

PREA Facility Audit Report: Final

Name of Facility: Fresno County Jail Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/11/2020

Date Final Report Submitted: 04/29/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Karen Dalton	Date of Signature: 04/29/2021

AUDITOR INFORMATION	
Auditor name:	Dalton, Karen
Email:	ksddrph@aol.com
Start Date of On-Site Audit:	07/27/2020
End Date of On-Site Audit:	07/31/2020

FACILITY INFORMATION	
Facility name:	Fresno County Jail Complex
Facility physical address:	1225 M Street, Fresno, California - 93721
Facility Phone	
Facility mailing address:	Fresno County Sheriff's Office, 2200 Fresno Street, Fresno, California - 93721

Primary Contact	
Name:	Sgt. Matt Nunley
Email Address:	matt.nunley@fresnosheriff.org
Telephone Number:	559-600-8588

Warden/Jail Administrator/Sheriff/Director	
Name:	Captain Stephen McComas
Email Address:	Stephen.McComas@fresnosheriff.org
Telephone Number:	558-600-8145

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Jamie Silveira
Email Address:	Jamie.Silveira@Wellpath.us
Telephone Number:	559-600-9356

Facility Characteristics	
Designed facility capacity:	3478
Current population of facility:	2146
Average daily population for the past 12 months:	2920
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:	18-82
Facility security levels/inmate custody levels:	Minimum-High Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	450
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	25
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	25

AGENCY INFORMATION	
Name of agency:	Fresno County Sheriff-Coronors Office
Governing authority or parent agency (if applicable):	
Physical Address:	2200 Fresno Streer, Fresno, California - 93721
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	John Copher	Email Address:	john.copher@fresnosheriff.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

INTRODUCTION

The Fresno County Jail (FCJ) is located at 1225 M Street, Fresno CA, 93721. The jail complex is arranged with three jail buildings connected through an underground tunnel system. The facility sits in the downtown Fresno area surrounded by small businesses, county buildings, and small residential neighborhoods. In its current configuration the jail system is comprised of the "South", "Main", and "North" jails. A new jail building called the "West" jail is under construction, with an occupancy date of early 2021. The Fresno County Sheriff's Office (FCSO) is the parent agency to the Fresno County Jail.

The jail system houses male and female inmates arrested on both misdemeanor and felony charges. Inmates are either sentenced or unsentenced. The facility houses minimum to high maximum inmates, whose average length of stay is 38 days. The FCSO has an active contract with the United States Marshals Service (USMS) for housing detainees. The rated capacity of the Fresno County Jail is 3328. The inmate population on the day of arrival for the onsite phase of the audit was 2146.

In February 2020, Karen S. Dalton, a United States Department of Justice (USDOJ) Certified PREA auditor for Adult Jails and Prisons, and President of Dalton Consulting, LLC, received a request from the Fresno County Sheriff's Office requesting a bid for a PREA audit of their jail system. Dalton reached out to Joan Shoemaker, retired Deputy Warden from the Colorado Department of Corrections (DOC), RN, and a USDOJ Certified PREA Auditor for Adult Jails and Prisons to request assistance and partnership with the audit. After the discussion a bid was submitted to the Fresno County Sheriff's Office, and in March 2020 the bid was accepted, with Dalton being the lead auditor and Shoemaker assisting. Throughout this report the auditors will be referred to as the "Audit Team". In April 2020 the Fresno County Business Office provided necessary forms for the lead auditor to complete. The forms were completed and returned.

Due to the COVID19 pandemic, the audit team and the Fresno County Sheriff's Office remained flexible in solidifying a date for the onsite phase of the audit. In collaboration with the FCSO, the audit team agreed to be on site at the Fresno County Jails from July 27-31, 2020.

PRE ONSITE AUDIT PHASE

Communication with the Fresno County Sheriff's Office began immediately after the bid was accepted. The primary point of contact was the agency's PREA Compliance Manager (PCM). On June 19, 2020 the lead auditor provided the agency's PCM with a Notification of Audit to be posted immediately. The notice contained information of the pending audit and stated any person with information relevant to the compliance audit should send a letter to the auditor. The notices were sent in both English and Spanish. The PCM also received instructions to post copies in all housing units as well as other places inmates, staff, volunteers and contractors have access to. Specifically, this included day rooms, staff dining areas, medical areas and intake. The PCM sent the lead auditor several photographs on June 24, 2020 of how

the notices were hung. During the facility tour the audit team observed audit notices in entry ways to and between the jail buildings, and the entry of the main jail. Notices were posted in English, Spanish, and Hmong (Chinese).

On July 9, 2020 the lead auditor received notification from the PREA Resource Center (PRC) a new audit had been created for Fresno County Sheriff-Coroner's Office. This was after much technical assistance with the PRC as the initial audit notification was for an "agency" type audit. Once the "facility" type audit was posted in the Online Audit System (OAS), the accessibility to Joan Shoemaker had to be made as well. The lead auditor and the PCM agreed to have the Pre-Audit Questionnaire (PAQ) completed by July 6, 2020, however with the technical issues that occurred July 15, 2020 was agreed upon. On July 15th the auditor received an email confirmation from the PCM stating the relevant policies, and documents had been uploaded to the OAS. Once the PAQ was received, the lead auditor and PCM were in communication on a weekly basis to discuss audit logistics, methodology, and answer any questions that had come up during the course of preparation for the pending audit.

On July 13, 2020 the lead auditor and PCM spoke via telephone about audit philosophy being inclusive and working in partnership with the jail division. The PCM indicated they were looking forward to having an audit that captured their strengths and weaknesses. Additionally, the COVID19 pandemic and its impact on the FCSO was discussed. The PCM informed the lead auditor the jail system had several areas where symptomatic and COVID19 positive individuals were being held in quarantine. Furthermore, we discussed the possibility of conducting the inmate interviews in the inmate visitation areas where plexiglass was between the auditor and the inmate. The PCM did not have any objection to that since visitation had been curtailed due to the pandemic.

A list of documents necessary for the onsite phase of the audit was sent to the PCM on July 21st. The following was requested:

- Copies of the USMS Agreement
- Schematic of the facility
- Staff rosters by shift
- Inmate rosters by housing area
- List of all contractors and volunteers who have contact with inmates
- Identification of any inmates with physical disabilities, such as blind, deaf, or hard of hearing, are Limited English Proficient (LEP), or cognitively impaired.
- Identification of inmates who identify as Lesbian, Gay or Bisexual, Transgender or Intersex
- Inmates who are in segregated housing for high risk of sexual victimization
- Inmates who reported sexual abuse and the allegations/grievances and documentation and files associated with the report
- Inmates who reported sexual victimization during risk screening
- Personnel files for individuals hired or promoted within the past 12 months
- Files for volunteers and contractors that showed the background process and training records

- Personnel training files
- Intake, classification, medical records of inmates
- Inmate PREA education materials – posters, pamphlets, handbook – including any materials for physically disabled, cognitively impaired, or LEP
- Identification of inmates who identify as Lesbian, Gay, Bisexual, Transgender or Intersex
- Background and training records for medical and mental health staff
- Inmate files
- Inmate grievances
- Any documentation of discipline of inmates for filing an allegation or grievance in bad faith
- Documentation of allegations of abuse at another facility
- Documentation of referrals to law enforcement or relevant licensing bodies for PREA violations

In addition, the PCM was provided the following list of staff titles to be scheduled during the onsite phase of the audit:

- Agency Head or Designee
- Agency REA Coordinator
- Facility head or Designee
- Agency Contract Administrator
- Intermediate/higher level facility staff
- Non medical staff who conduct cross gender strip or visual body cavity searches
- Intake staff
- Classification staff
- Volunteers/contractors who have inmate contact
- Investigative staff
- Staff who screen for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Incident review team staff
- Staff who monitor retaliation
- First responders (security and non security)
- Human Resource staff

- Director of Training
- Mailroom staff
- Food service staff (supervising inmates)
- Grievance team staff
- IT staff
- Medical staff
- Mental Health staff
- Inmate disciplinary hearing staff
- Maintenance staff (supervising inmates)
- Director of volunteers and contractors

The request for information was acknowledged immediately and provided throughout the onsite phase of the audit. All policies and other documentation provided through the OAS by the FCSO was reviewed prior to the onsite phase of the audit. A copy of the previous FCSO final PREA Audit dated August 1, 2017 was reviewed. On June 19, 2020 the auditor sent an email to Just Detention International (JDI) requesting information on any correspondence received from the FCSO. JDI replied on June 22, 2020 that a review of their database indicated they had not received any information pertaining to the Fresno County Sheriff's Office.

An internet search was conducted regarding any litigation, DOJ involvement, federal consent decrees, Bureau of Justice Statistics (BJS) data, and news articles. The PCM had made the lead auditor aware of a consent decree from 2015 wherein the complaint alleged the jail does not provide prisoners with access to adequate medical, mental health and dental care, prisoners are not reasonably protected from injury and violence from other prisoners and that prisoners are not provided with reasonable accommodations for their disabilities. The FCSO and the Prison Law Office (PLO) have been working collaboratively, with consistent monitoring since the document was filed May 27, 2015. A portion of the consent decree focused on the FCSO Administrative Segregation. Although the main recommendation related to the use of Administrative Segregation had to do with how often mental health services were provided to individual in segregation, the FCSO took an innovative approach to understanding and mitigating the impact ad seg housing could have on its inmates. The PCM developed a pilot program in the Administrative Segregation housing areas where those inmates had access to tablets. These tablets allowed the inmates access to games, puzzles, education, and other activities. In discussion with staff and by the response of the inmates during the facility tour, the tablets have been well received by all, including the PLO.

The lead auditor received one letter from an inmate and conveyed that to the PCM prior to arrival for the onsite phase of the audit. The inmate had been released, however the PCM had received a similar complaint from the inmate and provided documentation to the audit team showing how the complaint was handled internally. The process and documentation was deemed appropriate by the audit team.

ONSITE AUDIT PHASE

On Monday, July 27th at 0700 hours the audit team arrived at the Fresno County Sheriff's Office (FCSO)

jail. The audit team consisted of Karen Dalton, Lead Auditor and Joan Shoemaker. The audit team spent five full days on site, conducting the out-brief on Thursday, July 30th at the request of the PREA Coordinator, as scheduling conflicts for executive staff existed on Friday July 31st. However, the audit team returned to the facility on Friday to review additional files and tie up some loose ends. Auditor hours during the onsite phase were Monday, July 27 – 0700-2030, Tuesday, July 28 – 0700-2130, Wednesday, July 29, 0700-2030, Thursday, July 30, 0700-1900, and Friday, July 31, 0730-1300 hours. Upon arrival at the facility the audit team was provide a conference room to work, prepare, and organize during the onsite phase, Shortly thereafter the audit team met with the PREA Coordinator, PREA Compliance Manager, Facility Captain and other facility command staff for an in brief. During the in brief the audit team introduces themselves, talked about the audit methodology and the triangulation of data for formulate responses to the PREA standards and provisions. We went over the schedule for the following five days. The PCM had mentioned in pre onsite discussions an escort team would be made available to the audit team throughout the onsite phase. This worked out well, especially when the audit team split up. The FCSO staff was enthusiastic about the audit emphasizing their desire to learn from the process. They had a full understanding of the necessity for unfettered access to the facility and documentation and they were provided accordingly.

After the in-brief the audit team met with the PCM, who was our designated point person for the onsite phase and was provided documentation and information requested via communications prior to the audit team's arrival. Each day ended with the PCM and a discussion about what information would be needed for the following day. At the beginning of each day the PCM would provide the requested information. The audit team was consistently provided the information as requested. Prior to the initiation of the facility tour the audit team requested a list of inmates by housing unit and a list of all staff.

The audit team conducted a thorough site review of the facility – which is comprised of three separate buildings accessible via an underground tunnel system. The three buildings are the Main, South, and North building. The PCM escorted the audit team throughout the tour. Various staff members joined the tour as time permitted. The tour included all housing units n all three buildings, including Administrative Segregation, the medical area including medical housing, exam rooms and medical records. The lobby of the main jail, and north building as well as intake, booking and classification areas were toured. The property and mail rooms, central control and the building control areas were observed. Inmate education, gymnasium, exercise and outdoor recreation yards were toured as were the administration offices, and laundry. The audit team did not go into housing areas with active or quarantined COVID19 patients were housed.

During the facility tour the audit team was informed of a construction project underway for a new jail building the “west” building that would be housing for specialized and vulnerable populations within the FCSO. The audit team was provided an opportunity to tour the building. The west building is scheduled to be occupied in early 2021. It will replace the “south” building, which was constructed in 1942 and has many limitations for providing sound correctional practices and did not have a camera system although the FCSO had gone to great lengths to install convex mirrors throughout the facility.

During the tour the audit team has full access to talk with inmates and staff. The audit team took advantage of this and asked several impromptu questions, took notice of posters and other signage posted throughout the facility. The PREA posters, indicating the FCSO zero tolerance for sexual abuse and sexual harassment were well displayed throughout the facility. From the moment an individual was booked into the facility and through the release process posters in English, Spanish, and Hmong were displayed. The audit team spent time in mane control as well as the building control centers. The organization of the control centers were impressive, and the staff working the control centers were

extremely attentive and innovative in their approach to ensuring continuous observation of the housing areas. Camera displays were set up to where an officer could be standing on the north side of the control center observing the activities of the south side of the housing area. The audit team checked for door locks and found that most doors were locked and required a key block to unlock the doors. The key blocks were held in the control centers of each building. For the main and north buildings, which were nearly identical in their configuration, five staff were assigned on each floor with one control officer and four floor officers. Medical and mental health staff were on the floors regularly. Although the FCSO provided an extensive and elaborate master schedule that displayed any and all activities occurring on each floor for each of the seven days, due to COVID19 inmate programming, services, visiting and outdoor recreation has been curtailed or modified.

The toilet and shower areas in each facility were observed. In the north building recent modifications had been made to for an ADA shower to be constructed in response to the PLO settlement agreement. The shower was completed. All showers in the north and main jail provided appropriate privacy. However, in the south building the toilets were in open areas with very little privacy for the inmates. When talking to staff on the floor they indicated they announce themselves prior to walking the area. The inmates consistently acknowledged their responsibility to cover up while using the toilet for privacy. When asked how they would cover up, they indicated they would place their jumpsuit or towel over their lap while using the toilet. The facility command staff indicated this was part of the reason the agreement with the PLO and the construction of the west building that the south building would never be used for inmate housing once the west building was occupied. The inmate telephones were tested and were inoperable. The PCM had indicated the inmate telephones and closed-circuit television systems were being overhauled. Two significant areas of impact with the systems being overhauled included the inability of inmates to dial the override number for reporting sexual abuse and sexual harassment, and the inability of the PREA educational video to be shown. The FCSO had an active contract with Legacy Inmate Telecommunications. When the COVID19 pandemic began, Legacy Inmate Telecommunications informed FCSO they were pulling out of the contract due to the pandemic. The FCSO immediately began the process for identifying an inmate telephone provider to assume the contract. At the time of the onsite phase of the audit, FCSO was working diligently to identify the new provider.

The laundry area was toured and found to have camera coverage and convex mirrors installed. However, a room located off the main laundry area posed an issue. The room was being used to store the recently acquired additional clothing and supplies in response to COVID19. The room did not have cameras. The audit team asked for the locked gate to the room be opened. The sergeant in charge of the laundry operations opened to gate, which was double locked. It was mentioned and confirmed no inmates have access to the room without the laundry supervisor being present. The audit team confirmed how the keys were accessed, monitored and controlled and were satisfied by the procedural process put into place for access to the room. Any staff member requesting the key block checked the key block out from the building control center. A signature was collected and verified by the control officer, and the key block could only be returned by the individual who checked the key block out. It should be noted that only female inmates worked in the laundry and only female staff were assigned to work in the laundry. The tour lasted the entire first day. At the end of the day the list of inmates by housing unit and all staff by shift were presented to the audit team. The audit team randomly selected inmates and staff to be interviewed. Auditor Dalton conducted most of the inmate interviews while Auditor Shoemaker interviewed most of the random staff. Specialized staff interviews were either done together or split between the audit team. Where files and documents were reviewed, the audit team conducted the interview together.

The second day began with staff and inmate interviews. The selection of random inmates was conducted ensuring inmates from each housing area that was accessible to the audit team was interviewed. The

lead auditor was escorted to each floor of the north and main jail and interviews were conducted in the visiting area. Random staff interviews were selected by the audit team and the auditor was escorted to the area where the staff member was assigned. The staff member was pulled aside and interviewed in a private area. The main and north buildings interviews were conducted on the second day. The south building and a tour of the construction of the west building were completed on the third day while onsite. A total of 99 staff and inmate interviews were conducted for this audit. Thirty-eight inmate interviews (15 targeted, 23 random; nine female and 29 male) and 61 total staff; (45 specialized and 16 random of which 9 were female and seven were male, and eight were from each shift). For the 15 targeted inmate interviews, three were physically disabled, one was deaf, one was LEP, three had cognitive disabilities, two were lesbian, gay or bisexual, two were transgender or intersex, one reported sexual abuse and two reported sexual victimization during risk screening. One inmate reported sexual abuse during childhood which he had not previously disclosed. At the conclusion of the interview the auditor met with the PCM and the medical director. The inmate was seen by medical immediately.

