agency to provide auditor with documentation which mandates that the granted extension shall be provided to the IP in writing per Standard provision 115.52(d)-7

2. Agency to provide documentation to auditor through the Supplemental File.

115.52(e): Policy 620 Grievances Section 620.8.1 Grievances related to Sexual Abuse mandates that "Third parties, including fellow incarcerated persons, staff members, family members, attorneys, and outside advocates, are permitted to assist incarcerated persons in filing such grievances and to file such grievances on behalf of incarcerated persons if the incarcerated person agrees to have the grievance filed on their behalf. Agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline.

Agency reports no grievances alleging sexual abuse filed by inmates in the past 12

months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

1. **SIGNAGE** - IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

- 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.
- At least 3 PREA posters in each housing unit on all floors, to include posters near the phones
- PREA posters in work area available to the IPs and staff.

2. Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(f): Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

1. Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

115.52(g): Policy 620 Grievances Section 620.8 Grievances related to Sexual Abuse mandates that "Incarcerated persons may submit a grievance regarding an allegation of sexual abuse at any time. The 60 calendar-day time frame outlined in this policy does not apply to grievances regarding the Prison Rape Elimination Act (PREA). (28 CFR 115.52).

1. Copy of the above Policy was submitted to auditor in DRAFT form and cannot be accepted as verification of PREA Compliance. Agency to provide auditor with a validated and approved Policy 620 Grievance Policy.

Corrective Action Completion 2/8/24:

115.52(a): 2/1/24 - Agency provided auditor with a validated and approved Policy

	<p>620 Grievance Policy. Policy language meets requirements of Standard provision 115.52(a)</p> <p>115.52(b): 2/1/24 - Agency provided auditor with a validated and approved Policy 620 Grievance Policy. Policy language meets requirements of Standard provision 115.52(b)</p> <p>115.52(c): 2/1/24 - Agency provided auditor with a validated and approved Policy 620 Grievance Policy. Policy language meets requirements of Standard provision 115.52(c)</p> <p>115.52(d): 2/8/24 - Agency uploaded updated Policy 620 Grievances Section 620.8.1 Additional Provisions for Grievances Relating to Sexual Abuse, Item 5 which mandates that the "Administrative Sergeant/PREA Coordinator shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Administrative Sergeant/PREA Coordinator may grant an extension of up to 70 days if reasonable to make an appropriate decision. If an extension is granted, the incarcerated person shall be notified and provided a date in writing by which a decision will be made."</p> <p>115.52(e): 2/1/24 - Agency provided auditor with a validated and approved Policy 620 Grievance Policy. Policy language meets requirements of Standard provision 115.52(e)</p> <p>115.52(f): 2/1/24 - Agency provided auditor with a validated and approved Policy 620 Grievance Policy. Policy language meets requirements of Standard provision 115.52(f)</p> <p>115.52(g): 2/1/24 - Agency provided auditor with a validated and approved Policy 620 Grievance Policy. Policy language meets requirements of Standard provision 115.52(g)</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.52(a), 115.52(b), 115.52(c), 115.52(d), 115.52(e), 115.52(f), 115.52(g) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.52.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53(a): Policy 612, PREA, 506 Handbook and Orientation, P&J [REA Refresjer training #5, PREA Brochures in both English and Spanish languages for inmates and PREA Posters in both English and Spanish provides inmates with access to outside victim advocates for emotional support services related to sexual abuse, access to such services by giving IPs mailing addresses and telephone numbers (including toll-</p>

free hotline numbers available in the housing units) for local, state, or national victim advocacy or rape crisis organizations, IPs with access to such services by giving IPs mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes, access to such services by enabling reasonable communication between IPs and these organizations in as confidential a manner as possible and refresher training to staff regarding IP access to outside services through victim advocates, toll-free hotline numbers to victim advocacy or rape crisis organizations and information with regards to the provision of enabling reasonable communication between IPs and these organizations.

SIGNAGE - IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

- 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.
- At least 3 PREA posters in each housing unit on all floors, to include posters near the phones
- PREA posters in work area available to the IPs and staff.

MAIL PROCESS: Auditor received 3 confidential correspondence from two IPs that were sent via confidential mail process as if mailed to attorneys. Incoming mail procedures - mail is processed at night, separated mail in each housing unit by legal and random. Legal mail procedures are outlined on pg 14 in the Jail Rule Book 2/7/2020. Legal mail remains sealed until staff can deliver to IP in person for review.

Non-legal mail is open and reviewed in mail room to remove any contraband. All mail is logged with officer name and # on yellow copy.

Outgoing mail mail procedures - If legal mail, mail is scanned in housing unit and sealed in front of IP, then presented to the mail room. If not legal mail, letter remains unsealed until the housing unit officer reviews it and seals the envelope before providing to mail staff every evening for processing.

Interview with 16 IPs indicated that they know they are allowed to make a report anonymously, in person and in writing.

Interview with 3 IPs who reported sexual abuse indicates that when reporting sexual abuse, none were required to take a polygraph test as condition for proceeding with a sexual abuse investigation. They received a letter within 2 - 3 weeks following the allegation as to whether the investigation was determined to be substantiated, unsubstantiated or unfounded.

115.53(b): Policy 612, PREA, 506 Handbook and Orientation, P&J [REA Refresher training #5, PREA Brochures in both English and Spanish languages for inmates and PREA Posters in both English and Spanish provides inmates with access to outside victim advocates for emotional support services related to sexual abuse, access to such services by giving IPs mailing addresses and telephone numbers (including toll-free hotline numbers available in the housing units) for local, state, or national victim advocacy or rape crisis organizations, IPs with access to such services by giving IPs mailing addresses and telephone numbers (including toll-free hotline numbers where

available) for immigrant services agencies for persons detained solely for civil immigration purposes, access to such services by enabling reasonable communication between IPs and these organizations in as confidential a manner as possible and refresher training to staff regarding IP access to outside services through victim advocates, toll-free hotline numbers to victim advocacy or rape crisis organizations and information with regards to the provision of enabling reasonable communication between IPs and these organizations.

Interview with Random Sample of 16 IPs indicates that phone calls to support or reporting services through the hotline are not monitored by the Agency

Interview with IPs who reported sexual abuse indicates that their allegations of sexual abuse involved other IPs.

115.53(c): Agency provided MOU with RISE to provide assistance for sexual assault throughout San Luis Obispo county. The MOU expired on 6/30/22 and Agency has been in negotiations. with RISE, Stand Strong (organization that brings awareness to sexual violence, and provides advocacy, education, prevention and public policy to the community) and Lumina Alliance (trained advocates provide confidential crisis intervention, 24/7 crisis hotline, support, and referrals to people impacted by sexual and intimate partner violence). Negotiations to to renew a standing MOU with the San Luis Obispo Sheriff's Department is ongoing and Lumina Alliance continues to provide emotional support for IPs housed at San Luis Obispo County Sheriff's Department. Agency provided documented negotiations which verifies attempts to enter into an MOU or negotiate a documented merger with the Lumina Alliance, Rise, and Stand Strong to provide emotional support services related to sexual abuse. During the onsite audit, on 11/14//23, auditor contacted Lumina Alliance from the San Luis Obispo County Jail Intake tank to conduct a test of services.and was connected to a phone service member who referred the auditor to an advocate in order to conduct a test for emotional support. Auditor left a message on the advocate's phone for a return call to explain the purpose of the call, interview to discuss status of the pending agreement and current availability of services provided to IPs housed in the San Luis Obispo County Sheriff's Department if called via the Main Jail and Honor Farm Complex facility hotline. The advocate contacted the auditor earlier that evening and left her phone number for auditor to call her back.

On 11/15/23, auditor contacted the advocate and Lumina Alliance director in a group call. Emotional support services for sexual assault in jail and alliance between Lumina and the Sheriff's Department was discussed, to include barriers in the creation of the MOU. The Director indicated that the Jail hotline is confidential, toll free, not monitored by the agency and advocates accepts anonymous requests for emotional support and advocacy during forensic examinations, investigative interviews and court proceedings. Lumina Alliance does not accept reports of sexual abuse nor provide sexual abuse reporting to the Sheriff's Department, which is one of the issues currently being negotiated in order for an MOU to be ratified.

The advocate and Director provided auditor with documented Supplementary Questionnaire on Community Advocate Engagement which included responses to some of discussions we engaged in during the phone call and documented negotiated discussions with the Sheriff's department that began before COVID, 2022, 2023 and continues. 11/13/23, Agency uploaded new PREA brochures and PREA posters

throughout the facility and uploaded photos of said posters and brochures to the Supplemental file for auditors review. New posters and brochures provide contact information for Whistleblower sexual abuse reporting and Lumina Alliance for emotional support and advocacy purposes.

1/15/23 - Agency provided auditor with copy of e-mail correspondence between Lumina Alliance, Community -Based Victim Advocacy and San Luis Obispo County Sheriff's Office which provides confirmation from Lumina Alliance Chief Program Officer of the following:

- If contacted by the Sheriffs Office Lumina Alliance will provide an advocate to a victim to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support.
- If Lumina Alliance is contacted by an incarcerated person from the San Luis Obispo County Jail via confidential mail or the free confidential phone line, Lumina Alliance will provide support and counseling for those victims.

I would also like to inquire if there is interest on the behalf of the Sheriffs Office to complete the MOU. Our services are available regardless of this document but since there was a great deal of effort on both sides it would be rewarding to conclude with that completed.

TESTING OUTSIDE EMOTIONAL SUPPORT SERVICES -

During the 90-day Onsite Audit Review, auditor to conduct another attempt test the housing phone hotline with Lumina Alliance to verify phone hotline is confidential, toll free, not monitored by the agency, anonymous and provides advocacy to IPs housed at San Luis Obispo County Jail.

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

Corrective Action Recommended:

115.53(a): **SIGNAGE** - IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility.

1. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

- 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.
- At least 3 PREA posters in each housing unit on all floors, to include posters near the phones
- PREA posters in work area available to the IPs and staff.

115.53(c): Agency provided MOU with RISE to provide assistance for sexual assault throughout San Luis Obispo county. The MOU expired on 6/30/22 and Agency has been in the process for renewal approval negotiations.

1. Agency to provide updated MOU or written attempts to obtain agreement with another agency that provides emotional support

2. Agency to verify PREA posters with key information is provided continuously and readily available throughout the facility to include: - 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures. - At least 3 PREA posters in each housing unit on all floors, to include posters near the phones - PREA posters in work area available to the IPs and staff.

Corrective Action Completion 3/12/23:

115.53(a): 1/15/23 - Agency provided auditor with copy of e-mail correspondence between Lumina Alliance, Community -Based Victim Advocacy and San Luis Obispo County Sheriff's Office which provides confirmation from Lumina Alliance Chief Program Officer of the following:

- If contacted by the Sheriffs Office Lumina Alliance will provide an advocate to a victim to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support.
- If Lumina Alliance is contacted by an incarcerated person from the San Luis Obispo County Jail via confidential mail or the free confidential phone line, Lumina Alliance will provide support and counseling for those victims.

I would also like to inquire if there is interest on the behalf of the Sheriffs Office to complete the MOU. Our services are available regardless of this document but since there was a great deal of effort on both sides it would be rewarding to conclude with that completed.

3/12/23 - 3/12/23 - Agency provided documented list which outlines the Poster sign location in each housing unit and work area posters are placed (132 total) such as:

- IRC Holding areas 1,2,6,7,8,, IRC Room A, B and Room 16 - above phones
- West Housing Unit & West Dorm Housing above phones
- Main Jail Adjacent wall from cells
- Kansas Dorm, Kansas Jail Max - Above phones and located in common areas near television
- Honor Farm in housing area above phone and common area, Kitchen & laundry in common work area
- MPU in Holding 1,2 & 3, Classrooms 1, 2 & 3, North Program & South Program Rooms - adjacent from bench and visible on classroom walls.

115.53(c): 1. On 11/15/23, auditor contacted the advocate and Lumina Alliance director in a group call. Emotional support services for sexual assault in jail and alliance between Lumina and the Sheriff's Department was discussed, to include

barriers in the creation of the MOU. The Director indicated that the Jail hotline is confidential, toll free, not monitored by the agency and advocates accepts anonymous requests for emotional support and advocacy during forensic examinations, investigative interviews and court proceedings. 11/13/23, Agency uploaded new PREA brochures and PREA posters throughout the facility and uploaded photos of said posters and brochures to the Supplemental file for auditors review.

New posters and brochures provide contact information for Whistleblower sexual abuse reporting and Lumina Alliance for emotional support and advocacy purposes. 1/15/23 - Agency provided auditor with copy of e-mail correspondence between Lumina Alliance, Community -Based Victim Advocacy and San Luis Obispo County Sheriff's Office which provides confirmation from Lumina Alliance Chief Program Officer of the following:

- If contacted by the Sheriffs Office Lumina Alliance will provide an advocate to a victim to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support.
- If Lumina Alliance is contacted by an incarcerated person from the San Luis Obispo County Jail via confidential mail or the free confidential phone line, Lumina Alliance will provide support and counseling for those victims.

I would also like to inquire if there is interest on the behalf of the Sheriffs Office to complete the MOU. Our services are available regardless of this document but since there was a great deal of effort on both sides it would be rewarding to conclude with that completed.

3/12/23 - 3/12/23 - Agency provided documented list which outlines the Poster sign location in each housing unit and work area posters are placed (132 total) such as:

- IRC Holding areas 1,2,6,7,8,, IRC Room A, B and Room 16 - above phones
- West Housing Unit & West Dorm Housing above phones
- Main Jail Adjacent wall from cells
- Kansas Dorm, Kansas Jail Max - Above phones and located in common areas near television
- Honor Farm in housing area above phone and common area, Kitchen & laundry in common work area
- MPU in Holding 1,2 & 3, Classrooms 1, 2 & 3, North Program & South Program Rooms - adjacent from bench and visible on classroom walls.

2. TESTING OUTSIDE EMOTIONAL SUPPORT SERVICES:

3/1/24 - 90-Day Corrective Action Onsite Review:

Whistle Blower narrative and contact information are located within PREA Posters and Brochures throughout the facility.

Lumina Alliance narrative and contact information located in IP Handbook with narrative information in both English & Spanish posters & brochures.

4/17/24 - Auditor contacted Lumina Alliance & immediately spoke to an Advocate. She indicated that if an IP contacted Lumina for emotional support there are 5 advocates who answers calls and are trained to provide emotional support. Currently 1 advocate is cleared to enter the Jail for face-to-face support, provide programming

	<p>in the facility and crisis intervention. 3 additional advocates are in the process for jail clearance.</p> <p>Advocates provide accompaniment support services for forensic medical examinations. All calls are confidential, toll free and not monitored by the San Luis Obispo County Jail. Advocates are not mandated reporters and will not provide IP contact information to the Agency due to the confidentiality mandate.</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.53(a) & 115.53(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54(a): The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment and publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates regarding the Sheriff's Office policy on PREA available to the public through the SLO Sheriff's Organization website:</p> <ul style="list-style-type: none"> - www.slosheriff.org - Jail Information - Jail FAQ <p>3rd PARTY REPORTING: Prior to the onsite audit, Agency provided auditor with contact information for "Whistleblower" which is utilized by IPs to report sexual abuse and sexual harassment via hotline in housing unit phones. Phone contact is confidential, toll free and not monitored by the Agency. Auditor conducted a test of the system during the onsite audit utilizing a holding tank phone in Intake on 10/12/23. Phone contact was immediate, answering advocate took the test information and asked a few additional questions to verify who I was and purpose of the call (reporting sexual abuse). The call was given a case number, I was provided an access number in the event I needed to followup with Whistleblower. On 10/16/23, Agency provided auditor with verification of receipt of Whistleblower report on 10/12/23 by the Facility Commander, forwarded to the investigative Lieutenant per their protocol. Copy of the Hotline report has been uploaded to the Supplemental File.</p> <p>SIGNAGE: IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility. Agency to ensure PREA posters with key information is provided continuously</p>

and readily available throughout the facility to include:

- 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.
- At least 3 PREA posters in each housing unit on all floors, to include posters near the phones
- PREA posters in work area available to the IPs and staff.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.54(a) and corrective action is required.

Corrective Action Recommended:

115.54(a): The facility reports that it publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

SIGNAGE: IPs access to IP handbooks and brochures in intake which provides limited information, and determined that agency has not provided key PREA information that is continuously and readily available or visible to IPs through posters throughout the facility.

1. Agency to ensure PREA posters with key information is provided continuously and readily available throughout the facility to include:

- 3rd Party posters in front Lobby area and visiting room for attorney visits and family which includes 3rd party reporting procedures.
- At least 3 PREA posters in each housing unit on all floors, to include posters near the phones
- PREA posters in work area available to the IPs and staff.

Corrective Action Completion 3/12/23:

115.54(a): 3/12/23 - 3/12/23 - Agency provided documented list which outlines the Poster sign location in each housing unit and work area posters are placed (132 total) such as:

- IRC Holding areas 1,2,6,7,8,, IRC Room A, B and Room 16 - above phones
- West Housing Unit & West Dorm Housing above phones
- Main Jail Adjacent wall from cells
- Kansas Dorm, Kansas Jail Max - Above phones and located in common areas near television
- Honor Farm in housing area above phone and common area, Kitchen & laundry in common work area
- MPU in Holding 1,2 & 3, Classrooms 1, 2 & 3, North Program & South Program Rooms - adjacent from bench and visible on classroom walls.

The agency/facility has met the requirements of Standard provision(s) 115.54(a)

completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.54.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.61(a): Policy 612 PREA mandates that "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against incarcerated persons or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of incarcerated persons (e.g., report to the Facility Manager) (28 CFR 115.51; 15 CCR 1029).

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).

Incarcerated persons may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all incarcerated person requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029). Threats or allegations of sexual abuse and sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61)."

Interview with Random Sample of 12 staff indicates that the Agency policy or procedure for reporting any knowledge, suspicion related to an IP sexual abuse or sexual harassment that occurred in a facility; retaliation against IPs or staff or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, staff is required to report to immediate supervisor through chain of command. Private reporting of this information can be provided to shift supervisor, on-duty sergeant, Correctional Lieutenant or Captain, PREA Manager or submitting an anonymous incident report.

115.61(b): Policy 612 PREA mandates that "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against incarcerated persons or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of incarcerated persons (e.g., report to the Facility Manager) (28 CFR 115.51; 15 CCR 1029).

The facility shall provide information to all visitors or third parties on how they may

report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).

Incarcerated persons may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all incarcerated person requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029). Threats or allegations of sexual abuse and sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61)."

Interview with Random Sample of 12 staff indicates that the Agency policy or procedure for reporting any knowledge, suspicion related to an IP sexual abuse or sexual harassment that occurred in a facility; retaliation against IPs or staff or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, staff is required to report to immediate supervisor through chain of command. Private reporting of this information can be provided to shift supervisor, on-duty sergeant, Correctional Lieutenant or Captain, PREA Manager or submitting an anonymous incident report.