Staff interviews were conducted in the conference room and on the floors of the various jails in private areas. Inmate interviews were primarily conducted in the visiting areas which were located in each of the housing units, and in classrooms, or programming areas. Privacy was provided to the best extent possible for all interviews. The audit team introduced themselves, provided an introductory statement and proceeded to ask questions utilizing the interview protocols for the appropriate interview. No staff member refused to be interviewed and all notes were handwritten by the interviewer. In some instances, the audit team sought further clarification to evaluate the practice being discussed was institutionalized so that compliance could be confirmed. For instance, there was significant discussion with inmates from the south building on their privacy with respect to how the toilets were situated in some of the housing units.

Day three of the onsite phase included a continuation of staff and inmate interviews and the beginning of the document review. The document review process was conducted in tandem by the audit team. As files were brought into the conference room the audit team split the files and reviewed for thoroughness and consistency. The PCM, ADA Lieutenant, and or the Medial Staff were present during the document review and were able to pull up electronic files on a large screen for the audit team to ask questions and verify information. The electronic tracking systems allowed for the auditors to follow a single point of interest under the PREA standards, i.e., being high risk for abusiveness during risk screening, making an allegation of sexual abuse or sexual harassment, inmate PREA education, and others, from beginning to end. Files reviewed included documents related to allegations of sexual abuse and sexual harassment, retaliation monitoring, investigations, and training for inmates, FCSO staff, volunteers, contractors and medical and mental health staff. The background check process and confirmation of the process, for staff, volunteers and contractors were observed. The FCSO reported 31 allegations of sexual abuse and sexual harassment during the past 12 months. Zero allegations resulted in an administrative investigation. One allegation was referred for criminal investigation. The investigative file was complete through the referral to the Sheriff's Office Crimes Against Person's Unit. The PCM conducted regular follow up and the latest information from the investigator indicated the detectives were currently waiting for the results of the forensic exam before they could proceed.

The audit team reviewed four inmate grievances that were related to sexual abuse and sexual harassment. Ten investigative files, eight disciplinary files, 10 complete inmate files, and seven medical records were reviewed. The audit team reviewed the FCSO training curriculum for PREA and the refresher training. Five jail division civilian employee records, five fleet employees, 16 probation officer who conduct business in the jails, 12 commissary contractors and the STC (Standards and Training for Corrections) rosters for WellPath (medical and mental health contractor) were reviewed, ensuring staff were PREA trained.

The ten investigative files were from 2019 and 2020. All investigations were inmate on inmate sexual abuse. The FCSO did not report any staff on inmate sexual abuse from 2019 to present. Of the investigative files seven were unfounded, two were founded and one was pending completion. The files were reviewed to ensure the following information was included; date of the report, date of the allegation (if different), name of the victim, name of the suspect (only if known), and disposition of the case. In addition, FCSO includes whether a hospital transport was made, and whether there was a mental health follow up. Between 2019 and 2020 there were three hospital transports, and all inmates were referred for a mental health follow up evaluation, although there were refusals for the referral or individuals had been released.

On day three the audit team was able to observe an inmate being processed through intake process and follow up with the classification team to better understand the 30-day reassessment required in standard 115.41. Additionally, the audit team was able to see the medical and mental health screenings. The audit team observed the basic PREA information being provided, specifically on how to report any incident of sexual abuse and sexual harassment. Telephones were accessible to the inmates in the intake holding area and phone calls were free. Large bulletin boards were in the holding area with information for calling bail bonds, service providers, or transportation. The audit team was able to tour the construction of the west building. When asked about the process and design of the building, it was evident that sexual safety and adequate privacy was well thought out. The laundry services from the south building will be moved to the west building. ADA design was articulated in the facility design, and the west building will have significantly more programming and recreation space for the inmates.

Day four primarily focused on completing the interviews, focusing on specialized staff, reviewing documentation and preparing for the out brief. During the out brief, the Facility Captain, PREA Coordinator and PREA Compliance Manager were in attendance. The audit team praised the FCSO and especially the PCM for taking sexual safety seriously and being a leader and mentor for the department. Furthermore, the unfettered access to inmates, staff, and documentation was appreciated and made the audit process smooth. There was much discussion about the south building being closed and the west building being occupied. The audit team also discussed some corrective action that would be required. The FCSO was amenable to corrective action, and the audit team indicated there could be more findings as the report was being written, and the interim report would provide any corrective action necessary.

The audit team and the PCM agreed to communicate during the writing of the interim report. Additionally, because some specialized staff was out during the onsite phase, and no volunteers were on site due to COVID, the lead auditor agreed to conduct interviews via the telephone or a virtual platform if needed.

POST ONSITE AUDIT PHASE

Following the onsite audit phase the audit team gathered written information, reviewed documentation and completed the interim report. On August 7, 2020 one investigator was interviewed, and the Human Resource (HR) Lieutenant was interviewed. Over the next two weeks the dialogue between the HR Lieutenant and lead auditor continued with continuous information exchange. During the week of August 10-14, phone calls were made to Rape Counseling Services of Fresno, the Community Regional Medical Center, and to FCSO volunteers.

Conference calls were confirmed by the Fresno PCM and the Rape Counseling Services of Fresno. The Rape Counseling Services staff had been working remotely since the COVID19 pandemic, and several attempted meetings by the Fresno PCM had been rescheduled. Confirmation was made that the MOU is being discussed and revised at a forthcoming meeting. The Community Regional Medical Center (Fresno General Hospital) acknowledged in the event an inmate at the Fresno County jail had experienced sexual

abuse, a SANE certified nurse will perform medical forensic care to any inmate who is transported to the hospital. Additionally, the hospital acknowledged a working relationship with the Rape Counseling Services of Fresno for victim advocacy.

Immediately after the onsite phase of the audit was complete, the audit team incorporated all of the information gathered and utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide for determining compliance with each standard and provision as a means to determine overall compliance. The auditor marked "yes" or "no" for each standard provision and determined the compliance rating for each standard based off those markings. The audit team utilized the Online Audit System (OAS) for the report. Each standard was marked either "exceeds, meets, or does not meet the standard". The determination was made using policy, forms, database documentation, information from the PAQ as well as information obtained during the onsite phase and post on site. The audit team paid close attention to the established practice during the onsite phase, seeking institutionalization of the practice. A review of staff and inmate interviews and observations notes from the onsite phase was also considered in making determinations.

The interim report identified documents reviewed, interviews conducted, the audit team's findings and conclusions for each standard. It was determined that nine of the 42 standards were not compliant and require corrective action.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Fresno County is located in Central California and is the fifth most populous county in California. Having just shy of one million residents spanning over 6000 square miles, Fresno has long been known for its raisin and wheat industries. Fresno County is now one of the nation's leading agriculture regions. The Fresno County Sheriff's Office is located at 2200 Fresno Street in downtown Fresno California. The agency is responsible for field operations throughout the county and for the housing of local and United States Marshall Service (USMS) inmates and detainees at their jail complex. The jail complex is comprised of three different buildings, connected by an underground tunnel system. These buildings are referred to as the South Annex, Main Jail, and North Annex. The West Annex, a state-of-the-art jail is currently under construction and positioned to be occupied during the first quarter of 2021.

Main Jail

The Main Jail was completed in 1987 with an original design capacity of 424 but was expanded with six floors allowing for a capacity of 1064. The first floor of the building has the booking/release functions. Inmates arrive through the sally port and are processed through this area. There are holding cells located in the functional areas of the booking areas. The first set of holding cells allows for inmates to be staged for initial interviews with health care staff in private individual interview spaces. Inmates move through various stations to complete the booking process. They are placed in one of several individual or group holding cells for individual interviews with classification staff. The basement is accessed from this area which allows for inmate movement to the housing units, other buildings, and the courts. Releases are completed on the adjacent hallway.

The second floor is the main visitor lobby managed by central control. The administrative area has several offices, conference room, staff break area and roll call room. There are eleven cameras on this floor monitored by the central control. The infirmary is on this floor with a capacity of 38 beds. There are individual and group patient rooms with medical services in the same area. There are examination rooms, medical records, pharmacy, and other health care spaces. Correctional staff are located at a control area and manage movement in this area. Routine rounds are made by correctional staff throughout the infirmary.

The remaining four floors of this building are inmate housing units. Each floor is considered one housing unit and is managed by a security station in the center of the six pods. Each pod is two tiers with eight (8) triple occupancy cells. The raised security station provides good lines of sight into each pod. The area behind the six pods is a support area which has examination rooms, interview offices and a gymnasium. On the back side of the floor are ten (10) individual cells for restricted housing. Each floor is covered by five posts of correction officers, one for the security station and three on the floor.

Assignment to the housing unit is based on the security level of inmates. Pods within the housing unit are designated for certain levels of security and other correctional factors such active gang or drop out gang membership. Male inmates are housed on the third, fourth, fifth and sixth floor. Female inmates are assigned to one ten bed unit for restricted housing on the sixth floor. The physical plant of the building

allows for assignment to various pods that maximize the ability to separate potential victims from other inmate populations. All cells have individual sinks and toilets with showers located in the day room area. The showers are single units with appropriate shower curtains in place.

There are 78 cameras in the Main Jail. The basement has six cameras and the lobby has five. The first floor has 20 cameras with eleven on the second floor. There are 6 cameras on the third, fourth and fifth floors. The sixth floor has 15 cameras with three cameras in the yard.

South Annex

The South Annex was built in 1941 and was the first jail built on the present site. The original design capacity was 684 inmates with a current operational capacity of 499. The number of inmates housed here has decreased as the other two units opened and areas in the South Annex have changed. The main physical plant is located on the basement level which includes the boiler room, laundry area, maintenance shops and kitchen. The tunnel between the buildings and courts is accessed through the basement area. The tunnel between the South Annex and the Main jail has two corridors, one of which staff access and one that inmates utilize. Courts are also accessed from the basement tunnel.

The South Annex has three floors of housing and primarily houses female inmates. The older physical plant creates challenges for staff coverage, lines of sight and privacy issues. The pods are open bay housing units with several open bar fronts. The size of the pods varies depending on the location. FCSO has mitigated the sight line and privacy issues with the use of cameras.

This unit will not house inmates when the West Annex is completed in early 2021.

The second-floor housing unit has 3 pods; two have twelve cells and one has seventeen cells. Inmates are able to move around the floor without escort. Two pods have open bar cells fronts and sight lines are difficult. All movement is managed by the central control located in the pod with seventeen cells. There are males and females assigned to the different pods and staff on the floor continuously monitor the movements on the floor. There are two gymnasiums, law library and interview rooms.

The third-floor housing unit has six pods, all units are open bay design and hold different capacities. Two units have open bar fronts which make the sight lines challenging. The toilet area is open however inmates are allowed to use modesty coverings to mitigate for privacy. Four pods are stacked bunks opening to a large dayroom area. The showers have curtains for privacy. Size of the pods vary between twelve and forty-eight occupancy. There is one inmate program area on this floor. The sight lines in the unit are difficult however, it is mitigated by the new construction of the West Annex.

The fourth-floor housing unit has six pods surrounding a central control center. The pods have double occupancy cells with a large dayroom in each. There is one pod which has only two cells and can be utilized to isolate four inmates. This floor has two outdoor recreation areas adjacent to the housing units.

The South Annex has 73 cameras throughout the building. There are twelve cameras on the first floor, seventeen on the second floor and fifteen on the third and fourth floors. The cameras increase the sight lines and are monitored by the control centers. There are two cameras on the recreation yards ten cameras in the lobby and two in the attorney lobby. The staffing for housing units on the second, third and fourth floors is 3 posts on the floor and one post in each central control.

North Annex

The North Annex was constructed in 1992 and remodeled in 2003. The original design capacity was 1140 inmates and now has an operational capacity of 1728. The basement floor is a holding area for inmates moving from one building to another or when attending court. The area consists of holding cells, interview rooms and has separate corridors for staff and inmates.

The first floor has two main sections. The first section has staff dining, staff lockers, the control center, mechanical rooms, and several offices. The second section has court services with two courtrooms, interview rooms and several offices. There are no inmates allowed into the first section utilized for staff. Inmates are escorted to the court services section.

There is one housing unit on the second, third, fourth and fifth floors. The construction design is similar to the Main Jail which has an elevated security station in the center with control of the six pods. These pods are open bay housing units holding 72 bunks. The lower level of each pod has an open area with tables. The stacked bunks are along the back walls and mirrors the upper level of the pod. There are community toilets and showers. The toilets have dividers decreasing the visibility in the area. All showers had curtains allowing for privacy when showering. The lines of sight from the security station into each pod are augmented by updated cameras. The showers and toilet areas are visible for security purposes but allow for privacy for the inmates. Each floor has a gymnasium, inmate service area and offices.

All inmates assigned the North Annex are male inmates with lower security classifications. Inmates are assigned to the units based on minimum, protective custody, workers or gang drop outs. Cameras are located through the North Annex with a total of 112. The basement level has 8; lobby has 3 with the remaining area on the first floor having 23. The second floor has 17 cameras, third floor has 18, fourth floor has 21 and the fifth floor has 20. There are two cameras on the roof. Cameras are in each pod in the housing units with monitors in the security stations. Other cameras are located in the hallways and provide increased visibility to areas.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	2
Number of standards met:	43
Number of standards not met:	0

The FCSO exceeded two standards, 115.32 and 115.65, and met 32 standards. FCSO had nine standards found to be non-compliant; 115.15, 115.17, 115.33, 115.34, 115.41, 115.53, 115.71, 115.73, 115.86. The FCSO PCM and the audit team agreed to work together to establish proper protocol to bring the standards into compliance. The FCSO was eager to work on the plan and at the time of this writing had already begun steps towards compliance. While the audit team was onsite, the PCM and the audit team discussed in detail the corrective action. A CAP (Corrective Action Plan) was developed by the audit team and sent to the PCM shortly after the onsite visit concluded. Throughout the corrective action period the Lead Auditor and the PCM maintained regular contact. During this time the PCM submitted verification documentation to meet the requirements of corrective action. On April 12, 2021 the Lead Auditor conducted a half-day site visit to the Fresno County Sheriff's Department to verify corrective action had been completed and institutionalized. Documentation and verification received during the corrective action period included:

- Standard 115.15 - Limits to cross gender viewing and searches:
 - Updated CORE Academy Training that included skills training and reinforcement of the need for all staff to announce their presence when entering a housing area that includes inmates of the opposite gender.
 - Acknowledgements that the PCM held briefings with Sergeant personnel to be aware and pay attention to cross gender announcements being made by staff.
 - Memo (email) to all staff discussing the importance of an reasoning behind making cross gender announcements.
- Standard 115.17 - Hiring and promotional decisions:
 - PREA Background and Evaluation Form
 - POST (Peace Officers Standards and Training) form 2-251 - Personal History Statement
 - PREA Promotional Form
 - Discussion with PCM and Personnel Lieutenant on how the forms are being implemented in the hiring and promotional decisions. Further discussion of the 3-panel promotional process.
- Standard 115.33 - Inmate education
 - Regular updates on the progress being made with implementing the closed-circuit television system,
 - Discussion of alternative solutions to meet this standard while new technology and inmate

- telephone contract being negotiated and finalized.
 - Development of the utilization of light duty personnel to provide comprehensive inmate education on a 1:1 basis within 30 days of an inmate's arrival at the facility.
 - Interview with light duty personnel
 - Updated PREA posters
 - Updated *Inmate Orientation Handbook*
- Standard 115.34 - Specialized training - Investigators
- Standard 115.71 - Criminal and administrative agency investigations
 - POST Specialized Investigators' Basic Course Learning Domain 04 - Victimology/Crisis Intervention
 - POST Specialized Investigators' Basic Course Learning Domain 10 - Sex Crimes
 - POST Specialized Investigators' Basic Course Learning Domain 15 - Laws of Arrest
 - POST Specialized Investigators' Basic Course Learning Domain 30 - Crime Scenes, Evidence and Forensics
 - Review of Policy D-360 and 1000 to ensure appropriate language requiring specialized training is met
 - Review of Learning Domains and the PREA CORE Academy curriculum to ensure the specialized training for investigators requirements were met.
- Standard 115.41 - Screening for risk of victimization and abusiveness
 - Interview with PCM and Light Duty Personnel to discuss process for ensuring reassessments were being conducted within 30 days and that the reassessments were being conducted face to face.
 - List of inmates booked into the FCSO within the last week and list of inmates in FCSO longer than 30 days
 - Electronic database showing inmate's need for the 30 day reassessment, date of reassessment, any new information identified and action taken with the newly identified information if necessary.
- Standard 115.53 - Victim advocacy
 - Updated PREA posters and *Inmate Orientation Handbook* providing a mailing address to the Rape Counseling Services of Fresno
 - Documentation verbally and through email of efforts made by the PCM to execute the MOU agreement for confidential emotional support services for the inmates.
- Standard 115.73 - Reporting to inmates
 - Documentation of the continued practice of informing inmate of the outcome of their allegation and the subsequent investigation
- 115.86 - Incident reviews
 - FCSO Incident Review Checklist
 - Verbal discussion on the process of conducting incident reviews within 30 days of the investigation being completed, and maintaining the incident review in the investigative files.
 - Completed Incident Review forms

The FCSO was able to show compliance in all nine standards requiring corrective action. A significant amount of work was performed to bring the FCSO into full compliance. The audit team was appreciative of the regular communication with the PCM and the questions and clarification seeking the PREA Coordinator and PCM did during the corrective action phase.

Shortly after the onsite portion of this audit was conducted the Lead Auditor was diagnosed with a significant medical condition requiring several months of treatment. The audit team is greatly appreciative of the patience the FCSO had with the audit team in completing the final report, and their flexibility in

meeting and discussing progress being made in the corrective action phase.

Based on the documentation provided, the numerous communications verbally and via email, the FCSO is found in full compliance with this audit exceeding two standards and meeting the remaining 41 standards.

Standards

Auditor Overall Determination Definitions

- 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

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 - Sexual Misconduct and Sexual Abuse</p> <p>FCSO Form A-105B - Jail Division Collateral Duties and Assignments</p> <p>FCSO Form A-105A - Jail Division Organizational Chart</p> <p>FCSO Jail Division Mission Statement</p> <p>FCSO PREA Posters</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Random Inmates</p> <p>Findings:</p> <p>(a) The first page of the FCSO Policy D-360 - Sexual Misconduct and Abuse states the FCSO shall maintain a zero-tolerance for inmate-on-inmate sexual assault and staff sexual abuse, sexual misconduct, and sexual harassment towards inmates. Section I (A, B, C) of policy D-360 outlines the FCSO approach to prevention, detection and response of sexual abuse and sexual harassment. Specifically, the policy discusses the responsibility to intervene whenever knowledge of abuse or harassment is or has occurred, the importance of risk screening, and providing appropriate housing and timely access to medical and mental health care. The policy discusses mechanisms for reporting, investigations of reports and access to victim advocates. Pages 5-32 of policy D-360 operationalizes the overall prevention, detection, and response protocol discussed in Section I, including sanctions for those found to have participated in prohibited behaviors. Interviews with staff and inmates indicated knowledge and understanding of the FCSO's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>(b)(c) A review of the FCSO organization chart shows the PREA Coordinator and PREA Compliance Manager (PCM) are upper level management positions within the department. The FCSO Jail Division Collateral Duties and Assignments list was reviewed and the PCM has collateral duties that complement the PREA duties and responsibilities, including processing inmate grievances, and compliance. The PCM works closely with the PREA Coordinator to make informed policy changes, modifications and implement these changes. The three buildings which encompass the jail division within the FCSO, has one Lieutenant level PREA Coordinator assigned and one Sergeant level PREA Compliance Manager assigned, whose day-to-day operations involve PREA compliance. Both the PREA Coordinator and PCM</p>

indicated they have sufficient time and authority to manage PREA. The PREA Coordinator (Lieutenant) reports to a Captain, who reports to the Assistant Sheriff. The PCM Sergeant reports to the PREA Coordinator.

Conclusion:

Provisions (a)(b)(c) were documented in the FCSO policy D-360, organization charts, and confirmed through staff and inmate interviews. The FCSO is found compliant with standard 115.11.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Pre Audit Questionnaire (PAQ)</p> <p>Fresno County Intergovernmental Agency Marshal Contract with the U.S. Marshal Service</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>The FCSO does not contract with other agencies, public or private for the confinement of their inmates. However, the FCSO does contract with the U.S. Marshal Service (USMS), Agreement Number 97-02-0015, for the confinement of USMS, Federal Bureau of Prison (BOP) or ICE detainees. The contract is for up to 150 beds for both male and female detainees. Page 9 of the agreement requires the facility must post the Prison Rape Elimination Act brochure/bulletin in each housing unit of the Facility, and the Facility must abide by all relevant PREA regulations.</p> <p>Conclusion:</p> <p>The FCSO does not contract with other agencies for the confinement of their inmates. Therefore, provisions (a)(b) are not applicable.</p>

115.13	Supervision and monitoring
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Document Review:</p> <p>FCSO Pre Audit Questionnaire</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Policy 1002 Special Assignments and Promotions</p> <p>FCSO D-320 Documented Intermittent Visual Security Checks and the Safety Check System</p> <p>Vulnerability Assessments</p> <p>Interviews:</p> <p>Administrator</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Findings:</p> <p>(a) The agency produced a staffing plan for coverage in all three buildings. Staffing is organized for each building considering the physical plant including type of housing units, security level of the inmate population and electronic surveillance (cameras) in the areas. Staff rosters were produced as part of the PAQ and interviews with PREA Compliance Manager, Administrator and random staff interviews confirmed the staff plan. FCSO policy D-360 IV(B)(4), requires an annual vulnerability assessment of each building. Staff and monitoring systems are assessed for adjustments. These assessments were completed in January 2020 and were provided during the onsite phase of the audit.</p> <p>During the onsite phase of the audit, auditors observed the staffing on the housing units.</p> <p style="padding-left: 40px;">North Annex – Five posts on the housing unit floor and one control center post</p> <p style="padding-left: 40px;">Main Jail – Four posts on the housing unit floor and one control center post</p> <p style="padding-left: 40px;">South Annex – Three posts on the housing unit floor and one control center post</p> <p style="padding-left: 40px;">Main Jail Infirmary – Two posts on the floor</p> <p>There are 263 cameras in the three buildings. The north annex has 112, the mail jail has 78 and the south annex has 73 cameras. There are no judicial findings, federal investigations, or findings from internal or external oversight bodies.</p> <p>(b) The agency has established minimum staffing which is maintained and if vacancies or staff illness occur, they are filled by overtime shifts, as necessary. There have not been any circumstances where the staffing plan was not complied with. Interviews with administrator,</p>	

supervisors and random staff validate the staffing plan is covered.

(c) FCSO policy D-360 IV(B)(4) requires an annual vulnerability assessment of each building. This assessment is conducted by the PREA Compliance Manager and discussed by the administrative team. An assessment of each building was completed in January 2020.

(d) FCSO policy D-360 III(C) requires a sergeant to conduct and document unannounced rounds on all shifts. These checks are documented in the Safety Check System. FCSO D-320 documented Intermittent Visual Security Check and the Safety Check System. Section X, A 1-3 also require the unannounced supervisory rounds. The Safety Check System documents all rounds for staff, supervisors, and administrators. Records were provided from the system which documented all rounds made in each housing unit. These records produce a time stamped record of all activity occurring on the floor.

Conclusion:

Provisions (a)(b)(c)(d) were documented in policies, observation, and staffing rosters. The process was confirmed through interviews with Administrator, PREA Compliance Manager and random staff interviews. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Pre Audit Questionnaire</p> <p>FCSO Policy D-120 - Juvenile Inmates</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Facility Captain</p> <p>Findings:</p> <p>Policy D-120 - Juvenile Inmates establishes a consistent method for handling inmates who are identified or suspected of being juvenile. The policy states the FCSO Jail Division does not accept juveniles charged with a crime for booking fingerprinting, photographing, or housing.</p> <p>Conclusion:</p> <p>Provisions (a)(b)(c) are not applicable since it is policy and practice that the FCSO does not house juvenile offenders in its jail.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Policy D-240 Searches</p> <p>Training Records</p> <p>Lesson Plans PREA CORE Academy Training</p> <p>Updated Lesson Plans for the PREA CORE Academy Training</p> <p>Interviews:</p> <p>Administrator</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Medical/Mental Staff</p> <p>Random Inmates</p> <p>Targeted Inmates</p> <p>Findings:</p> <p>115.15 (a) FCSO defines in policy D-240, IV(B) that cross-gender strip searches or cross-gender body cavity searches are prohibited except in exigent circumstances or when performed by medical practitioners. This practice was confirmed during interviews with the Administrator, PREA Compliance Manager and staff interviews. Cross gender searches are not performed and there was no documentation available demonstrating exigent circumstances. Interviews with medical staff also confirm there have not been any body cavity searches performed at the facility. Staffing patterns indicated both gender staff are on duty and available especially in the booking area where most strip searches are performed.</p> <p>(b) FCSO defines in policy D-240, IX(C) that body inspection of clothed female inmates shall be conducted by female correctional officers only, except in emergency situations requiring the immediate search of female inmates to avoid the threat of death, escape or great bodily injury. Male correctional officers shall not, under any circumstances perform non-emergency body searches of female inmates. The policy implementation is documented by staff interviews.</p> <p>(c) There is no documentation available for review of cross-gender strip searches of cross-gender visual body cavity searches since none were performed. Interviews with staff and inmates confirm searches are performed by the same gender and cross-gender searches and</p>

visual body cavity searches are not conducted.

(d) Agency policy D-360, III(D) states inmates are able to shower, perform bodily functions and change clothing without 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. Interviews with staff confirm their understanding of the policy and appropriate shower curtains and toilet barriers were present in housing areas of the facility. During the onsite phase, all areas except for the COVID isolation housing units were visited. Auditors observed from the control centers and housing units for lines of sight and camera visibility. Even though there are areas at FCSO which have an old physical plant, there were few areas with blind spots. FCSO has maximized the use of barriers to provide as much privacy as possible while assuring the safety and security of the inmates. The new addition of the west facility will further reduce the use of the areas in the south annex. Interviews with inmates confirmed their belief that staff are respectful and try to provide adequate privacy for showering and perform other bodily functions. The inmates voiced their responsibility to assure they are equally considerate of staff.

This standard also requires the announcement of opposite gender staff when entering a housing unit. During the last audit, corrective action was taken since FCSO policy required only male staff to announce their presence in female housing units. The policy was changed and D-360, III(D)(1) requires all staff of the opposite biological sex shall announce their presence when entering the housing unit. The announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes. Interviews with inmates confirmed the practice of announcements is inconsistent especially with female staff entering male housing units. The female inmate interviews demonstrated the announcement by male staff was more consistent and routinely happened. While the policy has been changed and meets the expectation in the standard, close monitoring by supervisory staff needs to be done to assure full compliance with opposite gender staff announcements are being made.

(e) FCSO routinely conducts strip searches as part of the booking process and when there is reasonable suspicion of concealment of narcotics, drug paraphernalia, weapons or escape devices. Gender identification is not a reason for a strip search. Interviews with Administrator, supervisory staff, PREA Compliance Manager and staff confirm strip searches are not completed to determine the genital status of a transgender or intersex inmate. Interviews with targeted and random inmates confirm strip searches are performed during the booking process. There were no reports of strip searches being completed for the purpose of genital status.

(f) FCSO trains all staff on how to conduct searches of inmates. The training includes how to conduct all searches in a professional and respectful manner with the least intrusive manner possible. All searches are conducted with security needs in mind. There was no documentation of cross-gender pat-down searches being conducted. Given the staffing at FCSO, it would be a rare occurrence. Interviews with staff and inmates confirm pat-down searches are completed by same gender staff members and done in a respectful and professional manner.

Conclusion:

Provisions (a)(b)(c)(e)(f) are documented in the FCSO policy. The process was confirmed

through interviews with Administrator, PREA Compliance Manager, staff and inmate interviews, training records and observations during the onsite phase of the audit. Provision (d) announcements by opposite gender staff are not made consistently in all housing units. The necessary corrective action was taken by the FCSO to bring provision (d) into compliance. Based upon the review and analysis of all available evidence, FCSO has not met full compliance with standard 115.15.

Corrective Action:

Provision (d) announcements by opposite gender staff are not made consistently. There is no policy changes is required, however staff training needs to be reinforced as the importance of consistent announcements by opposite gender staff. In order to be compliant, FCSO will have to show training records that demonstrate the policy was reviewed and staff understand their obligation for consistent announcements when entering housing units.

Summary of Corrective Action:

During the corrective action period, the PREA CORE Academy Training, which is required annually for custody staff, was updated and a information specific to cross gender announcements was added. This training occurs during the first quarter of each year, and in 2021 the updated format (PowerPoint) was utilized for the training. Further, the PCM has empowered his supervisors to reinforce and continuously brief staff on the importance of all staff making gender announcements when entering a housing area where inmates of the opposite gender are housed. All supervisors received a written briefing from the PCM indicating the requirement of cross gender announcements and an advisement of the policy specific to cross gender announcements being included in the *Inmate Orientation Handbook*. Finally, the PCM conducts routine supervisory visits to all housing units and is actively monitoring to ensure cross gender announcements are being made.

Based on the information provided and verified during the corrective action period, the FCSO is found to be in full compliance with standard 115.15.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Pre Audit Questionnaire</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Policy G-150 Developmentally Disabled Inmates</p> <p>Settlement Agreement between the Prison Law Office (PLO) and the FCSO, Case 1:11-cv-02047-LJO-BAM</p> <p>WellPath Corporate Policy RI200-30 - Prison Rape Elimination Act (PREA) for WellPath Recovery Solutions Facilities</p> <p>Inmate Orientation Handbook</p> <p>Use of the Ubi Duo Machine</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>FCSO ADA Coordinator</p> <p>WellPath Medical and Mental Health Staff</p> <p>Targeted Inmates</p> <p>Staff (Bilingual)</p> <p>Findings:</p> <p>(a) The FCSO Policy D-360, Sexual Misconduct and Abuse, page 9, Section VI (a)(2) states that appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired, or otherwise disabled as well as to inmates who have limited reading skills. The policy requires the booking officer to notify the FCSO ADA Coordinator if needed. The WellPath Corporate Policy RI200-30 PREA For WellPath Recovery Solutions Facilities section 5.5.1 states WellPath Recovery Solutions ensure that all of its facilities provide written materials to every resident in a facility or program in formats or through methods that ensure effective communication with residents with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Inmate PREA Posters were posted throughout the facility, in every housing unit and every area where an inmate has access, in English, Spanish and Hmong. On page 16 of the PLO settlement agreement, identifying information for inmates with disabilities is required to be included in Offendertrak, the FCSO inmate database. Page 17 of the settlement agreement stated the inmate handbook shall be revised to include information regarding the "Americans with Disabilities Act", "Disabilities" and how to request "Reasonable Accommodations." FCSO</p>

Policy G-150 requires medical staff to contact the local Regional Center within 24 hours when an inmate is suspected or confirmed to be developmentally disabled.

(b) The FCSO maintains a bilingual staff list that outlines staff who can read, write, and speak the two most utilized alternate languages spoken in the jails; Spanish and Hmong. Additionally, every inmate is provided an inmate handbook, and although the television system was undergoing refurbishment during the onsite phase of the audit, a PREA video is shown at regular intervals in English and Spanish with sub titles and closed captioning. During a targeted interview with a deaf inmate the Ubi Duo was used. This device allows communication between two individuals via a small screen and a keyboard. Although it requires some typing skills the product was easy to use by the auditor and the inmate. The FCSO also had readily available TTY machines throughout the various buildings and in the medical area.

(c) The FCSO does not utilize inmate interpreters and has had no instances of inmate interpreters being utilized in the past 12 months. Staff interviews indicated they were aware of and had direct access to the FCSO ADA Coordinator. During the onsite phase of the audit the auditors witnessed occasion when the ADA Coordinator was solicited, and the response time was immediate.

Conclusion:

Provisions (a)(b)(c) were documented in policy, through staff and inmate interviews and by observation of PREA signage and documentation. Based on the review and analysis of the available evidence the FCSO is found in compliance with standard 115.16.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Fresno County Personnel Rules</p> <p>FCSO Policy 1000 Recruitment and Selection</p> <p>FCSO Policy 1002 Special Assignments and Promotions</p> <p>Background Investigation Checklist</p> <p>FCSO Policy Acknowledgement for Policy D-360 Sexual Misconduct and Abuse</p> <p>POST (Peace Officers Standards and Training) form 2-251 - Personal History Statement</p> <p>PREA Background and Evaluation Form</p> <p>PREA Promotional Form</p> <p>Interviews:</p> <p>Human Resources Lieutenant</p> <p>PREA Compliance Manager</p> <p>Director, Inmate Services</p> <p>Findings:</p> <p>(a) The County of Fresno has a well established hiring process for all departments within the county as evidenced by the Fresno County Personnel Rules. The FCSO has an application process that begins on-line with a general Fresno County employment application. Applicants are required to create an account and complete the application. The next phase is an application for FCSO designation. The Human Resources Lieutenant indicated all applicants are put through an extensive background process. This includes the LiveScan Process that checks for FBI records, and DOJ records. POST form 2-251, Personal History Statement is required of all applicants. If an applicant is found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, or 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, or has been civilly or administratively adjudicated to have engaged in the above activities, the background process would cease and the applicant would be deemed ineligible to proceed in the hiring process. For the promotional process, a review of FCSO Policy 1002 discusses the guidelines for promotions. The policy states on page 1, section 10021.1(c), lists eight conditions considered in evaluating employees for promotion and transfer, has two that are pertinent to sexual safety include "sound judgement and</p>

decision-making" and "personal integrity and ethical conduct". A three person panel is executed for the promotional process which includes a review of the potential promotee's career path.

(b) A criminal history background is completed for any applicant, contractor or volunteer who will have contact with inmates in the FCSO. Interviews with the Human Resources Lieutenant and the Director, Inmate Services indicated the consideration of PREA violations during the background and screening process, respectively, however the language was not included in policy 1000. During the corrective action period it was learned that POST form 2-251 is utilized during the background which does consider any incidents of sexual nature in the hiring process. Additionally, the FCSO utilizes a three panel review team as part of their promotional process. The HR Lieutenant and PCM discussed the panel is chosen based on the position being considered, and that only supervisors are assigned to the panel. The panel members are provided with the potential promotee's personnel file, a summary of their career which includes all positions worked, commendations, discipline, and all previous personnel evaluations. Collectively this information is discussed among the three panel members and taken into consideration during the promotional process.