115.61(c): Policy 612.5 PREA mandates that "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against incarcerated persons or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of incarcerated persons (e.g., report to the Facility Manager) (28 CFR 115.51; 15 CCR 1029).

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).

115.61(d): Policy 612.8 Sexual Abuse and Sexual Harassment Investigation mandates that "If a victim considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (28 CFR 115.61)."

Agency reports there are no IPs under the age of 18 years housed in the facility. Interview with PREA Coordinator indicates that no IP under the age of 18 or not housed in adult facilities. Vulnerable adults under state or local law who are alleged to suffer from sexual sexual harassment and investigation is initiated upon receipt of the allegation.

Interview with Facility Commander indicates that IPs under the age of 18 or not housed at adult facilities. Agency works through the conservator for vulnerable adults.

115.61(e): Policy 612.5 Policy 612.5 PREA mandates that "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against incarcerated persons or staff

	<p>shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of incarcerated persons (e.g., report to the Facility Manager) (28 CFR 115.51; 15 CCR 1029).</p> <p>The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).</p> <p>Incarcerated persons may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all incarcerated person requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029). Threats or allegations of sexual abuse and sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61).</p> <p>Interview with Facility Commander indicates that all allegations of sexual abuse of sexual harassment, including those from third-party and anonymous sources, reported directly to the designated facility investigators.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.61.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62(a): Policy 612.5 mandates that "Threats or allegations of sexual abuse and sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61)."</p> <p>Agency reports that in the past 12 months there were 4 instances where the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. in each case action was taken within minutes to protect the IP (approximately 12 minutes). The longest time that passed was 30 minutes. Agency documented the time frames where action was taken through the PREA Response list provided to auditor. Interview with the Agency Head Designee indicates that when is learned that IP is subject to a substantial risk of imminent sexual abuse, protective action is initiated by removing the</p>

	<p>victim from the situation immediately, provide alternative housing, identify the perpetrator and relocate. If staff person is placed on leave detectives are assigned to conduct a criminal investigation.</p> <p>Interview with the Facility Commander indicates that upon learning an IP is subject to substantial risk of imminent sexual abuse, we implement protective action by identifying victims and perpetrators. An investigator is assigned in the event a criminal investigation is required to be initiated.</p> <p>Interview with Random sample of 12 staff indicates that none of them were required to take a polygraph test as a conditions for proceeding with a sexual abuse investigation.</p> <p>4/25/24 - Agency provided auditor with the Coordinated Response and immediate action for IPs who are subject to a substantial risk of imminent sexual abuse</p> <p>Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.62(a) and corrective action is required.</p> <p><u>Corrective Action Recommended:</u></p> <p>115.62(a): In the past 12 months, 4 times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>1. Agency to provide auditor with names and identifier numbers of IPs who were subjected to substantial risk of imminent sexual abuse.</p> <p><u>Corrective Action Completion 4/19/24:</u></p> <p>115.62(a): 4/19/24 - Agency provided auditor via Supplemental File with classification file and review based on 4 IPs being identified as imminent to sexual abuse and the immediate action taken to protect said IP. Immediate action related to imminent sexual abuse has been included in the Coordinated Response Protocol for Sexual Abuse</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.62(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.62.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.63(a): Policy 612 PREA Section 612.5.1 Reporting to Other Facilities mandates that "If there is an allegation that an incarcerated person was sexually abused while

the person was confined at another facility, the Facility Manager shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Facility Manager shall ensure that the notification has been documented (28 CFR 115.63)."

In the past 12 months, 2 allegations the facility received that an inmate was abused while confined at another facility. Agency reports that the outside facility was contacted within 72 hours of being made aware of the incidents. Agency reports that in the past 12 months, 2 allegations the facility received that an inmate was abused while confined at another facility Agency to provide auditor with copy of the documented response to the facility's response for both allegations.

115.63(b): Policy Policy 612 PREA Section 612.5.1 Reporting to Other Facilities mandates that "If there is an allegation that an incarcerated person was sexually abused while the person was confined at another facility, the Facility Manager shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Facility Manager shall ensure that the notification has been documented (28 CFR 115.63)."

115.63(c): Policy Policy 612 PREA Section 612.5.1 Reporting to Other Facilities mandates that "If there is an allegation that an incarcerated person was sexually abused while the person was confined at another facility, the Facility Manager shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Facility Manager shall ensure that the notification has been documented (28 CFR 115.63)." Agency to provide auditor with documentation of notifications to verify that it provided such notification within 72 hours of receiving the allegation for compliance verification.

115.63(d): Agency requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. Threats or allegations of sexual abuse and sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Policy 612.2 mandates that "This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all incarcerated persons from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." Agency reports that in the past 12 months, 1 allegation of sexual abuse the facility received from other facilities.

On 3/20/23, Agency received written documentation from Iowa's Scott County Sheriff alleging interview with inmate in their jail who reported an alleged assault which occurred 16 years previously while housed in San Luis Obispo CJ. San Luis Obispo CJ. SLO County Sheriff's office responded on 3/28/23 to indicate that no information could be found regarding this allegation as it was alleged to have happened 16 years ago. No reports relating to the inmate alleging the sexual assault were generated during that time period. Case was determined to be UNFOUNDED.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.63(a), 115.63(c) and corrective action is required.

Corrective Action Recommended:

115.63(a): Agency reports that in the past 12 months, 2 allegations the facility received that an inmate was abused while confined at another facility:

1. Agency to provide auditor with copy of the documented and dated response to the facility's response to both allegations.

115.63(c): Agency to provide auditor with documentation of notifications to verify that it provided such notification within 72 hours of receiving the allegation.

1. Documentation to be uploaded to the Supplemental File for review for compliance verification.

Corrective Action Completion 3/12/24:

115.63(a): 3/12/24 - Agency provided written documentation that 2 IPs alleged their were sexually abused while confined at another facility.

1. On 7/17/23 IP #478277 submitted allegation via grievance that he was assaulted by his probation officer and requested change of probation officer. On 7/17/23, IP was interviewed regarding incident that happened out of custody. 7/18/23 Probation Supervisor was notified regarding the alleged sexual assault complaint against one of their probation officers.

2. On 1/19/23 a letter arrived from Kern Valley State Prison to San Luis Obispo County Jail alleging sexual abuse. On 1/20/23 Kern Valley State Prison (KVSP) Investigative staff received phone contact with followup e-mail and the IP written correspondence from San Luis Obispo County Sheriff's Office PREA Compliance Manager that IP #436591 indicated his KVSP cell mate sexually assaulted him. A designated Investigator was assigned to conduct a confidential interview with IP. The interview determined the IPs allegation did not meet PEA violation criteria & Kern Valley State Prison would not be initiating PREA protocols.

115.63(c): 4/1/23 - Based upon notification narrative identified in Standard provision 115.63(b), Agency provides notification and documentation to the custody agency within 72 hours of receiving allegation of sexual abuse.

The agency/facility has met the requirements of Standard provision(s) 115.63(a), 115.63(c) completed during the corrective action period. The auditor has determined

	that the agency/facility has met the standard provisions and complies with Standard 115.63.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64(a): Policy 612 PREA Section 612.7 First Responders mandates that: "If an allegation of incarcerated person sexual abuse is made, the first deputy to respond shall (28 CFR 115.64):</p> <ul style="list-style-type: none"> (a) Separate the parties. (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82). (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence. (d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating). (e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing. (f) Determine whether the alleged perpetrator should be administratively separated or administratively transferred during the investigation. <p>If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy.</p> <p>Should an investigation involve incarcerated persons who have disabilities or who have limited English proficiency, the first responder shall not rely on incarcerated person interpreters, incarcerated person readers, or other types of incarcerated person assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise incarcerated person safety, the performance of first responder duties, or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16)."</p> <p>Agency reports that in the past 12 months, 5 allegations that an IP was sexually abused. In each instance:</p> <ul style="list-style-type: none"> - Staff were notified within a time period that still allowed for the collection of physical evidence - The first security staff member to respond to the report separated the alleged victim and abuser.