(c) A thorough background check is conducted on every applicant being considered for employment with the FCSO. The Background Investigation Checklist provides a Document inventory that includes the date the document was confirmed, and the initials of the background investigator. The document inventory includes confirmation the employment application was reviewed, the waiver form to contact previous employers and or other references is signed and notarized, the LiveScan conducted, Law Enforcement Agency Checks were completed, and a review of the applicant's credit report. A reference check verification is included that indicates the type of contact when the email or letter was sent, a response received, and any additional actions taken to confirm the applicant is appropriate for employment. Two background files were reviewed with the Human Resources Lieutenant. Each Background Investigation Checklist was completed with necessary details, including an "N/A" when items were not applicable, such as military service verification or selective service verification.

(d) A criminal history background check includes the National Crime Information Center (NCIC) and the California Law Enforcement Telecommunications System (CLETS) reviews for every volunteer and contractor who may have contact with inmates. This process was discussed and confirmed with the Director, Inmate Services, as well as during volunteer and contractor interviews.

(e) The FCSO policy D-360, page 14, section XI (D)(2) states failure of employees to report incidents will result in corrective and/or disciplinary action. In discussion with the Human Resources Lieutenant indicated if an employee was arrested, the FCSO would be notified by the arresting agency. The notification system works well for any arrest in California, however out of state arrests may not be trigger a notification to the FCSO. It was discussed as a recommendation that a question be asked or discussed at the annual evaluation process of employees to affirm if there have been any PREA violations within the review period. The newly created PREA Background and Evaluation form, now required during the performance evaluation process, coupled with the NCIC and CLETS notifications satisfies the requirements of this provision.

(f) Employment with the FCSO begins with an online application. The employment application

was not available without creating an applicant account. In discussion with the Human Resources Lieutenant, applicants and employees who may have contact with inmates are not directly asked about their previous misconduct included in provision (a) of this standard. During the corrective action period, POST form 2-251 was submitted to the auditor. This is the second phase of the employment process with the Fresno County Sheriff's Office. This form does ask the applicant about previous misconduct related to sexual abuse consistent with provision (a) of this standard. Further, the HR Lieutenant submitted a new form "PREA Background and Evaluation" that asks the questions from provision (a) of this standard, requires the applicant to print and sign their name, provide a DOB, social security number, identify their sex, race, job title and work location.

(g) Policy 1000 Recruitment and Selection was reviewed for language stating material omissions regarding misconduct or the provision of materially false information are grounds for termination. Section 1000.6 of the policy indicates disqualification guidelines, however it does not include language related to material omissions or false information being grounds for termination. However, policy D-360, page 27, section XXIII(d) does discuss material omissions. The newly created "PREA Background and Evaluation" form indicates "Omissions regarding such misconduct or providing false information shall be grounds for termination."

(h) FCSO Policy D-360 Sexual Misconduct and Abuse, page 15, Section XI(D)(1) states 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 law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. The Human Resource Lieutenant confirmed this process.

Conclusion:

After careful review of all relevant policies, documents, and through interviews with the Director, Inmate Services, the Human Resources Lieutenant, and the PCM, provisions (c)(d)(e)(h) of this standard are met. Provisions (a)(b)(f)(g) require corrective action. This standard focuses on the hiring and promotional process within the FCSO. Language in Policy D-360, Sexual Misconduct and Abuse is targeted toward individuals who have already been hired by the FCSO. Page 1 of the policy states "this policy applies to all inmates and persons employed by the Fresno County Sheriff's Office, including volunteers and independent contractors."

Corrective Action:

(a) Add language to Policy 1002 - Special Assignments and Promotions that indicates the agency will not promote anyone who meets the criteria in this provision of the standard.

(b) Add language to Policy 1000 - Recruitment and Selection that includes FCSO volunteers and contractor's recruitment and selection process, or provide current policy for the recruitment and selection of contractors and volunteers.

Indicate in policy that the FCSO shall consider any incidents or sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who many have contact with inmates.

(b) Add language to the Background Investigation Checklist that confirms violations of the Prison Rape Elimination Act (PREA) were considered for hiring of applicants for employment with the FCSO. Additionally, add language to the contractor, or volunteer selection process

that affirms any PREA violations were considered prior to enlisting their services.

(f) Add language to the employment application and the performance evaluation process that affirmatively asks the applicant and or employee the following: 1) In the past (or during this performance rating period), have you engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution? (indicate that sexual abuse in a correctional setting includes sexual acts with or without the consent of the inmate, detainee, resident, or individual in confinement). 2) in the past (or during this performance rating period) have you 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? 3) In the past (or during this performance rating period) have you been civilly or administratively adjudicated of engaging 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.

(g) Add language to Policy 1000 Recruitment and selection, under section 1000.6 that indicates material omissions such as misconduct, or the provision of materially false information are grounds for disqualification. Additionally, add language on page 15, section XI(c) that indicates material omissions such as misconduct, or the provision of materially false information are grounds for termination.

Summary of Corrective Action:

The FCSO PCM and Human Resources Lieutenant worked closely with the Lead Auditor during the corrective action period in an effort to bring this standard into compliance. The POST form 2-251 - Personal History Statement, utilized during the background investigative process asks questions and requires disclosure by the applicant about previous sexual abuse behaviors, any legal involvement, and the understanding that material omissions are reason for not continuing in the applicant process.

The PREA Background and Evaluation Form and PREA Promotional Form were created, and implementation of the forms will be used during the background process and during annual performance evaluations, and during the promotional process. The form indicates in compliance with standard 115.17, the questions consistent with provision (a) of this standard are asked and the applicant/employee verification is by signature and witness (either an HR representative or designee). The form also indicates omissions regarding misconduct or providing false information shall be grounds for termination.

The policy language recommended is covered in FCSO Policy D-360, POST Form 2-251, and the newly created PREA Background and Evaluation Form and PREA Promotional Form. Based on the information provided during the corrective action period, provisions (a)(b)(c)(d)(e)(f)(g)(h) of standard 115.17 have been met by the FCSO.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>Camera Installation plan</p> <p>Interviews:</p> <p>Administrator</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>(a) FCSO is constructing an addition to the jail complex. The West Annex will open in early 2021 and has implemented several design features for improved compliance with PREA provisions. Sight lines throughout the building were considered in placement of stairs, showers, and inmate spaces. One example was the use of the headboard on the bunk to reduce the visibility of the toilet area. When this building is opened, most inmates currently housed in the South Annex will be moved. The laundry and some services will remain on the basement level in the South Annex. During the onsite phase, the audit team toured the building to provide an understanding of how the construction design will impact the jail complex.</p> <p>(b) The electronic surveillance system has been upgraded in several locations throughout the jail complex. Cameras have been installed in the North Annex building control centers providing for increased visibility into the open dormitory housing units. There are 263 cameras throughout the jail complex. The North Annex has 112 cameras located in the basement, lobby, all floors and on the roof. The Main Jail has 78 cameras located in the basement, lobby, all floors, and the yard. The South Annex has 73 cameras located on the 4 floors, yard, M street lobby and Attorney lobby.</p> <p>Conclusion:</p> <p>Provisions (a)(b) were demonstrated during the onsite phase tour and review of the electronic surveillance system. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.18</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Pre Audit Questionnaire</p> <p>Investigation Files</p> <p>Wellpath Electronic Medical Records (ERMA)</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Medical and Mental Health Staff</p> <p>Random Staff Interviews</p> <p>Findings:</p> <p>(a) FCSO Policy D-360 XVI,D requires the investigators to gather and preserve evidence and interview alleged victim, suspect and witnesses. If forensic medical examination is required, FCSO jail staff will notify trained street deputies who respond and accompany the inmate to the hospital. The street deputy would be responsible to assure criminal prosecutions is considered. Investigative reports contained documentation of occurrence when street deputies were involved in cases. The PREA Compliance Manager and random staff interviews confirmed the response of street deputies to the jail.</p> <p>(b) This provision is not applicable since FCSO does not house youthful inmates.</p> <p>(c) FCSO and Wellpath policy on response to sexual abuse require all forensic medical examinations to be conducted through the local Fresno General Hospital. Health records validate inmates are taken to local hospitals at no cost to the inmate when necessary for the examinations. Records were reviewed that demonstrated they were received by the facility after the examination was completed by the hospital.</p> <p>(d)(e) The local hospital has SANE services available and understand the dynamics of forensic examinations. Victim advocacy services are provided on-site by mental health staff and were noted on hospital records as available.</p> <p>(f)(h) These provisions are not applicable since criminal investigations are conducted by FCSO.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d)(e) were documented in FCSO and Wellpath policy, investigation files and medical records, The process was confirmed through interviews with medical and mental</p>

health staff, PREA Compliance Manager and random staff. Provisions (f)(h) are not applicable since criminal investigations are conducted by FCSO. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.21.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Pre Audit Questionnaire</p> <p>PREA Allegation Tracker</p> <p>Investigative Files</p> <p>Fresno County Sheriff's Office website</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Investigative Staff</p> <p>Findings:</p> <p>(a) The FCSO is responsible for conducting both administrative and criminal investigations. Policy D-360 Sexual Misconduct and Abuse states on page 1 it is the policy of the Fresno County Sheriff's Office to thoroughly investigate every allegation of sexual abuse, and where warranted by evidence, proportional sanctions, up to and including criminal prosecution are implemented.</p> <p>(b) Policy D-360, Page 6, section IV discusses the responsibility of the PCM to review all allegations and determine which allegations fall within the definition of sexual abuse or sexual misconduct, and forward those allegations for investigation, as appropriate. The PCM confirmed this practice and keeps a tracker of all allegations of PREA violations that are made. In the past 12-months, 31 allegations were made. Page 13, section VIII (C) indicates that if upon intake screening it is reported that prior sexual victimization occurred in a FCSO facility, the PCM will be responsible to determine if enough information is available to make a referral for administrative or criminal investigation. The FCSO website www.fresnosheriff.org contains PREA information including Policy D-360 Sexual Misconduct and Abuse, the annual PREA report, and how to report sexual abuse and sexual harassment. the website also includes information indicating allegations may be referred for criminal prosecution.</p> <p>(c) This provision is not applicable since the FCSO conducts administrative and criminal investigations.</p> <p>Conclusions:</p> <p>Provisions (a) and (b) were documented by policy, staff interviews, and a review of investigative files cross walked with the PREA Allegation Tracker. Provision (c) was not applicable to the FCSO. Based upon the review and analysis of all available evidence, the FCSO is found in compliance with standard 115.22.</p>



115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Training Lesson Plans</p> <p>Training Records</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Training Academy Staff</p> <p>Random Staff Interviews</p> <p>Findings:</p> <p>(a) FCSO policy D-360 III, A requires all staff to be trained to recognize the signs of sexual abuse and sexual harassment and understand their responsibilities in the detection, prevention, response and reporting of an alleged sexual abuse or sexual harassment. The training program is comprehensive and provided to new employees and annual training for all staff. The training curriculum has several components including all phases of sexual safety. The audit team reviewed the curriculum and collectively it covers the agency's zero tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the inmate's and employee's right to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming (GNC) individuals, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>Staff review the policy, brochure, and work with the training mentor to understand PREA. During the training academy, in addition to PREA, there are several classes such as Professionalism and Ethics, Communicating with co-workers and Professional Boundaries which all reinforce the importance of PREA. Other strategies utilized to assure staff understand the policy is a fill in the blank questionnaire and scenarios involving PREA topics. Staff complete a PREA Post test after training.</p> <p>Interviews with training instructors, administrator, PREA Compliance Manager and staff interviews confirm the training program. Interviews with newly hired staff confirm they received training during Phase two of the JTO which could be two months after their start</p>

date. Phases of JTO continue until new employees attend the training academy. Training academy staff and PREA Compliance Manager confirmed PREA is included in Phase two of JTO.

(b) FCSO houses both male and female inmates. The training curriculum addresses PREA related gender and LGBTI issues and all employees attend the training.

(c) FCSO Policy D-360, V. A, requires all employees who have contact with inmates to be trained on PREA including zero tolerance and instruction related to the prevention, detection, reporting and response to inmate sexual abuse. The policy requires training to be included during new employee orientation and included in the curriculum of the Correctional Training Academy (CORE Academy Training). Employees are required to have a refresher training every two years. Additionally, between the two-year refresher training, employees receive information on current sexual abuse and sexual harassment policies. Training was documented by the audit team through training sign in sheets that contained numerous employees. The sign in sheets documented names and positions. Interviews with training academy staff and random staff interviews confirmed they attended the training.

(d) Employee training is documented through signatures on training attendance roster, policy acknowledgement statement and post training test.

Recommendation to move PREA training to JTO Phase One

Conclusions:

Provisions (a)(b)(c)(d) were documented in FCSO Policy, training curriculum and training records. Interviews with PREA Compliance Manager, training academy staff and random staff validate the training program. Based upon the review and analysis of all evidence, FCSO is found in compliance with standard 115.31.

Recommendation: The JTO program is a valuable component of the comprehensive training program. Currently, PREA information is included in Phase Two. Consideration should be given to moving this information into Phase One.

115.32 Volunteer and contractor training

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Document Review:

FCSO Pre Audit Questionnaire

Policy D-360 Sexual Misconduct and Abuse

FCSO Policy Acknowledgement for Policy D-360

Volunteer and Contractor PREA Training - PRE and POST Test

Training Rosters for Volunteers and Contractors

Files for Volunteers and Contractors

PREA Familiarization Course

PREA Familiarization Course Activity

Interviews:

PREA Compliance Manager

FCSO Training Team

FCSO Contractors & Volunteers

Findings:

(a)(b)(c) The FCSO provides all volunteers and contractors with an initial PREA training. This training is conducted prior to any contact with inmates. The training is provided by the PREA Compliance Manager. During the initial training, volunteers and contractors are provided with a power point presentation and overview of the Prison Rape Elimination Act, and their responsibilities under the FCSO zero-tolerance policy. The volunteers and contractors sign the "Policy Acknowledgement" form that accompanies FCSO Policy D-360. The first page of policy D-360 indicates it is applicable to volunteers and contractors. The training also includes a PRE-POST test model that includes 13 questions relating to PREA. The questions are as follows:

1. PREA stands for: _____.

2. An officer cannot be criminally charged if an inmate CONSENTS to a sexual act with the officer? True or False

3. Any verbal, physical or offensive conduct of a sexual nature by a Department employee, contractor, or volunteer directed toward an inmate is considered _____

4. PREA establishes a _____ tolerance policy on prison rape.

5. Name three "Red Flags" of Staff-Inmate sexual misconduct: 1) 2) 3)
6. People who are the victim of sexual assault while incarcerated are more likely to commit sexual assault when released? True/False
7. Which inmates are more likely to report sexual victimization? Male/Female
8. The _____ Amendment addresses protection from cruel and unusual punishment?
9. List three characteristics of a victim of inmate on inmate sexual assault 1) 2) 3)
10. The attitudes, beliefs, traditions, prejudices, personalities and ethics of an institution define the _____ of the institution.
11. In California, Correctional Officers (are/ are not) considered Mandatory Reporters?
12. List two common reactions or feelings of victims following sexual assault? 1.
2.
13. List two risks to the community of sexual abuse in custody 1) 2)

Training records of WellPath contract medical and mental health employees, probation volunteers, Alcoholics Anonymous, and religious volunteers were reviewed. Files of 22 volunteers and contractors were reviewed and files contained confirmation of training (roster), acknowledgement of the policy (PREA Acknowledgement Form), and an understanding via the Pre-Post test process. Finally, every two years the PCM provides a PREA familiarization (review) course. The policy is reviewed and participants are required to "fill in the blank" in 66 areas of a redacted version of Policy D-360, to ensure a full understanding of PREA.

Volunteers and contractors were interviewed and confirmed the training process.

Conclusions:

The FCSO provides a robust training for volunteers and contractors who have contact with inmates. Based on the documentation review, policy review and interviews with staff, volunteers the FCSO is found to exceed provisions (a)(b)(c) earning an exceeds standard for 115.32.

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Pre Audit Questionnaire</p> <p>PREA Posters - English, Spanish, Hmong</p> <p>Inmate Orientation Handbook</p> <p>Inmate Electronic Records</p> <p>Prison Law Office - Case 1:11-cv-02047-LJO-BAM</p> <p>PREA Acknowledgement Form</p> <p>Database showing verification of comprehensive inmate education</p> <p>Use of the Ubi Duo machine</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Intake Staff</p> <p>Random Inmates</p> <p>Light Duty Personnel</p> <p>Findings:</p> <p>(a) Policy D-360 Sexual Misconduct and Abuse, page 9, section VI(A) states that all inmates will be provided a copy of the <i>Inmate Orientation Handbook</i> during the intake process. The intake process was observed and as soon as the process starts, the inmates receive information explaining the FCSO zero-tolerance policy regarding sexual abuse and sexual harassment and are verbally told how to report. Once the verbal assessment questions are asked, the inmates are placed in a holding cell (based on preliminary information provided during the verbal assessment) where an officer meets with the inmate and provides them with the <i>Inmate Orientation Handbook</i>. In addition, PREA information is provided verbally, indicating the various ways to report, and that the information can also be found in the handbook as well as on the posters. A PREA poster posted in the cell which the officer references, and after the information is reviewed the inmate and officer sign the PREA Acknowledgement form stating the inmate received the information and understands the information. This process was observed by the audit team. All inmates except one indicated they had received PREA information at intake and signed a form acknowledging the information. For the one exception, he stated he couldn't remember receiving the information</p>	

and that he was extremely intoxicated when he arrived at the facility. His inmate file had a PREA Acknowledgement form. Upon learning the inmate stated he did not receive a copy of the *Inmate Orientation Handbook* the PCM had a handbook taken to the inmate immediately.