	<ul style="list-style-type: none"> - In each instance the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence - Staff were notified within a time period that still allowed for the collection of physical evidence - In each instance, the first security staff member to respond to the report requested 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 - First security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating." <p>Interview with Security staff and Non-Security staff First Responders indicates the 1st Responder Protocol as provided in training.</p> <p>IPs who Reported a Sexual Abuse indicate that staff appeared soon after they alleged sexual abuse and felt the response was quick. When staff first arrived they conduct on interview and took a report.</p> <p>115.64(b): Policy 612.7 First Responders item (d) mandates that "If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating)."</p> <p>"If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy."</p> <p>Agency reports that of the allegations that an inmate was sexually abused made in the past 12 months, no non-security staff member was the first responder:</p> <p>Interview with Security staff and Non-Security staff First Responders recited the 1st Responder Protocol as provided in training.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.64.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.65(a): Agency provided PREA Checklist Form and PREA Reporting Flow Chart. Neither form meet the requirements of Standard 115.65(a).</p> <p>Interview with Facility Commander indicates that plan to coordinate actions among staff first responders , medical and mental health practitioners, investigators, and</p>

	<p>facility leadership in response to an incident of sexual abuse. Agency provided PREA Checklist Form and PREA Reporting Flow Chart. Neither form meet the requirements of Standard 115.65(a). Each facility is required to develop a facility institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership per this Standard provision.</p> <p>Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.65(a) and corrective action is required.</p> <p><u>Corrective Action Recommended:</u></p> <p>115.65(a): Agency provided PREA Checklist Form and PREA Reporting Flow Chart. Neither form meet the requirements of Standard 115.65(a).</p> <p>1. Each facility is required to develop a facility institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership per this Standard provision.</p> <p><u>Corrective Action Completion 4/25/24:</u></p> <p>115.65(a): 4/25/24 - Agency uploaded the Coordinated Response Protocol into the Supplemental File which is the written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>The agency/facility has met the requirements of Standard provision(s) 115.65(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.65.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.66(a): Agency provided auditor with copies of DSA Bylaws 2021 and DSA BU03-BU21 DEC 2025 MOU 2022 - 2025. Neither document possesses any narrative which limits the agency's ability to remove alleged staff sexual abusers from contact

	<p>with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Interview with Agency Head Designee indicates that Agency has renewed Deputy Sheriff's Association, San Luis Obispo Employee Association and Sheriff's Management Association MOU's. Auditor review of each MOU verifies that the Agency is permitted to remove alleged staff sexual abusers from contact with any IP pending an investigation or a determination of whether and to what extent discipline is warranted.</p> <p>115.66(b): Auditor is not required to audit this provision.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.66.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.67(a): Policy 612.6 Retaliation mandates that "All incarcerated persons and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.</p> <p>Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment, or reassignment of the victim or alleged perpetrator to another housing area, and support services for incarcerated persons or staff who fear retaliation, shall be utilized (28 CFR 115.67; 15 CCR 1029).</p> <p>The Facility Manager or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of incarcerated persons or staff who report sexual abuse or sexual harassment, as well as persons who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider incarcerated person disciplinary reports, housing or program changes, negative staff performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Incarcerated person monitoring shall also include periodic status checks. The Facility Manager should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.</p> <p>If any other individual who cooperates with an investigation expresses a fear of</p>

retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67)."

The Agency has designated the PREA Manager with monitoring for possible for retaliation.

115.67(b): Policy 612.6 Retaliation mandates that "All incarcerated persons and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment, or reassignment of the victim or alleged perpetrator to another housing area, and support services for incarcerated persons or staff who fear retaliation, shall be utilized (28 CFR 115.67; 15 CCR 1029).

The Facility Manager or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of incarcerated persons or staff who report sexual abuse or sexual harassment, as well as persons who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider incarcerated person disciplinary reports, housing or program changes, negative staff performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Incarcerated person monitoring shall also include periodic status checks. The Facility Manager should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67).

Interview with Agency Head Designee indicates that in order to protect IPs from retaliation for sexual abuse or sexual harassment allegations, keep victims and perpetrators separate through housing changes or transfers to other facility, monitoring and investigation if needed.

Interview with Facility Commander indicates that measures to protect IPs and staff from retaliation includes keeping victims and perpetrators separate, advise they cannot retaliate against others and employ the retaliation monitoring program per Policy.

Interview with Retaliation Monitor (PREA Manager) indicates that as retaliation monitor, review of case, housing transfers to other units, providing emotional support, face to face meetings, review body language, program changes and interaction between IPs.

Agency reports that no IPs have been housed in Segregated Housing for risk of sexual victimization/who allege to have suffered sexual abuse

Interview with 3 IPs who Reported a Sexual Abuse indicates that they feel protected against possible revenge from staff or other IPs because they reported the retaliation and measures were taken to monitor their safety.

115.67(c): Policy 612.6 Retaliation mandates that "All incarcerated persons and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment, or reassignment of the victim or alleged perpetrator to another housing area, and support services for incarcerated persons or staff who fear retaliation, shall be utilized (28 CFR 115.67; 15 CCR 1029).

The Facility Manager or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of incarcerated persons or staff who report sexual abuse or sexual harassment, as well as persons who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider incarcerated person disciplinary reports, housing or program changes, negative staff performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Incarcerated person monitoring shall also include periodic status checks. The Facility Manager should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67)."

Agency reports there have been no incidents of retaliation occurring in the past 12 months.

Interview with Facility Commander indicates that measures used to protect IPs from retaliation includes keeping victim and perpetrators separate (no contact keep-aways), housing or cell changes, retaliation monitoring for at least 90-days and face to face contact during the monitoring period.

Interview with Designated Retaliation Monitor (Facility Manager) indicates that in looking for detection of possible retaliation, body language, shunning from groups, program changes, interaction between IPs, communication, disciplinaries or lack thereof is utilized. Monitoring conduct and treatment continues for at least 90 days and can be extended should retaliation re-occur.

115.67(d): Policy 612.6 Retaliation mandates that Monitoring may continue beyond 90 days if needed. Incarcerated person monitoring shall also include periodic status checks.

Interview with Designated Retaliation Monitor (Facility Manager) indicates that in looking for detection of possible retaliation, face to face status checks, body language, shunning from groups, program changes, interaction between IPs, communication, disciplinaries or lack thereof is utilized. Monitoring conduct and treatment continues for at least 90 days and can be extended should retaliation re-occur.

	<p>115.67(e): Policy 612.6 Retaliation mandates that "If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67)."</p> <p>Interview with Agency Head Designee indicates that in order to protect IPs and staff from retaliation for sexual abuse or sexual harassment allegations prevention action needs to be initiated through zero-tolerance policy to alleviate high rates of sexual abuse and victimization.</p> <p>Interview with Facility Commander indicates that Interview with Facility Commander indicates that measures used to protect IPs from retaliation includes keeping victim and perpetrators separate (no contact keep-aways), housing or cell changes, retaliation monitoring for at least 90-days and face to face contact during the monitoring period.</p> <p>Interview with Agency Head Designee indicates that Agency takes measures to protect individuals from retaliation or expresses fear from retaliation by initiating keep-aways between victims and perpetrators through different housing assignments (cells, modules housing unit or housing facilities), administrative leave for staff members or changing of assignment facility or unit.</p> <p>115.67(f): Auditor is not required to audit this provision.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.67.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.68(a): Policy 612 PREA Section 612.12 Protective Custody mandates that "Incarcerated persons at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Incarcerated persons may be held in involuntary protective custody for less than 24 hours while an assessment is completed."</p> <p>Policy 515 Classification Section 515.11 mandates that "515.11 PRISON RAPE ELIMINATION ACT (PREA) CONSIDERATIONS Housing, bed, work, and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization</p>

	<p>shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68)."</p> <p>Agency reports that no IPs who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.</p> <p>Agency provided auditor with a ReClassification sheet which is utilized for custody evaluation every 30 days for scoring purposes to determine the continuing need for separation from the general population. Physical Plant Review verifies compliance with this Standard</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.68(a).</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.71(a): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates that "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71)."</p> <p>Interview with Investigative staff indicates that investigations are initiated within 24 hours following an allegation of sexual abuse or sexual harassment. Anonymous or third-party reports of sexual abuse or sexual harassment are taken seriously and investigated in the same manner as all allegations of sexual misconduct.</p> <p>115.72(b): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates that "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71)."</p>

Interview with 5 Investigative staff indicates that they have received training specific to conducting sexual abuse investigation in confinement settings. They took both the POST ICI-2 and NIC Investigation in confinement settings. the ICI-2 training through post was 40 hours and included:

- How to investigate
- How to document
- Interview Techniques
- Child sexual assault
- Standard injuries
- Evidence Collection

NIC PREA Course was for 2.5 hours online and included:

- Investigative techniques in a confinement setting
- Best practices conducting investigations
- Separation & Interview techniques
- Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative or prosecution referral.

115.72(c): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71)."

Interview with Investigative staff indicates that Interview with 5 Investigative staff indicates that they have received training specific to conducting sexual abuse investigation in confinement settings. They took both the POST ICI-2 and NIC Investigation in confinement settings. the ICI-2 training through post was 40 hours and included:

- How to investigate
- How to document
- Interview Techniques
- Child sexual assault
- Standard injuries
- Evidence Collection to include DNA, physical and electronic evidence

NIC PREA Course was for 2.5 hours online and included:

- Investigative techniques in a confinement setting
- Best practices conducting investigations
- Separation & Interview techniques
- Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings

- Criteria and evidence required to substantiate a case for administrative or prosecution referral.

115.71(d): Investigative staff indicates they do not conduct compelled interviews for criminal cases. Internal Affairs (IA) staff indicates criminal investigations are tolled pending completion of criminal investigation when evidence of a prosecutable crime is discovered. Once the criminal investigation is completed IA may conduct compelled interviews only after consulting with prosecutors.

115.71(e): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates "Incarcerated persons alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.71)."

Interview with Investigative staff indicates that investigation determines credibility of an alleged victim, suspect or witness. Polygraph examinations or truth telling devices are not conducted as a condition for proceeding with an investigation.

Interview with 3 IPs who reported sexual abuse indicates that none of them were required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

115.71(f): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

Interview with Investigative staff indicates that while conducting administrative investigations to determine whether staff actions or failures to act contributed to sexual abuse, we conduct an open non-biased investigation to determine open minded, neutral responses to pan out open responses. Administrative investigations are written reports that includes associated crime, reports, video information, human resources files, prior discipline and previous allegations of misconduct.

RECORD STORAGE - Interview with IT Technology staff indicates the following:

- a). ATIMS - Authorization credentials and password required to log in
- b). IA Pro (Internal Affairs Cases & Professional Standards - Functionality requires approval through Chain of Command and developed through IT. Rules and permissions are set.
- c). Jail Security System, Camera system all maintained and run through IT Technology.
- d). Laser Fiche - Repository of electronic Documents through the Sheriff's office where requires permissions to access.

115.71(g): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine

whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Interview with Investigative staff indicates that an investigative report contains names, times, dates, collection of evidence, statements, determinations, retained documentation, video and audio evidence.

115.71(h): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates "If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.71)."

Interview with Investigative staff indicates that cases are referred for prosecution when it is determined that a crime has occurred. The case is referred to the DA's office for review and filing decision.

115.71(i): Policy 612 PREA Section 612.15 Records mandates that "The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71)."

115.71(j): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates that "The departure of the alleged abuser or victim from the employment or control of the jail or Office shall not provide a basis for terminating an investigation (28 CFR 115.71)."

Interview with Investigative staff indicates that if a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/he conduct, the investigation continues until investigation is determined to be substantiated, unsubstantiated or unfounded.

115.71(k): Auditor is not required to audit this provision.

115.71(l): Policy 612 PREA Section 612.8 Sexual Abuse and Sexual Harassment Investigations mandates that "If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71) If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.71)."

Interview with Facility Commander indicates that the facility cooperates with outside agencies investigating sexual abuse to provide any needed assistance and requests our Agency be informed as to the status of the investigation.

Interview with PREA Coordinator indicates that we provide any assistance necessary and request status updates.

Interview with PREA Manager indicates that PREA Coordinator works to assist outside agencies in their investigation and requests status updates.

	<p>Interview with Investigative staff indicates that the facility cooperates with outside agencies investigating sexual abuse to provide any needed assistance and requests our Agency be informed as to the status of the investigation.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.72(a): Policy 612 PREA Section 612.8.1 Investigative findings mandates that "All completed written investigations shall be forwarded to the Facility Manager or, if the allegations may reasonably involve the Facility Manager, to the Sheriff. The Facility Manager or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence (28 CFR 115.71; 28 CFR 115.72)."</p> <p>Interview with Investigative staff indicates that standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is 51%, preponderance of the evidence.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.72.</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.73(a): Policy 612 PREA Section 612.8.2 Reporting to Incarcerated Persons (IPs) mandates that "The Facility Manager or the authorized designee shall inform a victim incarcerated person in writing whether an allegation has been substantiated, unsubstantiated, or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the incarcerated person."</p> <p>Agency reports that 3 criminal and/or administrative investigations of alleged inmate</p>

sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, all 3 victims were notified, verbally or in writing, of the results of the investigation. Review of investigative reports of sexual harassment over the past 12 months identified 5 cases, one of which was an IP at Scott County Sheriff's Office who alleged sexual abuse by custody staff while housed at San Luis Obispo CJ. Investigation found the IP was last housed at San Luis Obispo CJ in March 2007, no reports were identified in the Jail Management System and no other reports dating back to that time found in archives or automated database. Investigation was determined to be unfounded. Interview with the Facility Commander indicates that the facility notifies an IP who makes an allegation of sexual abuse with the allegations has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Interview with Investigative staff indicates that Agency procedures require the IP, who makes an allegation of sexual abuse, must be informed as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded, following completion of the investigation. Jail administration, advises the victim, as to the outcome of the investigation, by way of signed documentation. Interview with 3 IPs who reported sexual abuse indicates that they understand that the agency/facility is required to notify the IP when the sexual abuse allegation has been substantiated, unsubstantiated or unfounded. Agency reports that 3 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months and all victims were notified in writing. Review of investigative reports of sexual harassment over the past 12 months identified 5 allegations of sexual abuse over the past 12 months. Agency to provide auditor with copies of the written victim notification which determined the allegation to be substantiated, unsubstantiated or unfounded following an investigation by the agency. Agency to provide all 5 documented notices via the Supplemental File, and identify the documents as 115.73(a).

115.73(b): N/A - The agency/facility is responsible for conducting administrative and criminal investigations.

115.73(c): Policy 612 PREA Section 612.8.2 Reporting to Incarcerated Persons (IPs) mandates that "If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the incarcerated person shall also be informed whenever:

(a) The staff member is no longer assigned to the incarcerated person's unit or employed at the facility.

(b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another incarcerated person is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the incarcerated person is in custody, the incarcerated person will sign a copy of the notification letter. The letter will be added to the case file (28 CFR

115.73)."

Agency reports that there has been no substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months.

Interview with IP who reported sexual abuse by staff indicates they were informed when staff member was no longer employed at the facility, however, review of investigation determined unsubstantiated and staff member continues to be employed at the facility.

115.73(d): Policy 612 PREA Section 612.8.2 Reporting to Incarcerated Persons (IPs) mandates that "If another incarcerated person is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. "All notifications or attempted notifications shall be documented. When notification is made while the incarcerated person is in custody, the incarcerated person will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73)."

Auditor reviewed investigations of 2 IPs who reported sexual abuse indicates that IP perpetrators were neither charged or convicted of substantiated sexual abuse due to the victim refusing to press charges against perpetrators.

115.73(e): Policy 612 PREA Section 612.8.2 Reporting to Incarcerated Persons (IPs) mandates that "All notifications or attempted notifications shall be documented. When notification is made while the incarcerated person is in custody, the incarcerated person will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73)."

Agency reports that in the past 12 months, 10 notifications to inmates that were provided pursuant to this standard and of those notifications, all 10 were documented. Agency has not provided auditor with copies of the 10 notifications to verify compliance with this Standard provision. Agency to provide auditor with copies of all 10 notifications made in the past 12 months to IPs pursuant to Standard provision 115.73(e) via the Supplemental File.

115.73(f): Auditor is not required to audit this provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.73(e), 115.73(a) and corrective action is required.

Corrective Action Recommended:

115.73(a): Agency reports that 3 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months and all victims were notified in writing. Auditor determined there were 5 sexual abuse investigation provided to the auditor for review.

1. Agency to provide auditor with copies of the written victim notification which determined the allegation to be substantiated, unsubstantiated or unfounded

following an investigation by the agency.

2. Agency to provide all 5 written documentation via the Supplemental File, and identify the documents as 115.73(a).

115.73(e): Agency reports that in the past 12 months, 10 notifications to inmates that were provided pursuant to this standard and of those notifications, all 10 were documented. Agency has not provided auditor with copies of the 10 notifications to verify compliance with this Standard provision.

1. Agency to provide auditor with copies of all 10 notifications made in the past 12 months to IPs pursuant to Standard provision 115.73(e) via the Supplemental File.

Corrective Action Completion 2/22/24:

115.73(a): 2/23/24 - Agency provided auditor with copies of written notification as to the outcome of sexual abuse investigations of 5 IPs which verifies compliance with Standard provision 115.73(a). All notifications to the victim were completed and provided to the victims withing 30 days of completion of the investigation

115.73(e): 2/22/24 - Agency provided 10 written notifications (5 sex abuse & 5 sexual harassment) which provides the determinations identified at the completions of the investigations which verifies compliance with Standard provision 115.73(e). All notifications to the victim were completed and provided to the victims withing 30 days of completion of the investigation

The agency/facility has met the requirements of Standard provision(s) 115.73(e), 115.73(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.76(a): Policy 612 PREA Section 612.8.1 Investigative Findings mandates that

"The staff shall be subject to disciplinary actions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the actions imposed for comparable offenses by other staff with similar histories."

115.76(b): Policy 612 PREA Section 612.8.1 Investigative Findings mandates that "All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.76)."

Agency reports that in the past 12 months, no staff from the facility who have violated agency sexual abuse or sexual harassment policies.

115.76(c): Policy 612 PREA Section 612.8.1 Investigative Findings mandates that "The staff shall be subject to disciplinary actions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the actions imposed for comparable offenses by other staff with similar histories."

Agency reports that in the past 12 months, no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

115.76(d): Policy 612 PREA Section 612.8.1 Investigative Findings mandates that "All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.76)."

Agency reports that in the past 12 months, no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

CONCLUSION:

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

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.77(a): Policy 612 PREA Section 612.9.2 Sexual Abuse by Contractor or Volunteer

	<p>mandates that "Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with incarcerated persons. The contractor or volunteer shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.77)."</p> <p>Agency reports that in the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p>115.77(b): Policy 612 PREA Section 612.9.2 Sexual Abuse by Contractor or Volunteer mandates that "Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with incarcerated persons. The contractor or volunteer shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.77)."</p> <p>Interview with Facility Commander indicates that in case of any violation of agency, sexual abuse, or sexual harassment policies by a contractor, a volunteer, remedial measures that the facility takes is canceling the contract and canceling security clearance pending investigation.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.77.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78(a): Policy 600 Discipline Section 600.11 Guidelines for Disciplinary Actions mandates that "Incarcerated persons shall be subject to disciplinary actions pursuant to a formal disciplinary process following an administrative finding that the incarcerated person engaged in incarcerated person-on-incarcerated person sexual abuse or following a criminal finding of guilt for incarcerated person-on-incarcerated person sexual abuse (28 CFR 115.78(a))."</p> <p>Agency reports that in the past 12 months, 3 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12 months, 3 criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.</p> <p>Agency reports that in the past 12 months, 3 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12 months, 3 criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility. Agency as not provided disciplinary documentation to verify compliance with Standard provision 115.78(a).</p> <p>1. Agency to provide auditor with all 3 administrative findings and the 3 criminal</p>

findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility

2. Agency to provide auditor with copies of disciplinary proceedings and sanctions for both administrative and criminal findings of guilt for IP on IP sexual abuse that have occurred at the facility.