(b) Policy D-360, page 10, section VII(C) indicates an educational video will be provided to the inmates on a weekly basis in both English and Spanish. The policy also states and is confirmed that key PREA information is readily available and visible to the inmates through the handbook, posters, and via the video. On the first day of the onsite phase of the audit the PCM indicated the closed-circuit television system was undergoing an upgrade and the video was not shown. The upgrade was not completed by the conclusion of the onsite phase, therefore the auditors were not able to see the video. However, the audit team did see the televisions in each of the housing units, specialized housing areas (i.e., medical housing). The PCM confirmed the video that is shown is "PREA, what you need to know". During inmate interviews over half of the inmates recalled seeing the video and noted it is shown regularly.

(c) During inmate interviews over half of the inmates recalled seeing the video and noted it is shown regularly. However, due to the system upgrade, the FCSO was not able to show the video. It was discussed with the PCM the requirement of the comprehensive education being provided within 30 days and the need to have documentation the information was provided.

(d) Policy D-360 Sexual Misconduct and Abuse, section VI(2) acknowledges that appropriate provisions are made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The settlement agreement with the Prison Law Office (PLO) focuses on the rights of disabled persons. Page 15, section III(E) Notice and Effective Communication required the inmate handbook to be revised to include information regarding the "Americans with Disabilities Act," "Disabilities," and how to request "Reasonable Accommodations."

The settlement agreement also required the FCSO to assign an ADA Coordinator. The FCSO assigned a Lieutenant to the position and during the interview the coordinator provided duties and responsibilities associated with the requirements in the settlement agreement. During the interview we discussed the scope and practice for individuals who are sight and hearing impaired, LEP, or unable to read. The three primary languages, English, Spanish and Hmong have been translated for the PREA Posters. The FCSO employees Language Line Services and maintains a bilingual list of individuals employed by the department who can speak, read, and or write various languages. The FCSO has invested in Ubi Duo machines, which the audit team was able to utilize with a deaf inmate. TTY phones are readily available throughout the buildings, including the intake and medical area.

(e) The FCSO utilizes the Offendertrak system to track all inmate activity. The intake paperwork, PREA Acknowledgement, any grievance, discipline, or other activity (with the exception of confidential medical records) is maintained in the system. Inmate files revealed the PREA Acknowledgement form from intake, however acknowledgement of the 30-day comprehensive inmate education was not included as the comprehensive education is provided via a video on a weekly basis to ensure all inmates receive the information within (and more often) than 30 days.

(f) The FCSO provides key PREA information on their zero tolerance policy for sexual abuse and sexual harassment, key information on reporting, accessing confidential emotional support services, and how to access the ADA Coordinator. This information is provided

verbally, via posters, the inmate handbook.

Conclusions:

Provisions (a)(d)(f) are met via the intake process, the verification of processes put in place by the ADA Coordinator prompted by the PREA standards and the PLO settlement agreement, and the variety of key information provided to the inmates regarding PREA. Provisions (b)(c) (e) were not met as the comprehensive education process and documentation was unable to be verified. Therefore, the FCSO is found non-compliant for standard 115.33, and corrective action is required.

Corrective Action:

(b)(c) 1. Ensure the closed-circuit television system upgrade is complete, is working properly, and the PREA educational video "PREA, what you need to know" is reinstated. 2. Establish a way to confirm inmates were shown the video within 30 days of intake. 3. Identify any inmate who did not receive the comprehensive education while the system was undergoing the upgrade and ensure through written documentation that all inmates have received the comprehensive education.

(e) Identify a means to capture the acknowledgement of the comprehensive PREA inmate education being provided for each inmate within 30 days of intake.

Summary of Corrective Action:

The FCSO is still in the process of upgrading their closed-circuit television system. The upgrade includes an inmate telephone system upgrade, expansion of the tablet program, and the installation of kiosks throughout the housing units. However, the PCM indicated and produced confirmation databases for how the information will be captured when the system is fully operational. Shortly after the onsite portion of the audit the PCM engaged the FCSO Personnel Lieutenant and requested light duty personnel specifically for PREA compliance. One individual is assigned during their light duty status to do two specific tasks for compliance. The first is the face to face follow-up reassessment required under Standard 115.41(f). The second is to provide inmates, within 30 days of their arrival with in-person comprehensive inmate education.

An interview with the light duty personnel indicated that every week the PCM provides a list of individuals who were booked into custody the previous week. Additionally, a list is provided with individuals who have been in custody for more than 30 days. The list is cross referenced, and anyone identified from the second list and individuals booked the previous week are entered into a database that identifies those requiring comprehensive PREA Education and captures confirmation of the comprehensive inmate education being provided. In addition to the screening reassessment, the light duty personnel ensures the inmate has a copy of the *Inmate Orientation Handbook*. The information on how to report, how to maintain personal care and safety during incarceration, and confirms the inmate is aware of the posters. The right to be free from sexual abuse, sexual harassment and retaliation is discussed, and any questions the inmate may have are answered. Although this is a temporary solution for the required comprehensive inmate education, the light duty personnel noted the satisfaction of being able to have a better understanding of the importance of going over the information in a one-on-one environment. The documentation of the comprehensive education is maintained in the database and the Lead Auditor was shown the database and confirmation and

documentation of the inmate education being provided.

Based on the development of the use of Light Duty Personnel to provide one on one comprehensive inmate education on sexual safety, and the development of procedures and a database to capture the information, FCSO is found compliant in provisions (a)(b)(c)(d)(e)(f) of standard 115.33. The addition of the light duty personnel has proved advantageous in FCSO building a stronger sexual safety system in their jail. It is recommended the FCSO consider making this a permanent part of the PREA program in an effort to comply with the various PREA standards.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Training Curriculum - Corrections Academy</p> <p>Staff Training Records</p> <p>CA Peace Officer Standards and Training (POST) Learning Domain 04 - Specialized Investigators' Basic Course - Victimology/Crisis Intervention</p> <p>CA POST Learning Domain 10 - Specialized Investigators' Basic Course - Sex Crimes</p> <p>CA POST Learning Domain 15 - Specialized Investigators' Basic Course - Laws of Arrest</p> <p>CA POST Learning Domain 30 - Specialized Investigators' Basic Course - Crime Scenes, Evidence and Forensics</p> <p>Interviews:</p> <p>FCSO Training Team</p> <p>PREA Compliance Manager</p> <p>Crimes Against Persons Division Investigative Staff</p> <p>Findings:</p> <p>(a)(b) Policy D-360 Sexual Misconduct and Abuse, page 9, section V(B) acknowledges the FCSO ensures that specialized training is provided to Health Services personnel, sex crimes investigators, and other staff identified by the department. FCSO training staff provided curriculum and training records for staff who attended sex crimes investigations. However, the curriculum was not specific to confinement settings. Investigative staff were able to identify specific differences and enhancements when investigating a sexual abuse in confinement but acknowledged their specialized training did not focus on the jail setting.</p> <p>(c) All training for the FCSO is well documented as was the specialized training for sex crimes investigators. It was confirmed by the FCSO training staff that any training an employee receives is maintained in the employee's training records. Training records were reviewed.</p> <p>Conclusions:</p> <p>The FCSO has a policy that discusses specialized training for sex crimes investigators. The policy will need to be modified to include the specialized training for these investigators to include confinement settings. The department reports they have eight sex crimes investigators who will investigate PREA sexual abuse allegations in the jail. Because the FCSO does not provide the specialized training required for this standard, they are found non-compliant with</p>

standard 115.34 and will require corrective action.

Corrective Action

1. Update policy D-360 to state that specialized training for sex crimes investigators will include training on sexual abuse in confinement settings.
2. Ensure all eight current and any new investigators complete the National Institute of Corrections *Specialized Training: Investigating Sexual Abuse in Confinement Settings*. This training can be conducted online at www.nicic.gov and will provide individual certificates for completion. Or, the FCSO can provide internal training curriculum and verification of completion that covers sexual abuse in confinement settings.
3. Provide completion certificates or verification of completion of specialized training for investigators that covers the dynamics of sexual abuse in confinement settings.

Summary of Corrective Action:

After extensive discussion and information gathering, the Audit Team and FCSO established the following information that confirms compliance with standard 115.34.

Any individual who is assigned to the Crimes Against Persons Unit within the Fresno County Sheriff's Office is a POST Certified Peace Officer. Although policy D-360 indicates specialized training is provided, the training is provided through both the POST learning domains 04, 10, 15, and 30. Interviews with the investigator indicated the POST training may not have been specific to confinement settings, but coupled with the Correctional Training Academy, the bases for specialized training is covered.

Training records for investigators were reviewed and they are all POST certified. One Crimes Against Persons detective is assigned to the jails for PREA allegations and confirmation made by the PCM that additional training was received.

A review of Policy D-360 and through conversations with FCSO PCM during the corrective action period indicates the language in D-360 properly addresses and requires the specialized training required for compliance. Further, the learning domains of the California POST certified training meets the requirements of the specialized training, and the Corrections CORE Academy PREA training enhances the specialized training by providing specifics about sexual abuse and sexual harassment in confinement settings.

It should be noted that during the corrective action period, the PCM and staff were unable to access the NIC specialized training.

In working with the facility, the final analysis concludes that FCSO is in compliance with provisions (a)(b)(c) of standard 115.34.

115.35	Specialized training: Medical and mental health care
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Pre Audit Questionnaire</p> <p>FCSO Training Curriculum</p> <p>Wellpath Training curriculum</p> <p>Wellpath Training Records</p> <p>Wellpath Electronic Medical Records (EMRA)</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Training Academy Staff</p> <p>Medical and Mental Health Staff</p> <p>Findings:</p> <p>(a) FCSO Policy D-360 V.B requires the Sheriff’s Office to ensure that specialized training is provided to Health Services personnel. The current Health Services contractor, Wellpath has PREA training for their company which medical and mental health staff complete with on-line training. In addition, to the Wellpath training program, health care staff attended FCSO training for PREA. The Wellpath curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom report allegations or suspicions of sexual abuse and sexual harassment. The FCSO curriculum also addresses these topics. Training records were reviewed, and all health care staff have completed the training. Interviews with medical and mental health staff confirmed the completion of the training.</p> <p>(b) This provision is not applicable. Health care staff at FCSO do not complete the forensic examinations at the facility. They assess any individual who might need a forensic examination to assure they are medically stable and then they are transported to a local hospital. Health records reviewed confirmed the forensic examinations are conducted at a local hospital.</p> <p>(c) Training records confirm health care staff receive training from both the agency and the contractor. Documentation is provided by the contractor to FCSO as well as their own training records since health care staff attend FCSO training.</p> <p>(d) Health Care staff attend the training provided to contractors and volunteers as defined in</p>	

policy D-360 V, B and C. The policy requires all volunteers and contractors who have contact with inmates understand zero-tolerance for sexual abuse, sexual harassment and their responsibilities regarding sexual abuse prevention, detection, and response. Interviews with medical and mental health staff confirmed their attendance at training and were documented in training records.

Conclusions

Provisions (a)(c)(d) were documented in FCSO policy, training curriculum and Wellpath curriculum. Provision (b) is not applicable since forensic examination are completed at a local hospital. This process was confirmed through interviews with medical and mental health staff, training academy instructors and review of electronic medical records. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.35.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Pre Audit Questionnaire</p> <p>Inmate Records</p> <p>Classification Questionnaire</p> <p>Health Care Intake Screening</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Classification Staff</p> <p>Medical and Mental Health Staff</p> <p>Targeted Inmates</p> <p>Random Inmates</p> <p>Light Duty Personnel</p> <p>Findings:</p> <p>(a) FCSO Policy D-360 VII, A requires all inmates to be assessed during the initial classification process for their risk of being sexually abused by other inmates, or sexually abusive towards other inmates. During the onsite phase of the audit, auditors observed the booking area on two different occasions and watched as inmates were being processed. All inmates were processed in the same manner and their records were reviewed in the inmate management system. All inmates arriving are screened whether they are being initially booked into the jail or being transferred from another jurisdiction. During the onsite phase, there were no inmates who had been transferred from another jurisdiction.</p> <p>(b) Policy requires all inmates to be assessed during the intake process. The staff report that inmates spend 10-12 hours in the booking area before being released or moved to a housing placement. Classification staff see all inmates prior to being assigned a housing placement and it is done within the first 24 hours of arrival. Review of inmate records confirm assessments are done within to 72 hours of booking. Interviews with classification staff confirmed they interview all inmates during the booking process.</p> <p>(c) Assessments are conducted using the inmate classification questionnaire which is an objective instrument. Classification staff are trained in the use which results in a score for security levels.</p>

(d) FCSO Policy D-360 VII, B requires the screening to consider age, physical stature, mental, physical, or developmental disability, first time offender status, sex offender status, past history of victimization, inmate's own perception of vulnerability and perception of inmate to be lesbian, gay, bisexual, transgender, intersex or gender nonconforming. The inmate classification questionnaire is completed for all inmates by classification staff. Answers to the questionnaire results in a determination of housing placement. In addition to the questionnaire completed by classification, health care staff evaluate inmates to include asking similar questions. Interviews with classification and health care staff confirm the process and records review confirm the classification documents were present in the files. Targeted and random inmate Interviews confirm they were asked questions during the intake process. Several inmates confirmed they met with classification staff.

(e) The questionnaire reviews all past felony convictions, notable misdemeanor convictions. Review of all past felony convictions includes past sexual offenses and violent crimes. Gang history is also reviewed when considering whether the inmate is sexually abusive.

(f) FCSO Policy D-360 IX, A requires within a set time period not to exceed thirty (30) days, classification staff will reassess each inmate's risk of victimization or abusiveness based upon any additional relevant information received since the intake screening. The review is being completed prior to 30 days as shown in the inmate records. However, the review has not included a face-to-face meeting with the inmate and should be completed on all inmates housed not to exceed thirty days.

(g) FCSO Policy D-360 IX, B 1-2 require inmate risk levels to be reassessed when warranted due to a referral, request or incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Interviews with classification staff confirm their understanding of this process. If any new information is received, it is flagged in the inmate record system for review.

(h) Inmates are not disciplined for refusing to answer or not disclosing complete information.

(i) Only classification and supervisory staff have access to the classification information. All housing and program assignments are completed by the classification staff so that sensitive information is protected. The electronic inmate record system authorizes access to certain individuals based on their need which also protects sensitive information.

Conclusions:

Provisions (a)(b)(c)(d)(e)(g)(h)(i) were documented in policy and demonstrated in inmate records. This process was confirmed by interviews with classification staff and observation of the intake process. The process was further validated by interviews with targeted and random inmates. Provision (f) is documented in policy and occurs within 30 days of arrival however it is not a face-to-face meeting with the inmate, Based upon the review and analysis of all available evidence, FCSO is not found in compliance with 115.41 and corrective action is required.

Corrective Action:

FCSO will assure that all inmates who are reassessed prior to 30 days from arrival. The review will be completed by classification staff on all inmates with the first 30 days and will be a face-to-face meeting. The corrective action will be documented by review of inmate records

which document the meeting with the inmates.

Summary of Corrective Action:

Shortly after the onsite portion of the audit concluded, the PCM, PC and Lead Auditor began to dialogue various ways to comply with provision (f). FCSO, like all large jail systems have a tremendous number of inmates who cycle through the system within 72 hours. Additionally, many inmates are released within 30 days of arrival at the facility. Because the FCSO currently had a system in place to identify individuals who remained in their custody up to 30 days and required a reassessment, the larger task was getting out to them and conducting the reassessment face to face. The PCM, working with the PC and the Personnel team requested a light duty personnel to conduct the reassessments. The request was granted, and the light duty personnel was trained on conducting the reassessment. An interview with the light duty personnel indicated the PCM provides a list of individuals who have been booked into custody the prior week, and anyone who has been in custody up to 30 days. These lists are cross referenced and the list for reassessment is created. The light duty personnel meets with the inmate and goes over the original risk assessment inquiring about any changes in status, feelings of safety and security, or any questions the inmate may have. Additionally, the light duty personnel uses this meeting to conduct the comprehensive PREA inmate education required under standard 115.33. During the follow up onsite visit the PCM and Light Duty Personnel were able to walk the Lead Auditor through the process, and provide a database that shows various variables such as arrival date, original PREA Acknowledgement Form, follow up date, and any action necessary during the reassessment.

Based on the new process put into place by the FCSO, compliance with standard 115.41 is met.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Inmate Records</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Staff who perform risk screening</p> <p>Random Staff</p> <p>Random Inmates</p> <p>Targeted Inmates</p> <p>Findings:</p> <p>115.42(a) FCSO policy D-360 VII. C requires the Population Management Officer to consider vulnerability if one or more risk factors are identified and the information shall be used to determine housing and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The information is considered by the classification staff during the initial booking and whenever housing or program decisions are being made. All housing moves require classification approval to assure risk factors have been fully considered. During the onsite audit, auditors observed the initial classification process and how moves were determined. Interviews with random staff confirmed all moves and program assignments are made by classification staff.</p> <p>(b) The inmate classification system requires individual decisions are made to ensure the safety of each inmate. Classification staff demonstrated the jail management system to the auditors showing how each individual inmate risk determination is made. The individual risk assessment was included in all inmate files that were reviewed.</p> <p>(c) Determinations of placement for transgender or intersex inmates are governed by FCSO policy D-350 VII,F which requires housing and programming assignments decisions be made on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Interviews with PREA Compliance Manager and classification staff confirmed decisions are made for each individual. Targeted inmate interviews also confirmed the individual decision making to include bed assignments in the housing units.</p> <p>(d) FCSO policy D-360 IX, C requires transgender and intersex inmates shall be reassessed at least twice each year to review any threats to their safety. Classification staff confirm this practice and records indicate the safety is reviewed prior to any housing or program</p>

assignments which could occur more frequently than twice each year. The PREA Compliance Manager also confirmed this practice.