3. Agency to upload documentation to the Supplemental file labeled as Standard provision 115.78(a).

115.78(b): Policy 600 Discipline Section 600.11 Guidelines for Disciplinary Actions mandates that "Discipline shall be commensurate with the nature and circumstances of the offense committed, the incarcerated person's disciplinary history, and the actions imposed for comparable offenses by other incarcerated persons with similar histories (28 CFR 115.78(b); 15 CCR 1082)."

Interview with Facility Commander indicates that disciplinary sanctions that IP's are subject to following administrative or criminal findings that the IP engaged in IP on IP sexual abuse, is criminal charges or rehousing. Mental disability or mental illness is considered when determining sanctions.

115.78(c): Policy 600 Discipline Section 600.8.4 Disciplinary Decisions mandates that "The disciplinary process shall consider whether an incarcerated person's mental disabilities or mental illness contributed to the incarcerated person's behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c))."

Auditor reviewed a case of substantiated IP on IP sexual abuse investigation where the victim denied pressing charges against the perpetrator and the perpetrator was rehoused to another housing unit pending review from Classification.

Interview with Facility Commander indicates that disciplinary sanctions that IP's are subject to following administrative or criminal findings that the IP engaged in IP on IP sexual abuse, is criminal charges or rehousing. Mental disability or mental illness is considered when determining sanctions.

115.78(d): Policy 600 Discipline Section 600.11 Guidelines for Disciplinary Actions mandates that "To the extent that there is available therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an incarcerated person being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits (28 CFR 115.78(d))."

Agency reports that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Interview with Medical and Mental Health staff indicates that Agency offers victims with counseling for PTSD, no sex offender treatment is provided to perpetrators.

115.78(e): Policy 600 Discipline Section 600.10 Limitations on Disciplinary Actions mandates that "No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e))."

115.78(f): Policy 600 Discipline Section 600.10 Limitations on Disciplinary Actions mandates that "No incarcerated person may be disciplined for falsely reporting sexual

abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f))."

115.78(g): Policy 600 Discipline Section 600.10 Limitations on Disciplinary Actions mandates that "Discipline may be imposed for sexual activity between incarcerated persons. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g))."

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.78(a) and corrective action is required.

Corrective Action Recommended:

115.78(a): Agency reports that in the past 12 months, 3 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12 months, 3 criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

1. Agency to provide auditor with all 3 administrative findings and the 3 criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility
2. Agency to provide auditor with copies of disciplinary proceedings and sanctions for both administrative and criminal findings of guilt for IP on IP sexual abuse that have occurred at the facility.
3. Agency to upload documentation to the Supplemental file labeled as Standard provision 115.78(a).

Corrective Action Completion 3/21/24:

115.78(a): 3/21/24 - Agency provided memorandum of Criminal Findings Clarification which states: "During the Pre-Audit Questionnaire phase of the audit process, it was noted that we had three (3) criminal findings of guilt of inmate-on-inmate sexual abuse in the facility over the past 12 months. This information was entered inadvertently. During the 12-month period of 09/2022 - 08/2023, there were zero (0) criminal findings of inmate-on-inmate sexual abuse in the facility. Documentation was uploaded to the Supplemental file."

Agency uploaded the notifications made to the 3 sexual abuse victims to inform them as to the outcome of the sexual abuse investigations to the 3 IP on IP sexual abuse cases that occurred at the facility. All 3 cases were classified as Substantiated. The letters indicated that the perpetrator had been subsequently housed separately and there were no additional disciplinary proceedings.

The agency/facility has met the requirements of Standard provision(s) 115.78(a)

	completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.78.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81(a): N/A - Facility is not a prison.</p> <p>115.81(b): N/A - Facility is not a prison.</p> <p>115.81(c): Policy 724 Mental Health Screening and Evaluation Section 724.4 Mental Health Appraisal mandates that "All newly identified mental health risk incarcerated persons shall receive a mental health appraisal by a qualified mental health professional within 14 days, unless documentation exists that an appraisal has been completed within the previous 90 days. Mental health appraisals should include, but not necessarily be limited to the following assessments:</p> <ul style="list-style-type: none"> • Mental health status • Suicide potential • Violence potential • Previous psychiatric treatment • Any history of treatment with psychotropic medication or antidepressants • Substance abuse or treatment for substance abuse • Educational history • Sexual abuse victimization (28 CFR 115.81) • Predatory behavior or perpetrated sexual abuse (28 CFR 115.81" <p>Agency reports followup meetings are offered within 14 days of intake screening. In the past 12 months, 100% of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner.</p> <p>Interview with 3 IPs who Disclosed Sexual Abuse at Risk Screening indicated they declined the offer to meet with mental health practitioner.</p> <p>Interview with Risk Screening staff indicates that if a screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, they are offered a follow-up meeting with a medical and/or mental health practitioner. Meeting occurs within 14 days of intake screening which is usually the date of intake.</p> <p>Agency provided auditor with excel spreadsheet which identifying 71 IPs who reported prior sexual victimization during Risk Screening from December 22 to September 2023, however, information fails to provide date IPs were referred and actually seen by the mental health professional. Agency also provided auditor with a blank copy of the Medical PREA Screening Report to Classification document.</p> <p>115.81(d): Agency reports that information related to sexual victimization or</p>

abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. "This information shall be recorded on the receiving screening form. It will become part of the incarcerated person's health record and be retained in accordance with established records retention schedules."

RECORD STORAGE - Interview with IT Technology staff indicates the following:

- a). ATIMS - Authorization credentials and password required to log in
- b). IA Pro (Internal Affairs Cases & Professional Standards - Functionality requires approval through Chain of Command and developed through IT. Rules and permissions are set.
- c). Jail Security System, Camera system all maintained and run through IT Technology.
- d). Laser Fiche - Repository of electronic Documents through the Sheriff's office where requires permissions to access.

115.81(e): Policy 612 PREA Section 612.11(i) & (j) Examination, Testing and Treatment mandates that:

"(i) The health authority or mental health staff shall obtain informed consent from incarcerated persons before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting unless the incarcerated person is under the age of 18 (28 CFR 115.81).

(j) Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions (28 CFR 115.81)."

Policy 756 Informed Consent and Right to Refuse Medical Care Section 756.3 & 756.4 mandates that "It is the policy of this office that generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions include emergencies, life-threatening conditions and a court order (15 CCR 1214)."

"When an inmate refuses medical, mental health or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of refusal. The inmate shall then be requested to sign a form acknowledging that he/she refused an examination and/or treatment."

Interview with Medical and Mental Health staff indicates that they obtain informed consent from IPs before reporting about prior sexual victimization that did not occur in an institutional setting through the initial signed PREA Medical screening sheet in intake.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.81(c) and corrective action is required.

Corrective Action Recommended:

115.81(c): Agency reports all IPs shall receive initial screening mental health appraisal by mental health professional within 14 days of intake. Agency provided auditor with excel spreadsheet which identifying 71 IPs who reported prior sexual

victimization during Risk Screening from December 22 to September 2023, however, information fails to provide date IPs were referred and actually seen by the mental health professional. Agency also provided auditor with a blank copy of the Medical PREA Screening Report to Classification document.

1. Agency to provide auditor with documented evidence of compliance with Standard provision 115.81(a)-2 & 4 via Supplemental File to verify date IPs are referred and provided meeting with mental health professionals within 14 days of intake screening.

2. Agency to provide auditor with date IPs were referred to mental health and date IPs were actually seen by mental health practitioner. If IP declined to meet with mental health practitioner, Agency to provide date IP declined referral.

Corrective Action Completion 5/16/24:

115.81(c): 5/16/24 - Agency uploaded Victimization memorandum to the Supplemental File to explain non-scheduling of 3 IPs and late interview of 1 IP which resulted in interview with MH 17 days following referral from intake.

Agency verified that a staff member conducting the screening failed to select the box which would create a referral to Mental Health. Mental Health was never notified and the IPs were not interviewed by a mental health practitioner. To alleviate human error from occurring in the future, Agency has submitted a ticket for the referral to Mental Health to automatically generate if the prior victimization box is selected during intake screening.

For the IP who was seen by Mental Health 17 days following referral from intake, Agency verified that the information provided to auditor was inaccurate. The wrong date was obtained and entered into the intake system. The IP was seen by Mental Health practitioner 2 days following intake.

The agency/facility has met the requirements of Standard provision(s) 115.81(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.81.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.82(a): Policy 612 PREA Section 612.11 Examination, Testing, and Treatment mandates that: (a) Forensic medical examinations shall be performed as evidentiarily or

medically appropriate, without financial cost to the victim. Where possible, these examinations "shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21).

(b) If requested by the victim, a victim advocate, a qualified office staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21).

(c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.82).

(d) Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided.

(e) Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections, and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.

(f) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner.

(g) Victims shall be provided with follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (28 CFR 115.83).

(h) Treatment services shall be 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 (28 CFR 115.82; 28 CFR 115.83).

(i) The health authority or mental health staff shall obtain informed consent from incarcerated persons before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting unless the incarcerated person is under the age of 18 (28 CFR 115.81).

(j) Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions (28 CFR 115.81)."

Interview with Medical and Mental Health staff indicates that IPs, who are victims of sexual abuse, receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately upon notice. The nature and scope of services are determined, according to medical and mental health practitioners professional judgment

Interview with 3 IPs who reported a sexual abuse indicates that they were offered the chance to see a medical or mental health practitioner in a timely fashion after reporting sexual abuse. All 3 IPs indicated that they declined the offer of treatment.

115.82(b): Policy 612 PREA Section 612.7(b) First Responders mandates that "Request medical assistance as appropriate. If no qualified health care or mental

	<p>health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82)."</p> <p>Interview with Security Staff and Non-Security Staff First Responders indicates that the preliminary steps enacted at the time a report of sexual abuse is made is the First Responder Protocol for custody staff and non-custody staff, Separate the victim from abuser and keep safe, request no access to water or change clothing, inform supervisor or custody staff immediately and notify medical and mental health practitioners for medical treatment and emotional support until advocacy arrives.</p> <p>115.82(c): Policy 612 PREA Section 612.11(e) Examination, Testing, and Treatment mandates that "Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections, and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner."</p> <p>Interview with Medical and Mental Health staff indicates that</p> <p>Interview with 5 IPs who reported a sexual abuse indicates that medical and mental health offered followup services, treatment plans and STD prophylaxis but was declined by all 3 IPs.</p> <p>115.82(d): Policy 612 PREA Section 612.11(H) Examination, Testing, and Treatment mandates that "Treatment services shall be 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 (28 CFR 115.82; 28 CFR 115.83)."</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.83(a): Policy 612 Section 612.11(i) Examination, Testing and Treatment mandates that "Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions (28 CFR 115.81)."</p> <p>115.83(b): Policy 612 Section 612.11(g) Examination, Testing and Treatment mandates that "Victims shall be provided with follow-up services, treatment plans,</p>

and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody (28 CFR 115.83)." Interview with Medical and Mental Health staff indicates that evaluation and treatment of IP so I've been victimized entails, follow-up services and treatment, referrals upon release, personalized access for everyone at risk of victimization or like history, seen weekly or biweekly based on need and ensure IPs feel safe in their environment.

115.83(c): Interview with Medical and Mental Health staff indicate that the facility provides victims of sexual abuse and sexual harassment with medical and mental health services consistent with the community level of care.

115.83(d): Policy 612 Section 612.11(f) Examination, Testing and Treatment mandates that "Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner."

All 3 IPs who reported sexual abuse were male.

115.83(e): Policy 612 Section 612.11(f) Examination, Testing and Treatment mandates that "Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner."

Interview with Medical and Mental Health staff who indicates that victims of sexual abuse are provided timely information and access to all lawful pregnancy related services immediately.

N/A - All 3 IPs interviewed who Reported Sexual Abuse are male.

115.83(f): Policy 612 PREA Section 612.11(e) Examination, Testing and Treatment mandates that "Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections, and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner."

Interview with 3 IPs who Reported Sexual Abuse indicates that they were offered tests for STD infections by medical personnel.

115.83(g): Policy 612 PREA Section 612.11(h) Examination, Testing and Treatment mandates that "Treatment services shall be 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 (28 CFR 115.82; 28 CFR 115.83)."

Interview with 3 IPs who Reported Sexual Abuse indicates that treatment services from medical and mental health practitioners were provided without financial cost.

115.83(h): N/A - Facility is a Jail, not a Prison.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully

	compliant with Standard 115.83.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.86(a): Policy 612 PREA Section 612.13 Sexual Abuse Incident Reviews mandates that "An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation."</p> <p>Agency reports that in the past 12 months, 3 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Incident Review Board (IRB) reports were reviewed by auditor and all reports were conducted within 30 days. Agency provided 3 sexual abuse incident reviews. PREA Incident Review for ID #400130 was not provided to auditor. Agency to provide Incident Review for Keith Ellis ID #400130 to verify compliance with this Standard provision and upload to the Supplemental File.</p> <p>115.86(b): Policy 612 PREA Section 612.13 Sexual Abuse Incident Reviews mandates that "An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation."</p> <p>In the past 12 months, 3 criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.</p> <p>3/26/24 - Agency provided auditor with memorandum in reference to Case #400130 sexual abuse investigation to indicate that the incident was classified as unsubstantiated staff sexual harassment but was mis-labeled as sexual abuse. An incident review is not required for this type of unsubstantiated review per 115.86a.</p> <p>Per the report provided, the alleged victim was confused, could not identify a perpetrator, and his claims did not rise to the level of sexual abuse. Alleged victim's criminal proceedings were suspended as a doubt was declared for his mental competency, further shedding light on his inability to name specific dates, times, locations, or Correctional Staff for the incident.</p> <p>115.86(c): Policy 612 PREA Section 612.13 Sexual Abuse Incident Reviews mandates that "The review team shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and/or mental health professionals, as appropriate:"</p> <p>Interview with Facility Commander indicates that the Facility has a sexual abuse incident review team that includes upper level management officials and allows for input from supervisors, investigators, and medical or mental health practitioners.</p>

Agency indicates that In the past 12 months, 3 criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. The review team was identified by name, positions were not included per Standard provision 115.86(c). Incident Review Board documentation needs to identify review team positions to verify compliance with Standard provision 115.86(c). The names alone do not verify or identify compliance with the Standard provision.

115.86(d): Policy 612 PREA Section 612.13 Sexual Abuse Incident Reviews mandates that "The review team shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and/or mental health professionals, as appropriate:

- (a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect, or respond to sexual abuse.
- (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.
- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.
- (d) Assess the adequacy of staffing levels in the area during different shifts.
- (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- (f) Prepare a written report of the team's findings, including but not limited to determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA coordinator.

The Facility Manager or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so."

Interview with Facility Commander indicates that the review team uses information from the sexual abuse incident review to initiate preventative measures. They initiate corrective action mandates. The IRB team considers need for change in policy or practice, examine area in facility where incident allegedly occurred to assess whether physical barriers in the area my enable abuse, assess adequacy of staffing levels in that area during different shifts, assess monitoring technology.

Interview with PREA Manager and IRB member indicates that the IRB team conducts incident reviews and prepares a report of its findings from the reviews including any determinations and recommendations for improvement. Reports are forwarded to the PREA Coodinator and PREA Manager for review. The IRB team considers all mandates as outlined in Standard provision 115.86(d) 1thru 6.

115.86(e): Policy 612 PREA Section 612.13 Sexual Abuse Incident Reviews mandates that "The review team shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and/or mental health professionals, as appropriate:

- (a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect, or respond to sexual abuse.
- (b) Consider whether the incident or allegation was motivated by race; ethnicity;

- gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.
- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.
 - (d) Assess the adequacy of staffing levels in the area during different shifts.
 - (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
 - (f) Prepare a written report of the team's findings, including but not limited to determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA coordinator.

The Facility Manager or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so."

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

Corrective Action Recommended:

115.86(a) & 115.86(b): Agency provided 3 sexual abuse incident reviews. PREA Incident Review for ID #400130 was not provided to auditor.

1. Agency to provide Incident Review for Keith Ellis ID #400130 to verify compliance with this Standard provision and upload to the Supplemental File.

115.86(c): Agency indicates that In the past 12 months, 3 criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. The review team was identified by name, positions were not included per Standard provision 115.86(c).

1. Incident Review Board documentation needs to identify review team positions to verify compliance with Standard provision 115.86(c). The names alone do not verify or identify compliance with the Standard provision.

Corrective Action Completion 3/26/24:

115.86(a): 3/26/24 - Agency provided auditor with memorandum in reference to Case #400130 sexual abuse investigation to indicate that the incident was classified as unsubstantiated staff sexual harassment but was mis-labeled as sexual abuse. An incident review is not required for this type of unsubstantiated review per 115.86a. Per the report provided, the alleged victim was confused, could not identify a perpetrator, and his claims did not rise to the level of sexual abuse. Alleged victim's criminal proceedings were suspended as a doubt was declared for his mental

competency, further shedding light on his inability to name specific dates, times, locations, or Correctional Staff for the incident. Findings in this memorandum concludes there remain 3 administrative investigations addressed in Standard provision 115.86(a) & 115.86(b) as one investigation resulted in in a claim of two victims.

115.86(b): 3/26/24 - Agency provided auditor with memorandum in reference to Case #400130 sexual abuse investigation to indicate that the incident was classified as unsubstantiated staff sexual harassment but was mis-labeled as sexual abuse. An incident review is not required for this type of unsubstantiated review per 115.86a.

Per the report provided, the alleged victim was confused, could not identify a perpetrator, and his claims did not rise to the level of sexual abuse. Alleged victim's criminal proceedings were suspended as a doubt was declared for his mental competency, further shedding light on his inability to name specific dates, times, locations, or Correctional Staff for the incident.

115.86(c): 3/26/24 - Agency provided auditor with memorandum which identified the Incident Review Board (IRB) for the 3 administrative investigations addressed in Standard provision 115.86(a) & 115.86(b). The updated PREA Incident Review Board members were the PREA Compliance Manager, PREA Coordinator, Mental Health Manager and Health Services Administrator.

3/26/24 - Agency provided auditor with memorandum in reference to Case #400130 sexual abuse investigation to indicate that the incident was classified as unsubstantiated staff sexual harassment but was mis-labeled as sexual abuse. An incident review is not required for this type of unsubstantiated review per 115.86a.

Per the report provided, the alleged victim was confused, could not identify a perpetrator, and his claims did not rise to the level of sexual abuse. Alleged victim's criminal proceedings were suspended as a doubt was declared for his mental competency, further shedding light on his inability to name specific dates, times, locations, or Correctional Staff for the incident. Findings in this memorandum concludes there remain 3 administrative investigations addressed in Standard provision 115.86(a) & 115.86(b) as one investigation resulted in in a claim of two victims.

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

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.87(a): Policy 612 PREA Section 612.4 PREA Coordinator mandates that "Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87; 34 USC § 30303; 15 CCR 1041).

1. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.