(e) FCSO policy D-360 VII, B 7 includes inmates' own perception of vulnerability as a risk screening factor. Classification staff interview all inmates with special focus on individuals who are transgender or intersex. Interviews with transgender inmates confirmed their own perception was discussed during their meeting with classification staff. All inmates stated they felt safe in their current housing units.

(f) Transgender and intersex inmates are assigned in housing units that afford the opportunity to shower separately from other inmates. This was confirmed by inmate interviews and observation of the housing assignments during the tour of the facilities.

(g) FCSO does not have any special housing units designated for only lesbian, gay, bisexual, transgender, or intersex inmates. Housing assignments are made based on classification involving many factors which include risk factors. Interviews with PREA compliance manager, classification staff and random staff confirm housing units are assigned on security levels and vulnerability risk factors. Interviews with random and targeted inmates confirmed placement decisions are not based on LGBTI status.

Conclusions

Provisions (a)(b)(c)(d)(e)(f)(g) are documented in FCSO policy and confirmed by interviews with PREA Compliance Manager, staff who perform risk screening, random staff and random and targeted inmates. Review of inmate records confirmed the use of risk screening and housing assignments. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.42.

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Pre Audit Questionnaire</p> <p>Intake Screening Process (electronic forms)</p> <p>Interviews:</p> <p>FCSO Captain</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Staff who supervise inmates in segregated housing</p> <p>Population Management staff</p> <p>Specialized inmates (transgender woman & bisexual man)</p> <p>Director, Inmate Services</p> <p>Findings:</p> <p>(a) Page 11, section D of FCSO policy D-360 Sexual Misconduct and Abuse prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives determines there is no available alternative means from likely abusers. The policy further states that if unable to conduct such an assessment immediately, the inmate may be placed in involuntary segregated housing for less than 24-hours while completing the assessment. Interviews with staff who worked in the administrative segregation housing acknowledge that the individuals in segregated housing are there for violations of inmate policy or rules, and not because they are at high risk. The PAQ indicated that an estimated 100 inmates over the past 12 months who were identified as high risk for sexual victimization were held in segregated housing for less than 24 hours while as assessment for appropriate housing was conducted. Staff from the Population Management Bureau indicated housing for individuals who are screened at high risk for sexual victimization is a priority. Interviews with a transgender woman and bisexual man indicated they were not placed in segregated housing and have had access to programs, services, work opportunities and have not felt unsafe during their incarceration.</p> <p>(b) Policy D-360 Sexual Misconduct and Abuse, page 11 section D1 acknowledges that inmates who are placed in segregated housing shall have access to programs, privileges, education and work opportunities to the extent possible, and if restrictions occur the Offender Programs Manager will document the limited opportunities, the duration of the limitation, and the reasons for the limitation. The PCM and Director, Inmate Services discussed a pilot project</p>	

that the FCSO had recently implemented where only those individuals in segregated housing were issued a tablet for personal use. The tablet provided access to education, games, programs, books, and other activities to keep the individuals occupied, ensuring there was no loss of opportunities for individuals in segregated housing. Additionally, both acknowledged the segregated housing units are for those individuals who have violated jail rules or policies, and not for individuals who are at high risk for sexual victimization.

(c) Page 11 of the FCSO policy D-360, section 2 emphasizes the inmate may only be in involuntary segregated housing until alternative means of housing can be identified and shall not ordinarily exceed 30 days. The PAQ indicated five individuals were kept in involuntary housing for longer than 24 hours. The PCM confirmed these individuals were placed in administrative segregation for rules violations.

(d) A review of inmate files on Offendertrak showed inmate housing assignments, length of time in each housing unit, all movement and reason for the movement. None of the inmate files that were reviewed pertained to being housed in administrative segregation for their safety, however documentation related to their discipline was included.

(e) Policy D-360 mandates that if an inmate is held in segregated housing for longer than 30 days, the facility shall afford the inmate a review to determine whether there is a continuing need for separation from the general population. However, there have been no incidents of an inmate who is at high risk of sexual victimization being held in segregated housing for longer than 30 day as evidenced by interviews and inmate file reviews.

Conclusions:

Provisions (a)(b)(c)(d)(e) were documented through policy and file review, observation of practice, and interviews with staff and inmates. Based on the review and analysis of the available evidence, the FCSO is found in compliance with standard 115.43.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Inmate Orientation Handbook</p> <p>FCSO PREA Posters</p> <p>Staff PREA training</p> <p>Volunteer and Contractor PREA training</p> <p>PREA Allegation Tracker</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Random Inmates</p> <p>Intake Staff</p> <p>Volunteers</p> <p>Findings:</p> <p>(a) FCSO Policy D-360 indicates in two places, page 8, section IV(D) and page 16, section XII(A) that inmates may privately report sexual abuse, sexual misconduct, sexual solicitation and sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to an incident. The policy further encourages the inmates to report when either they are the victim, or that have knowledge or suspicion of an act having occurred or occurring in a correctional setting. The <i>Inmate Orientation Handbook</i> outlines on page 32 the various ways for inmates to report. Interviews with staff and inmates confirmed knowledge of having multiple internal ways for inmates to report internally and privately. Nearly all inmates interviewed also confirmed they would feel comfortable telling a staff member because they knew the staff would address the issue immediately. The reporting information is provided during the intake process as well. As observed, during the course of the intake process staff provides inmates with the agency's zero tolerance policy, and how to report and refers them to the inmate handbook and the PREA posters. They are verbally told that there are several ways to report, but of utmost importance is telling someone right away if they are being sexually abused or sexually harassed. Inmates can report to any staff member, volunteer, or contractor, and the PREA poster outlines multiple ways to report, including writing to the FCSO Internal Affairs Unit at 2200 Fresno Street, Fresno CA 93721.</p>

(b) FCSO utilizes the California Attorney General's Office as the outside agency for inmates to report to. For those individuals being held as part of the USMS contract, reporting information for the United States Department of Justice (USDOJ) and the Department of Homeland Security (DHS) Office of the Inspector General (OIG). Policy D-360 page 16, and the inmate handbook, page 32 outline the ability to report anonymously. During the inmate interviews, four inmates stated they did not know they could report anonymously.

(c) FCSO policy D-360, page 8, section IV(D) and page 17, section C states that employees shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document all reports. Random staff and volunteers acknowledged they receive training regarding what to do if an inmate makes a report, and understand their responsibility to accept reports verbally, written, anonymously and from third parties. The PCM was able to show via the PREA Allegation Tracker that all allegations are documented promptly, and all investigations are conducted immediately upon receiving a report.

(d) Policy D-360, page 16, section 3, discusses methods for staff to privately report sexual abuse, sexual harassment, and or retaliation. The policy also outlines that if employees are not comfortable reporting violations to their Watch Commander, they can bypass the Chain of Command and report to ANY supervisor. Staff indicated they understood they could report to any supervisor, however most staff felt comfortable reporting directly to the PREA Compliance Manager. It was evident throughout the facility tour and by talking with various staff of the FCSO the PCM is a trusted leader within the department.

Conclusions:

Provisions (a)(b)(c)(d) were documented in policy, training, inmate posters, the inmate handbook and through inmate and staff interviews. Based upon the review and analysis of the evidence, FCSO meets standard 115.51. The below recommendations will strengthen the confirmation of this standard.

Recommendations:

1. Add information to the PREA Poster that reporting can be done anonymously.
2. Modify page 8, section IV(D) and page 17, section C to include volunteers and contractors accepting reports made verbally, in writing, anonymously, and from third parties.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Policy E-140 Inmate Grievance Procedure</p> <p>FCSO Pre Audit Questionnaire</p> <p>Inmate Grievance Form J-105A</p> <p>Inmate Grievances</p> <p>FCSO Inmate Orientation Handbook</p> <p>Grievance Summary report</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Inmate who reported sexual abuse</p> <p>Findings:</p> <p>(a)(b) The FCSO is not exempt from this standard. Policy E-140 is the Inmate Grievance Procedure and its purpose is to establish a means for an inmate to seek formal review of an issue relating to any aspect of his/her own confinement that is subject to the Sheriff's authority. The Inmate Grievance Procedure enables the Jail Division to identify individual and systemic problems and to resolve legitimate complaints in a timely manner. Policy D-360, page 29 & 30, section XXVII addresses inmate grievances. Subsection (B) indicates there is no time limit imposed on when an inmate may submit a grievance regarding an allegation of sexual abuse. Subsection (A) of policy D-360 and page 3, section (D) of policy E-140 acknowledge the inmates are not required to use the formal inmate grievance procedures to submit a verbal or written grievance.</p> <p>(c)(d)(f) Policy E-140, section I(C) on page 6 allows the inmates to go outside the formal inmate grievance procedure when perceived to be in imminent danger. Additionally, when the grievance is assigned (Lieutenant or Sergeant) the assignment shall not be to a staff member who is the subject of the complaint, and inmates can file their grievance with any staff member. The final decision for grievances alleging sexual abuse or sexual harassment are generally resolved within 14 days. There were 10 grievances filed, none of them emergency grievances, and reviewing four of the 10, resolution was made within 14 days. Both the PREA Coordinator and PREA Compliance Manager were able to explain the grievance process, point out during the facility tour accessibility to the Inmate Grievance Forms and Inmate Request Forms.</p>

The grievance procedure, including the appeal process are outlined on pages 14 and 15 of the *Inmate Orientation Handbook*. The information in the handbook aligns with policy E-140, and section VI (page 8) of the policy is specific to sexual abuse grievances. The FCSO requires all grievances to have a response within 14 days and does allow for an appeal to the next higher ranking officer within 5 calendar days of the outcome. The Bureau Commander or designee shall issue a written response to an appeal within 30 days.

(e) Page 8, section VI(A) of policy E-140 states that third parties, including fellow inmates, staff members, family members attorneys and outside advocates shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. During an interview with an inmate who alleged sexual abuse, the inmate indicated he had requested assistance from medical services to complete his grievance and that was granted. Additionally, the grievance was reviewed for appropriate actions and deemed to meet the requirements of the FCSO policies.

(g) FCSO policies and the inmate handbook indicates an inmate can be disciplined for abusing the inmate grievance system. Records showed and the PREA Coordinator and Compliance Manager stated there had been no incidents of discipline pertaining to abuse of the grievance process.

Conclusions:

Inmates and staff understood the grievance procedure. A review of the Grievance Summary Report, showed there were 10 grievances filed concerning personal safety. All 10 were completed, zero required an extension. There were no emergency grievances filed and no discipline imposed for abusing the grievance system. Provisions (a)(b)(c)(d)(e)(f)(g) were confirmed in policy, through staff and inmate interviews and by a review of relevant documentation. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.52.

Recommendation:

1. Modify the *Inmate Orientation Handbook* to include specific information on the emergency grievance process.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Policy 130 Foreign Nationals</p> <p>Inmate Orientation Handbook</p> <p>PREA Posters</p> <p>E-mail correspondence between the PCM and the Rape Counseling Service of Fresno</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Random Inmates</p> <p>Random Staff</p> <p>Findings:</p> <p>(a) Copies of the PREA poster, in English, Spanish, and Hmong were provided to the auditor team. The posters include phone numbers to the Rape Counseling Services of Fresno (RCS) and the National Sexual Assault Hotline (RAINN). Both telephone numbers required the inmate to input a person PIN prior to dialing the number. The <i>Inmate Orientation Handbook</i>, page 32, section (D) states Counseling Programs for Victims of Sexual Assault - if you have been the victim of an assault by staff or inmate you may seek counseling and/or advice from a mental health practitioner or chaplain. Crisis counseling, suicide prevention and mental health counseling are available to you. Neither the PREA posters nor the handbook include addresses for where the inmates could write to victim advocates, locally or nationally.</p> <p>(b) The referenced policy D-360, page 19, section XV, and page 22, section XVII are relevant to victim advocacy during a SAFE/SANE exam. The access to confidential emotional support services is relevant to any inmate who has experienced sexual abuse any time during their life to access support services via the inmate telephone or through the inmate mail system. These services are considered confidential.</p> <p>(c) The PCM indicated a current MOU was not on file with the Rape Counseling Service of Fresno but provided e-mail correspondence with the RCS - Rape Counseling Service of Fresno their attempts to meet prior to the COVID19 pandemic. It was also confirmed a meeting has been scheduled to discuss the pending MOU in mid-September.</p> <p>Conclusions:</p> <p>Since the FCSO telephone system was in a state of transition, and the current system required the inmates to input their PIN identifier to access the phones, the inmate telephone</p>

system was not a reliable or confidential. Additionally, physical addresses for rape crisis services was not included in the inmate handbook or on the PREA posters. Therefore provisions (a)(b) were not met and require corrective action.

Corrective Action:

1. Include mailing addresses for victim advocacy groups on the PREA posters and in the *Inmate Orientation Handbook*. Emphasize the telephone numbers and addresses to the agencies are for outside confidential emotional support services for any inmate who has experienced sexual abuse.
2. Update policy D-360 Sexual Misconduct and Abuse, and the *Inmate Orientation Handbook* with a section titled "Access to outside confidential support services". These services are distinct from the advocacy services provided during a SAFE/SANE exam and subsequent interviews with the inmate. These services should be accessible through the inmate telephone line, and via the inmate mail. Inmate telephone calls to the local and or national rape crisis centers should be unrecorded and unmonitored.
3. Solidify the MOU with RCS - Rape Counseling Service of Fresno. Include in the MOU their role as victim advocates for an inmate who is having a SAFE/SANE exam, and their role as an outside confidential support service agency via the inmate telephone and mail for any inmate who has experienced sexual abuse and is seeking such services. Include in the MOU information to RCS on what to do in the event an inmate reports sexual abuse to them (i.e., encourage the inmate to make a report, forward the call to a FCSO PREA reporting entity).
4. Create a mechanism to inform inmates, prior to giving them access to RCS, of the extent to which such communications will be monitored.
5. Update and incorporate new information in corresponding training modules for staff, contractors and volunteers.

Summary of Corrective Action:

The FCSO PCM provided documentation of the following: *Inmate Orientation Handbook*, PREA Poster, and an updated PREA CORE Academy training that addressed the necessary corrective action. The physical address to the Rape Counseling Services of Fresno is included in the updated information. Additionally, the agency executed its inmate telephone provider contract with designations of override numbers to the various reporting entities (internal/external) and the local rape crisis center, ensuring as confidential a manner as possible for the inmates seeking outside emotional support services. The PCM provided regular updates on numerous attempts to meet with the Rape Counseling Services of Fresno.

Based on the information provided, including updated PREA posters, inmate handbook and training curriculum for the PREA Core Academy training provided to all staff, contractors and volunteers, the FCSO is found compliant in provisions (a)(b)(c) of standard 115.53.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Website</p> <p>Investigation Reports</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>115.54 Third Party Reporting FCSO policy D-360 IV.D require staff to accept reports made verbally, in writing, anonymously and from third parties and shall document all reports. Third parties may report through the FCSO website which is easy to find and complete. Investigative files were reviewed, and none were reported by a outside third party. There was one investigation completed when an inmate wrote to the public information office. This demonstrates the commitment of FCSO to assuring that all reports are investigated and completed regardless of their original source.</p> <p>Conclusions:</p> <p>115.54 was documented in policy and confirmed by interviews and review of investigative reports. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.54.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Referrals to Investigators</p> <p>Wellpath Policy RI 200-30 Prison Rape Elimination Act (PREA) for Wellpath Recovery Solutions Facilities</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Medical and Mental Health (Wellpath) Staff</p> <p>Random Staff</p> <p>Investigator Persons Crimes Unit</p> <p>Findings:</p> <p>(a) Policy D-360, page 18, section XIV(A) requires staff to immediately notify the Facility Sergeant upon learning of an allegation that an inmate was sexually abused. Page 24, section XX(A) discusses retaliation being strictly prohibited. On page 2, section I(A) the overall procedures requires that staff report or intervene whenever they learn an inmate is being victimized. Staff are also required to report any staff neglect or violation of responsibilities they feel may have led to an incident of sexual abuse. Staff understood their responsibility to report to their Chain of Command, supervisor, watch commander any incident of sexual abuse, sexual harassment, retaliation, or staff neglect.</p> <p>(b) Page 16, Section XII(A)(2) of policy D-360 states that apart from reporting to their immediate supervisor, or discussing with the PREA Coordinator or PREA Compliance Manager, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the policy to make treatment, investigation, and other security and management decisions. Wellpath policy RI 200-30, page 15 states that apart from reporting to the designated supervisors, staff, contractors, and volunteers shall not reveal any information related to the sexual abuse report to anyone.</p> <p>(c) The FCSO works with Wellpath for their medical and mental health services. Wellpath Policy RI 200-30 indicates that any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, retaliation, or employee neglect or violation of responsibilities that may have contributed to an incident or retaliation shall be reported immediately. Interviews with Wellpath medical and mental health staff indicated a full understanding of the reporting duties. They further discussed their responsibility to inform inmates of their duty to report and the limitations of confidentiality. This information is provided to the inmates at the initiation of services.</p>

(d) The FCSO does not house inmates under the age of 18. California defines a vulnerable adult as a dependent adult, between 18 and 64 years old with certain mental or physical disabilities that keep them from being able to do normal activities or protect themselves.