2. The data shall be aggregated at least annually."

Agency provided a copy of the PREA Checklist form (San Luis Obispo County Sheriff's Office - PREA Response Checklist which accompanies each investigation package as verified by auditor review.

115.87(b): Policy 612 PREA Section 612.4 PREA Coordinator mandates that "Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87; 34 USC § 30303; 15 CCR 1041).

1. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.

2. The data shall be aggregated at least annually."

115.87(c): Policy 612 PREA Section 612.4 PREA Coordinator mandates that "Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87; 34 USC § 30303; 15 CCR 1041).

1. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.

2. The data shall be aggregated at least annually."

115.87(d): Policy 612 PREA Section 612.15 Records mandates that "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws. The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at

	<p>least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89)."</p> <p>Section 612.4(i) mandates that the PREA Coordinator Establishes a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87; 34 USC § 30303; 15 CCR 1041).</p> <ol style="list-style-type: none"> 1. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ. 2. The data shall be aggregated at least annually." <p>115.87(e): N/A - Agency reports that it does not contract for the confinement of its IPs.</p> <p>115.87(f): N/A - Agency reports that the DOJ has not requested Agency data.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.87.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.88(a): Policy 612 PREA SECTION 612.14 Data Reviews mandates that "This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training by:</p> <ol style="list-style-type: none"> (a) Identifying problem areas. (b) Identifying corrective actions taken. (c) Recommending corrective actions. (d) Comparing current annual data and corrective actions with those from prior years. (e) Assessing the office's progress in addressing sexual abuse. <p>The reports shall be approved by the Facility Manager and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).</p> <p>All aggregated sexual abuse data from San Luis Obispo County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the</p>

public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89)."

Agency provided auditor with copy of the Sheriff's Office Annual PREA Statistics Review form for 2022. Agency also provided the 2022 PREA Annual Review memorandum for the San Luis Obispo Sheriff's Department.

Interview with Agency Head Designee indicates that Agency uses incident base, sex abuse, data to assess and improve sexual abuse, prevention, detection, and response, policies, practices, and training. Monitoring annual data and review for trends.

Interview with the PREA Coordinator indicates that Agency reviews, data, collected and aggregated in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response, policies, and training. The agency ensures the data collected is securely retained electronically, and the agency takes corrective action on an ongoing basis based upon the data collect.

Interview with the PREA Manager indicates that Agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response, policies, and training, to ensure data is collected is and stored securely.

115.88(b): Agency reports that The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. Agency did not include the two PREA Audits conducted in 2017 (Main Jail and Honor Farm) to provide as a comparison of the current year's data and corrective actions with those from prior years IAW Standard provision 115.88(b). Auditor observed no Annual Reports posted on the Agency website for public viewing.

115.88(c): Agency reports it's annual report is made readily available to the public on the Agency's website:

<https://www.slosheriff.org>

Interview with the Agency Head Designee indicates that he approves annual reports written, pursuant to standard 115.88.

Auditor's review of the website PREA page found only PREA Annual Reviews for the Custody Division, not the PREA Annual Reports for 2017, 2021 and 2022.

115.88(d): Policy 612 PREA Section 612.14 Data Reviews mandates that "This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training by:

- (a) Identifying problem areas.
- (b) Identifying corrective actions taken.
- (c) Recommending corrective actions.
- (d) Comparing current annual data and corrective actions with those from prior years.

(e) Assessing the office's progress in addressing sexual abuse. The reports shall be approved by the Facility Manager and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from San Luis Obispo County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89)."

Policy 612 Section 612.14 mandates that "The reports shall be approved by the Facility Manager and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from San Luis Obispo County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89)."

Interview with the PREA Coordinator indicates that no material is redacted from the annual report. No information or data that will prevent a danger to staff or the agency/facility is included in the report.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.88(b), 115.88(c) and corrective action is required.

Corrective Action Recommended:

115.88(b): Agency did not include the 2 PREA Audit conducted in 2017 to provide as a comparison of the current year's data and corrective actions with those from prior years IAW Standard provision 115.88(b)

1. Agency to provide inclusion of the 2017 PREA audit comparison in the amended 2022 Annual Report and upload to the Supplemental File.

115.88(c): Auditor observed no Annual Reports posted on the Agency website for public viewing.

1. Agency to upload the PREA Annual Report for 2017, 2021, and 2022 to the Agency website for public viewing.

Corrective Action Completion 3/28/2024:

115.88(b): 3/28/24 – Agency provided auditor with copies of Annual reports for years 2017, 2018, 2019, 2020, 2021, 2022 & 2023. Narratives within the reports provided comparisons between year 2017, 2018, 2019, 2020, 2021, 2022 & 2023.

Annual Reports are posted on the Agency’s website at SLOSheriff.org., under

- FAQ
- What is PREA
- SLO County Jail PREA Annual Reports

115.88(c): 3/28/24 – Agency provided auditor with copies of Annual reports for years 2017, 2018, 2019, 2020, 2021, 2022 & 2023. Narratives within the reports provided comparisons between year 2017, 2018, 2019, 2020, 2021, 2022 & 2023.

Annual Reports are posted on the Agency’s website at SLOSheriff.org., under

- FAQ
- What is PREA
- SLO County Jail PREA Annual Reports

The agency/facility has met the requirements of Standard provision(s) 115.88(b) & 115.88(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.88.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89(a): Policy 612 PREA Section 612.15 Records mandates that "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws. The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71). All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law</p>

requires otherwise (28 CFR 115.89)."

Agency reports that incident-based and aggregated data is securely maintained on their IA PRO electronic database.

Interview with the PREA Coordinator indicates that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response, policies, and training. The agency ensures that Derrick collected is securely retained electronically. Agency takes corrective action on an ongoing basis, based on the data collected.

RECORD STORAGE - Interview with IT Technology staff indicates the following:

- a). ATIMS - Authorization credentials and password required to log in
- b). IA Pro (Internal Affairs Cases & Professional Standards - Functionality requires approval through Chain of Command and developed through IT. Rules and permissions are set.
- c). Jail Security System, Camera system all maintained and run through IT Technology.
- d). Laser Fiche - Repository of electronic Documents through the Sheriff's office where requires permissions to access.

115.89(b): Policy 612 PREA Section 612.15 Records mandates that "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws. The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89)." Aggregated sexual abuse data from facilities under direct control of the Agency is not made readily available to the public at least annually through it's website or any other means. Agency to provide Annual PREA Reports on the Agency website for years 2017, 2021 and 2022 and upload to the Supplemental File identified as Standard provision 115.89(b).

115.89(c): Policy 612 PREA Section 612.15 Records mandates that "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws. The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89)."

Policy 612.14 Data Reviews mandates that "The reports shall be approved by the Facility Manager and made available through the office website. Material may be

redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from San Luis Obispo County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89)."

115.89(d): Policy 612 PREA Section 612.15 Records mandates that "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws. The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89)."

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.89(b) and corrective action is required.

Corrective Action Recommended:

115.89(b): Aggregated sexual abuse data from facilities under direct control of the Agency is not made readily available to the public at least annually through it's website or any other means..

1. Agency to provide Annual PREA Reports on the Agency website for years 2017, 2021 and 2022 and upload to the Supplemental File identified as Standard provision 115.89(b).

Corrective Action Completion 3/28/24:

115.89(b):

3/28/24 - Agency provided auditor with copies of Annual reports for years 2017, 2018, 2019, 2020, 2021, 2022 & 2023. Narratives within the reports provided comparisons between year 2017, 2018, 2019, 2020, 2021, 2022 & 2023.

Annual Reports are posted on the Agency's website at SLOSheriff.org., under

- FAQ
- What is PREA

	<ul style="list-style-type: none"> · SLO County Jail PREA Annual Reports <p>The agency/facility has met the requirements of Standard provision(s) 115.89(b) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.89.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401(a): The last audit conducted on the San Luis Obispo County Sheriff's Main Jail and Honor Farm was conducted in 2017. Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.</p> <p>115.401(b): The last audit conducted on the San Luis Obispo County Sheriff's Main Jail and Honor Farm was conducted in 2017. Agency did not conduct a PREA audit since 2017. The current onsite audit was initiated in 2023.</p> <p>115.401(h): Agency provided auditor with full access to all areas of the audited agency/facility.</p> <p>115.401(i): Agency has provided auditor with copies of any requested documents and information as requested.</p> <p><u>- Electronic data requested from auditor such as:</u></p> <p><u>- ATIMS data for document review</u></p> <p><u>- Medical records</u></p> <p><u>- Mental Health records</u></p> <p><u>- Training records</u></p> <p><u>- IP intake records</u></p> <p><u>- HR records</u></p> <p><u>- Investigative Sexual Abuse & Sexual Harassment records</u></p> <p>115.401(m): Auditor was permitted to conduct interviews with IPs and staff in private settings during the onsite audit.</p> <p>115.401(n): Notice of auditor was posted throughout the facility in a timely manner as verified by auditor during the Physical Plant Review, dated photos of Notice of Auditor posted throughout the facility uploaded to the Supplemental File and interviews with IPs during the onsite review. 3 IPs sent letters to the auditor via legal correspondence procedure. Auditor interviewed one of the IPs available during the onsite audit to verify the mailing process.</p>

	<p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f): N/A - The San Luis Obispo County Sheriff's Office posts PREA information on it's Jail Custody website. The Jail Office Policy and SLO County Jail PREA Statistics is the only PREA informational data provided to the public from 2015 thru 2021. Last Audit was conducted in 2017. No PREA Audit Final Report on the Agency website.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	no
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	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.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	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.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na