(e) Policy D-360, page 6, section (B) clearly outlines the responsibilities of the PREA Compliance Manager. The primary responsibility is to review all allegations and forward those alleging sexual abuse and sexual misconduct for investigation. This includes any allegation of sexual abuse made at another facility or by a third party. Page 20, section XVI (C) mandates the allegations of sexual abuse that happen within the jail be referred to the Persons Crimes Unit for investigation. An interview with staff indicated appropriate training on their responsibilities to report and understand all allegations are investigated. The Person Crimes Unit investigator indicated allegations are referred to the unit for investigating.

Conclusions:

Provisions (a)(b)(c)(d)(e) were documented in policy and confirmed by FCSO staff and Wellpath medical and mental health staff interviews. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.61.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Interviews:</p> <p>Random Staff</p> <p>Random Inmates</p> <p>Targeted Inmates</p> <p>Findings:</p> <p>This standard is defined in policy D-360, XIV, A which requires staff to take initial/immediate action upon learning when an allegation of sexual abuse. The policy requires the separation of the alleged victim and abuser. Interviews with random staff confirms the implementation of policy to immediately separate the potential victim and abuser. Staff articulated how they would assure the two were separated quickly and safely while appropriate notifications are made. Interviews with inmates confirm their belief staff would act quickly to assure safety of inmates.</p> <p>Conclusion:</p> <p>This standard is defined in policy and interviews with staff and inmates confirm immediate action would be taken to separate potential victim and abuser. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.62.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360</p> <p>Sexual Victimization report</p> <p>Interviews:</p> <p>Captain</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>(a)(b)(c)(d) Policy D-360 on page 6, section IV (B)(1)(c) states that the PCM is responsible for ensuring that any allegation of sexual abuse that occurred at another facility is reported to the appropriate office of the agency where the alleged abuse occurred. Page 13, section VIII (D) (4) directs that if the sexual victimization occurred while the inmate was confined at another facility, the other agency must be notified as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The FCSO ensures timely compliance by providing copies of the Inmate Classification Questionnaire and corresponding email be forwarded to the Services Lieutenant and on-duty watch commander in addition to the PREA Compliance Manager. In the past 12-months the FCSO has had zero reports of sexual abuse occurring at another facility and therefore have not had to make any reports. Additionally, the FCSO received one report of sexual abuse from another institution. After receiving the notification and verifying information of the allegation, the PCM confirmed the allegation had previously been reported and fully investigated. The most recent information was documented in the original investigative file. The PCM provides a monthly Sexual Victimization report to the PREA Coordinator and agency executives that provides a synopsis of any PREA allegations that have occurred during that month. These reports would include any allegations that were made by another facility, or any allegation received by the FCSO. The report included the allegation, the initial response, any concluding information, notifications made, action taken in response to the outcome, and the report number.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d) were documented by policy, documentation and staff interviews. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.63.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Pre Audit Questionnaire</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Findings:</p> <p>(a)(b) is defined in FCSO policy D-360 XIV, A-F which define the initial (immediate) response to allegation that an inmate was sexually abused. Staff are required to immediately notify the facility sergeant, separate the alleged victim and abuser. Next steps are defined in policy and require the staff member to preserve and protect any crime scene, notify the on-duty charge nurse. The policy defines when evidence collection is possible and how to assure neither the victim or abuser does not destroy any potential evidence. The policy defines the responsibility of volunteers or contractors is they are the first one on the scene.</p> <p>Interviews with PREA Compliance Manager and random staff confirm their understanding of required first responder duties. During interviews with random staff, they were able to articulate the requirements of preserving the potential crime scene and gave concrete examples of how they would separate the potential victim and abuser. Interviews with inmates confirmed they felt safe and believed staff would respond immediately to any potential allegation.</p> <p>Conclusion:</p> <p>Provisions (a)(b) are documented in policy. The process was confirmed by interviews with PREA Compliance Manager, random staff and inmates. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.64.</p>

115.65	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Sexual Assault Victim Assistance Checklist</p> <p>Sexual Assault Response Flowchart</p> <p>Interviews:</p> <p>Captain</p> <p>PREA Compliance Manager</p> <p>Wellpath Medical and Mental Health Staff</p> <p>Findings:</p> <p>FCSO policy D-360, pages 19-20 outline the department's Coordinated Response. The coordinated response is included in the employee training and page 9, section A of the policy discusses the training including the prevention, detection, reporting and response to inmate sexual abuse. The FCSO policy D-360 prompted the creation of the Sexual Assault Victim Assistance Checklist and the Sexual Assault Response Flowchart. The policy documents, and the checklist and flowchart mirror the policy which delineates in 12 sections (A-L) the responsibilities of the discovering employee, the Watch Commander, responding deputy, investigators, health services, inmate/victim (and transportation for a forensic exam), the RCC/Victim Advocacy, and the forensic exam, follow up testing for the inmate/victim, and the evaluation and treatment plan. The checklist is broken out for the responding officer, facility sergeant, watch commander, suspect processing, and follow up. The policy coordinated response is cross walked within the checklist and the checklist directing exactly what needs to be done, i.e., the victim shall be offered crisis intervention counseling, conduct a sexual abuse incident review, etc. The flowchart is a visual depiction of the Coordinated Response. Interviews with the PCM, and Wellpath staff indicated a clear understanding of their roles within the coordinated response, i.e., first responder duties, notifications, transport, follow up.</p> <p>Conclusions:</p> <p>The policy and interviews confirm the written coordinated response. The Sexual Assault Victim Assistance Checklist and the Sexual Assault Response Flowchart ensure that if there are any questions regarding how to respond, a detailed checklist is available. The checklist is then maintained with the PCM to be used during the incident reviews. Based upon the review of all available evidence, the FCSO is found to exceed compliance with standard 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Interviews:</p> <p>Administrative Head</p> <p>PREA Coordinator</p> <p>Findings:</p> <p>FCSO does not have collective bargaining contracts. If in the future, there are contracts, FCSO is prepared to assure the appropriate language is included to assure the facility is able remove alleged staff sexual abusers form contact with any inmates pending the outcome of an investigation or a determination of what extent discipline is warranted.</p> <p>Conclusions:</p> <p>Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.66.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Sexual Assault Victim Assistance Checklist</p> <p>Sexual Assault Response Flowchart</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Random Inmates</p> <p>Findings:</p> <p>(a)(c) FCSO Policy D-360, page 2, section (C) states there must be clear mechanisms to report sexual assault and those who report must be protected from retaliation. Page 14, section X(A) of the policy discusses the responsibility of all employees to protect the inmates and immediately report any knowledge, suspicion, or information regarding sexual abuse, sexual misconduct, sexual solicitation, sexual harassment, retaliation by another inmate or staff for reporting. Pages 24-25 of the policy, section XX is entitled "RETALIATION" and covers the prohibition of retaliation. The section assigns the PREA Coordinator, with the assistance from the PREA Compliance Manager to ensure the conduct and treatment of inmates or staff who have reported sexual abuse or cooperated with investigations are monitored for signs of retaliation for at least ninety (90) days following their report or cooperation.</p> <p>(b)(d) Page 25, section XX (C) establishes that items for monitoring include any inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The PCM indicated there are periodic status checks with inmates and staff who have made reports, and the retaliation monitoring are recorded in the allegation file. The Sexual Assault Victim Assistance Checklist, under "Follow Up" indicates the monitoring for signs of retaliation for at least (90) days, assigned to the PREA Coordinator, and the policy, page 25, section XX(C)(2) states monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>(e) Policy D-360, page 25, section XX(D) states if any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that individual against retaliation. 1. The individual should report their concern to a Watch Commander (or higher authority), 2. The Watch Commander (or higher authority) shall act promptly to protect the inmates from such retaliation. The Sexual Assault Response Flowchart establishes under "PREA Coordinator" the tasks of keeping the victim informed and monitor for retaliation.</p>

Interviews with staff and inmates indicated they understood their right to be free from retaliation. Additionally, staff acknowledged appropriate protection measures, such as housing changes, while the PCM identified periodic status checks and retaliation monitoring for at least 90 days, longer if warranted. These actions are confirmed by the Sexual Assault Victim Assistance Checklist and the Sexual Assault Response Flowchart.

(f) Policy D-360, page 25, section (C)(3) allows for the obligation to monitor to terminate if the allegation is determined to be unfounded.

Conclusions:

Provisions (a)(b)(c)(d)(e)(f) are defined in policy and documentation and confirmed by interviews with staff and inmates. There have been no incidents of retaliation during the past 12 months. Based on the review and analysis of all available evidence, FCSO is found in compliance with standard 115.67.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Inmate files</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Staff who supervise inmates in administrative segregation</p> <p>Inmate who reported sexual abuse</p> <p>Findings:</p> <p>Page 11, section VII of the FCSO policy D-360 pertains to screening inmates for appropriate housing placement. Section (D) indicates that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives determine there is no available alternative means of separation from likely abusers. In the past 12 months there have been no incidents of inmates who reported sexual abuse being housed in involuntary segregated housing. This was confirmed by staff interviews and an interview with an inmate who reported sexual abuse. The inmate, a double amputee and wheelchair bound was housed in the FCSO medical housing area. He indicated he had been housed there since his incarceration. His file, allegations and grievances were reviewed. The allegation did not involve inmates he was housed with, but inmates from an adjacent medical cell. The file showed and the inmate acknowledged he was never placed in involuntary segregated housing, and he has access to some programs and services, although no service providers had been on site for a while since the COVID19 pandemic.</p> <p>Page 11, section VII(D)(1) of policy D-360 states that if inmates are placed in segregated housing because they are at high risk for sexual victimization and no other alternate means of housing can be identified, the Offender Programs Manager will ensure the inmate has access to programs, privileges, education or work opportunities, and if access to those services are not available will document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitation.</p> <p>Conclusions:</p> <p>A review and analysis of policy, files, staff and inmate interviews, and confirming how segregated housing is utilized via the facility tour the FCSO is deemed compliant with standard 115.68.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>CA Peace Officer Standards and Training (POST) Learning Domain 04 - Specialized Investigators' Basic Course - Victimology/Crisis Intervention</p> <p>CA POST Learning Domain 10 - Specialized Investigators' Basic Course - Sex Crimes</p> <p>CA POST Learning Domain 15 - Specialized Investigators' Basic Course - Laws of Arrest</p> <p>CA POST Learning Domain 30 - Specialized Investigators' Basic Course - Crime Scenes, Evidence and Forensics</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>FCSO Training Team</p> <p>PREA Investigator - Crimes Against Persons Unit</p> <p>Findings:</p> <p>(a) FCSO Policy D-360, page 1 states it is the policy of the Fresno County Sheriff's Office to thoroughly investigate every allegation of sexual abuse. Page 7, section IV(B)(e) states all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports shall be investigated.</p> <p>(b) The FCSO employs a robust investigative process documented in policy. An interview with a FCSO investigator revealed that his practice and understanding of the intricacies of conducting investigations within a confinement setting were solid, however he could not recall receiving specialized training on investigations within a confinement setting. The FCSO PCM, and the FCSO Training Team acknowledged their investigator training covers provisions (c)(d)(e)(f)(g)(h) of this standard, however there was not a section specific to sexual abuse investigations in a confinement facility. Policy D-360, page 15, section X(C) directs that employees be reminded that victims of sexual abuse may be seriously traumatized both physically and or mentally. Employees are expected to be sensitive to the inmate during their interactions with him or her.</p> <p>(c) FCSO policy D-360, page 20, section XVII(D)(1-3) indicate investigators shall be responsible for gathering and preserving evidence, including any available physical and biological evidence and any available electronic monitoring data, interview alleged victims, suspects, and witnesses, and review prior complaints and reports of sexual abuse involving the suspect.</p> <p>(d) Policy D-360, section XVIII(A)(1) directs that staff shall not use interrogation strategies</p>

during the investigation. Additionally, it is the practice of the FCSO as indicated by interviews with the PCM and investigator that the agency does not use compelled interviews for their sexual abuse investigations.

(e) The FCSO training and the policy D-360, page 20, section XVI (D)(4) requires that the investigators assess the credibility of the alleged victim, suspect, or witness on an individual basis and not by the person's status as inmate or staff. Section XIII, pages 17 & 18 of the policy is entitled "CREDIBILITY" and discusses the credibility of the alleged victim, suspect or witness shall be assessed on an individual basis and not on their status as an inmate or staff. Further, the FCSO will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The PCM and investigator confirmed investigators would assess credibility based on all statements and interviews regardless of the individual status. This was supported by the investigative reports which include a description of the evidence and the investigative facts behind the findings.

(f) Interviews with the PCM, and supported by a review of investigative files indicated the administrative investigations include an effort to determine whether staff actions, or lack thereof contributed to the allegation of abuse. Additionally, whether the investigation was administrative or criminal in nature the investigations included a description of physical and testimonial evidence, the reasoning behind the credibility as outlined in policy D-360 page 17, section XIII, and investigative facts.

(g)(h) A review of investigative files showed the investigations, including initial steps, and if referred for prosecution are well documented and include a thorough description of physical, testimonial and documentary evidence. This information is required whether the investigation is administrative or criminal in nature. The PREA Coordinator, has designated the PREA Compliance Manager to ensure, coordinate and track referrals of allegations to Persons Crimes Unit, Internal Affairs Unit, and prosecutors. Any substantiated allegation that appears criminal in nature is referred for prosecution.

(i) The PREA Coordinator and PREA Compliance Manager indicated the FCSO retains all written reports for as long as the abuser is incarcerated or employed by the agency plus five years. Policy D-360, page 29, section XXVI(A)(2) states the data collected shall be maintained for at least 10 years after the date of the initial collection. The Fresno County Board of Supervisors requires destruction of the documentation via Government Code Section 26202, which states Section 26202 (1963) allows the destruction of any record older than 2 years that was prepared or received other than pursuant to state statute or county charter, when there is authorization by the board of supervisors.

(j) Policy D-360, Page 7, section IV(B)(1)(f)(ii) states the departure of the alleged abuser or victim from the employment or control of the FCSO shall not provide a basis for terminating an investigation. Both the investigator and PCM acknowledged this during their interviews.

Conclusions:

Provisions (a)(c)(d)(e)(f)(g)(h)(i)(j) were documented by policy, through interviews, and a records review. Provision (b) was not met as the FCSO investigators have not undergone specialized training for sexual abuse investigations in a confinement setting and will require corrective action. Therefore, the FCSO is found to be non-compliant with standard 115.71.

Recommendation:

1. Add a section to Policy D-360, Sexual Misconduct and Abuse that outlines the investigative process.
2. Create a flowchart that visually outlines the investigative process.

Corrective Action

1. Ensure investigators have received specialized training required in standard 115.34 provision (d), and the training is documented in their personnel training file.
2. Ensure only investigators who have received the required specialized training conduct sexual abuse investigations from the Fresno County Jail.

Summary of Corrective Action:

As was discussed in standard 115.34, after working with the FCSO and careful analysis of Learning Domains 04, 10, 15, and 30 from the California Peace Officer Standards and Training, coupled with the Corrections PREA CORE Academy training, the elements required in specialized training for investigators was met. The FCSO maintains robust investigative files that includes a standardized investigative process. The files showed a pathway through the investigative process that meets the elements of provisions (a)(b)(c)(d)(e)(f)(g)(h)(i)(j) of standard 115.71. By analyzing the learning domains, reviewing investigative files, and training curriculum, the FCSO is found compliant with standard 115.71.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Inmate Handbook</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>This standard is defined in FCSO policy D-360, IV, A2(f) (i) requires the preponderance of the evidence as the standard in administrative investigations. Interviews with PREA Compliance Manager and random staff confirm the implementation of the policy. The inmate handbook contains information regarding the disciplinary process and states decisions will be made based on a preponderance of the evidence. Review of investigation file and rule violations confirm the preponderance of evidence is the standard being utilized.</p> <p>Conclusion:</p> <p>The standard is documented in policy. The process was confirmed by staff interviews, review of disciplinary hearing and investigative reports. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.72.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO notifying inmates of outcome of an investigation</p> <p>Inmate Grievance files</p> <p>Investigative files</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>(a) FCSO Policy D-360, page 25, section XXI(A) outlines that following an investigation into an inmate's allegation that they suffered sexual abuse in a Sheriff's Office facility, the inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In May 2020 the FCSO began providing this information to inmates in writing. The FCSO does, and has been providing written notification, with documentation and explanation of findings of grievances (regardless of the reason for the grievance) whether substantiated, unsubstantiated or unfounded.</p> <p>(b) The FCSO conducts their investigations internally, therefore this provision is not applicable.</p> <p>(c) This provision is documented in policy D-360, pages 25-26, section XII, Reporting to Inmates. The policy outlines that unless the allegation is determined to be unfounded, an inmate will be notified whenever the staff member is no longer posted within the inmate's housing unit, the staff member is no longer employed by the Sheriff's Office, the staff member has been indicted on a charge related to sexual abuse within the facility, or the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>(d)(e) Page 26, section XXI(C) of policy D-360 outlines that following an inmate's allegation that they have been sexually abused by another inmate, the inmate/victim shall be informed when the alleged abuser has been indicted on a charge related to sexual abuse within the facility, and the abuser has been convicted on charges related to sexual abuse within the facility. Section XXI(D) states the notifications or attempted notifications shall be documented.</p> <p>Conclusions:</p> <p>The FCSO did not have any allegations against staff that required notification to the inmate regarding the status of the staff member. The agency maintains documentation of the investigative process, and they self-recognized notifications of the outcome of an investigation were not being provided to the inmates and self-initiated a new process to comply with the standard. Provisions (a)(c)(d)(e) are currently in practice and meet the standard, however</p>

provision (a) has been in practice for one month and will require corrective action. Therefore, the FCSO is found non-compliant for standard 115.73.

Corrective Action:

1. Continue to notify inmates in writing of the outcome of investigations whether the investigation was founded, unfounded, or unsubstantiated.
2. Maintain documentation of the notifications.

Summary of Corrective Action:

During the post onsite visit to the facility, the PCM provided documentation of all notifications that were made to inmates on the outcome of the allegation and investigation, noting if the investigation was substantiated, unsubstantiated or unfounded. This information is maintained in the inmate electronic file as well as the investigative file. Based on the continued practice of notifying inmates of the outcome of investigations, the FCSO is found to be compliant with standard 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Captain</p> <p>Findings:</p> <p>(a) Page 1 of policy D-360 states that it is the policy of the Fresno County Sheriff's Office to thoroughly investigate every allegation of sexual abuse, and where warranted by evidence, proportional sanctions up to and including criminal prosecution are implemented. Page 4, section D(2) states that as it relates to employees, any sexual behavior directed toward an inmate shall subject the employee to disciplinary action and or prosecution.</p> <p>(b) Page 15, section XI(D) of policy D-360 acknowledges that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There has been no discipline imposed and no terminations of staff in the previous 12-months for allegations of sexual abuse. This is also included in the policy on page 27, section XXIII(B).</p> <p>(c) Page 27, section XXIII(C) of policy D-360 indicates disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>(d) Policy D-360, page 27, section XXIII(E) states all terminations for violations of sexual abuse, sexual misconduct, or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. FCSO did not have any terminations or resignations by staff (who would have been terminated) during the past 12 months and therefore no notifications to law enforcement agencies or relevant licensing bodies were made.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d) were defined in the policies and confirmed by the PREA Compliance Manager and Captain. Based upon the review and analysis of the available evidence, the FCSO is found in compliance with standard 115.76.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Interviews:</p> <p>Program Manager</p> <p>Volunteers</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>FCSO policy D-360, XXIV, (a) any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. All contractors or volunteers attend training which includes PREA. They sign the policy acknowledgement and PREA notification and acknowledgement forms. All contractors and volunteers who are allowed access to the facility are published on the master clearance list. There have been no volunteers or contractors reported to law enforcement agencies or licensing bodies for engaging in sexual abuse of inmates shown in the PAQ. An interview with the Volunteer Coordinator confirmed no volunteers or contractors have been referred to law enforcement nor have there been any administrative investigations from allegation.</p> <p>FCSO policy D-360, XXIV (b) states the Sheriff's Office shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer. In the interview with the Volunteer Coordinator, there have not been any volunteers or contractors who have needed remedial measures. It is covered in the volunteer training.</p> <p>Conclusions:</p> <p>Provisions (a)(b) are documented in FCSO policy. It was confirmed by interviews with staff, volunteers, and file review. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.77.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Policy E- 230 Disciplinary Process</p> <p>Inmate Handbook</p> <p>Disciplinary Sanction Case Review</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Random Staff</p> <p>Random Inmates</p> <p>Targeted Inmates</p> <p>Findings:</p> <p>(a)(b)(c)(d)(e)(f)(g) are defined in FCSO D-360 XXII, A-E define the disciplinary sanctions for inmates. The policy defines the sanctions for inmates found guilty and includes a process for consideration of an inmate's mental health illness in determining what type of discipline will be imposed. It also allows for inmate discipline if the staff member did not consent to such contact. The policy requires allegations made in good faith shall not be constituted as falsely reporting. It also reinforces that all sexual activity between inmates is prohibited. FCSO policy E-230 directs the process and procedures for rules violations within the jail.</p> <p>Interviews with random staff and inmate confirm the policy implementation and practice. Random and target inmate interviews confirmed they were provided the rules for FCSO in the inmate handbook. During the onsite review, the electronic report of disciplinary charges was reviewed and confirmed there were no inmates charged with making false allegations.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d)(e)(f)(g) are documented in FCSO policy. The process was confirmed by interviews with staff, inmates, and review of electronic disciplinary records. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.78.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Pre Audit Questionnaire</p> <p>Wellpath Policy RI 200-30 Prison Rape Elimination Act (PREA) For Wellpath Recovery Solutions Facilities</p> <p>Wellpath Electronic Medical Records (ERMA)</p> <p>FCSO Inmate Orientation Handbook</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Wellpath Medical and Mental Health Staff</p> <p>Inmate who reported sexual abuse</p> <p>Findings:</p> <p>(a)(b)(c) Policy D-360, page 13 section VIII, (f) states this requirement. When inmates are screened in booking and referrals are completed by booking staff or health care staff. Interviews with medical and mental health staff confirm referrals are made and inmates are typically seen within 72 hours which exceeds the 14-day requirement. Review of electronic medical records confirmed the time frames are exceeded.</p> <p>(d) Medical and mental health staff are provided access through log in credentials to the electronic medical records system. No other staff have access to the electronic health records however, the needed information is provided to staff that place inmates in housing, bed assignments and programs. electronic and require log in credentials to access the patient records. Inmates are provided informed consent during the health review during the booking process.</p> <p>(e) Inmates are provided informed consent during the health review during the booking process. Interviews with medical and mental health staff confirmed consent forms are obtained. The electronic health record files contained the signed consent form.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d)(e) are documented in the FCSO and Wellpath policy. The process was confirmed through interviews with medical and mental health staff, staff interviews and review of electronic medical records. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.81.</p>

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Wellpath Policy RI 200-30 Prison Rape Elimination Act (PREA) For Wellpath Recovery Solutions Facilities</p> <p>FCSO Sexual Assault Victim Assistance Checklist</p> <p>FCSO Sexual Assault Response Flowchart</p> <p>Wellpath Electronic Medical Records (ERMA)</p> <p>FCSO Inmate Orientation Handbook</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Wellpath Medical and Mental Health Staff</p> <p>Inmate who reported sexual abuse</p> <p>First responders</p> <p>Findings:</p> <p>(a) Policy D-360, page 18, section XIV(A)(3) requires an immediate notification to the on-duty charge nurse when an allegation of sexual abuse is made. It further states inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Sexual Assault Victim Assistance Checklist and Sexual Assault Response Flowchart acknowledge immediate referrals to health services. Wellpath policy RI 200-30, page 25, section 5.11.7 states victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners.</p> <p>(b) Staff first responders acknowledged immediate notification to their supervisor or Watch Commander when a sexual assault has occurred. Additionally, immediate notification is required per policy D-360, page 18, section XIV(A)(3), and show on the checklist and flowchart listed in provision (a). Emergency care for SAFE/SANE exams will be provided at the Fresno Community Regional Medical Center.</p> <p>(c) Wellpath policy RI 200-30, page 25, section 5.11.7 indicates the access to emergency medical and mental health care includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate. The <i>Inmate Orientation Handbook</i> discusses seeking medical assistance if a sexual assault occurs. This information is on page 31.</p>

(d) FCSO policy d-360, page 21, section XVI(1)(2), and Wellpath policy RI 200-30, page 25, section 5.11.7 state 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. During an inmate interview it was confirmed the inmate was seen by medical and mental health staff immediately. The allegation was reviewed and confirmed in the electronic medical record.

Conclusions:

Provisions (a)(b)(c)(d) are documented in the FCSO and Wellpath policy, response protocol, and the inmate handbook. The process was confirmed through interviews with first responders, medical and mental health staff and staff interviews. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.82.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>Wellpath Policy RI 200-30 Prison Rape Elimination Act (PREA) For Wellpath Recovery Solutions Facilities</p> <p>Interviews:</p> <p>Medical and Mental health Staff</p> <p>PREA Compliance Manager</p> <p>Random Inmates</p> <p>Targeted Inmates</p> <p>Findings:</p> <p>(a) Policy 360 requires inmates who have victimized by sexual abuse in any prison, jail or lockup to be offered services for medical and mental health treatment. Interviews with medical, mental health staff, random and targeted inmates confirm services are offered and available. Review of medical records confirm mental health services have been provided to inmates in a timely and consistently.</p> <p>(b) Policy 360, XVI, Section L and Wellpath policy directs mental health and follow-up as necessary will be available. Interviews with medical and mental health staff confirm services are available and community-based referrals are made as necessary. Interviews with targeted and random inmates confirm mental health services are available and inmates clearly understand how to access services.</p> <p>(c) Mental health services provide the inmate population with services that meet the community level of care. Interviews with staff and inmates confirm the services are at least the same and often more easily accessible for the inmate population.</p> <p>(d)(e)(f)(g) Policy 360 Section XVI section I,1-3 require examinations by SAFE or SANE nurse. Inmates are transported to a local hospital as necessary and these examinations are performed. The process includes pregnancy testing and sexually transmitted disease. These services are completed without financial obligations to the inmates. Interviews with medical, mental health staff, PREA compliance manager and investigation staff confirm these examinations are obtained in the community without charge. Review of electronic medicals confirm the outside examinations have been completed and information was released back to the facility.</p> <p>(h) This provision is not-applicable since this facility is a county jail.</p> <p>Conclusions:</p>

Provisions (a)(b)(c)(d)(e)(f)(g) are documented in the FCSO and Wellpath policy. The process was confirmed through interviews with medical and mental health staff, staff interviews inmate interviews and review of electronic medical records. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.83.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Jail Division PREA Vulnerability Assessment</p> <p>FCSO Pre Audit Questionnaire</p> <p>Command Staff Meeting Notes</p> <p>Incident Review Checklist</p> <p>Incident Review completed checklists</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>(a) The FCSO policy D-360 page 28, section XXV outlines "Sexual Abuse Incident Reviews". Section (A) indicates the Captains and Lieutenants shall conduct an incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated. The PCM indicated that on a monthly basis a Command Staff meeting is held where allegations of sexual victimization are discussed. This information is documented through meeting notes but does not formalize the requirements of provisions (b)(c)(d) of this standard.</p> <p>(b)(c) Policy D-360, section XXV(B), page 28 states that such review shall ordinarily occur within 30 days of the conclusion of the investigation, and include input from line supervisors, investigators, and medical and mental health practitioners.</p> <p>(d) Policy D-360, page 28, section XXV(C)(1-6) outline the recommendations of this provision. The PCM conducts an annual PREA Vulnerability Assessment for each of the buildings within the jail system. This assessment takes into consideration high risk areas/time periods, identification of blind spots and recommendations and remedies. Although policy states the considerations for this provision, a formal process that documents the requirements is not in place. Section XXV(D) of the policy directs that the recommendations for improvement shall be implemented, or the reason(s) for not doing so shall be documented by the PREA Compliance Manager. The PREA Vulnerability Assessments document recommendations for overall facility improvement. These findings can be incorporated into the individual sexual abuse incident reviews.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d) are documented in policy but not in practice. Discussions with the PCM during the onsite phase of the audit occurred regarding sexual abuse incident reviews. Based</p>

on the documentation reviewed and the interview with the PCM, FCSO is found non-compliant with standard 115.86 and will require corrective action.

Corrective Action:

Follow Policy D-360, section XXV - SEXUAL ABUSE INCIDENT REVIEWS by:

1. Conducting a sexual abuse incident review for all allegations that have been deemed substantiated or unsubstantiated.
2. Conducting a sexual abuse incident review within 30 days of the conclusion of each investigation and include input (with applicable documentation) from line supervisor, investigators, and medical and mental health practitioners.
3. Creating a mechanism to:
 - (a) analyze, review, and document whether the allegation or investigation indicates a need to change policy or practice 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 motivated or otherwise caused by other group dynamics at the facility;
 - (c) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse;
 - (d) assess the adequacy of staffing levels in that area during different shifts;
 - (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
 - (f) prepare a report of its findings pursuant to its findings for improvement and submit such report to the facility head and PREA Compliance Manager

Summary of Corrective Action

The FCSO created a checklist to assist them in conducting incident reviews. The checklist is used in incident reviews which are conducted at the conclusion of every sexual abuse investigation, whether substantiated, unsubstantiated or unfounded. Checklists were reviewed at the post onsite visit with the FCSO. The review concluded the incident review considered those elements in provision (d), and that the incident reviews occur within 30 days of the conclusion of the investigation. The PREA Coordinator, PREA Compliance Manager and Facility Captain are on the incident review team, and include other attendees as needed.

The implementation of the incident review process coupled with completed incident review checklists indicate the FCSO is in compliance with provisions (a)(b)(c)(d)(e) of standard 115.86.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>PREA Annual Statistical Report 2019</p> <p>FCSO Website</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Administrative Head</p> <p>Findings:</p> <p>(a)(b)(c)(d)(f) FCSO policy 360 XXVI, A, B and C require the PREA compliance manager to collect accurate, uniform data for every allegation of sexual abuse at the Sheriff's Office facilities. The policy requires at a minimum data necessary to answer all questions from the most recent version of the DOJ survey. Additional requirements are that an annual report shall be prepared by the PREA compliance manager and is made available on the Sheriff's office website.</p> <p>Annual reports were posted on the website and easily accessible for review. The reports were accurate and complete which was validated by review of the investigation case files which were reviewed during the audit. The reports compare year to year statistics.</p> <p>(e) This provision is not applicable since there are no private facilities contracted with FCSO.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d)(e)(f) are documented in FCSO policy. The process was confirmed through interviews with PREA Compliance Manager and review of information posted on the FCSO website. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standards 115.87.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Annual Statistical Report 2019</p> <p>FCSO Website</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>(a)(b)(c)(d) are required in policy D-360 XXVI, B, requires the PREA Compliance Manager to prepare an annual report that includes a comparison to the current year's data and corrective actions from the previous years. The report must also provide an assessment of the progress made in addressing sexual abuse. Interview with the PREA Compliance Manager confirmed the policy direction. The annual report for reviewed to assure all the necessary components were present in the document. The reports were confirmed to be available on the FCSO website and easily accessible.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d) are documented in FCSO policy and confirmed by interviews with PREA Compliance Manager. The reports were available on the FCSO website and easily accessible for review. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.88.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>FCSO Policy D-360 Sexual Misconduct and Abuse</p> <p>FCSO Annual Statistical Report 2019</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Findings:</p> <p>(a)(b)(c)(d) are required in policy D-360 XXVI, A, 2 requires data collected shall be maintained for at least ten years after the date of collection. Destruction after that time may be authorized by the Fresno County Board of Supervisors. Interview with the PREA Compliance Manager confirmed the policy direction. Data has not been held for more than ten years at this time, so consideration of destruction has not been considered. The reports were confirmed to be available on the FCSO website and easily accessible.</p> <p>Conclusions:</p> <p>Provisions (a)(b)(c)(d) are documented in FCSO policy and confirmed by interviews with PREA Compliance Manager. The reports were available on the FCSO website and easily accessible for review. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.89.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 499 360">Document Review:</p> <p data-bbox="252 400 576 434">2017 PREA Audit Report</p> <p data-bbox="252 474 392 508">Interviews:</p> <p data-bbox="252 548 491 582">PREA Coordinator</p> <p data-bbox="252 622 617 656">PREA Compliance Manager</p> <p data-bbox="252 696 371 730">Findings:</p> <p data-bbox="252 770 1406 887">FCSO is compliance with the auditing process. They received their final audit report on 8/01/2017. The current audit was postponed until July 2020 secondary to the COVID-19 outbreak at FCSO jails.</p> <p data-bbox="252 927 419 960">Conclusions:</p> <p data-bbox="252 1001 1414 1120">Provisions (a)(b)(c)(d)(e) are documented by previous audits. The previous audit was confirmed by interviews with PREA Compliance Manager and report posted on the FCSO website.</p> <p data-bbox="252 1160 1481 1408">(a)(b)(c)(d) are required in policy D-360 XXVI, A, 2 requires data collected shall be maintained for at least ten years after the date of collection. Destruction after that time may be authorized by the Fresno County Board of Supervisors. Interview with the PREA Compliance Manager confirmed the policy direction. Data has not been held for more than ten years at this time, so consideration of destruction has not been considered. The reports were confirmed to be available on the FCSO website and easily accessible.</p> <p data-bbox="252 1449 419 1482">Conclusions:</p> <p data-bbox="252 1523 1485 1682">Provisions (a)(b)(c)(d) are documented in FCSO policy and confirmed by interviews with PREA Compliance Manager. The reports were available on the FCSO website and easily accessible for review. Based upon the review and analysis of all available evidence, FCSO is found in compliance with standard 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The FCSO published their 2017 final report on their website within 90-days of issuance by the auditor.</p> <p>The 2017 PREA Auditor's final report is available at www.fresnosheriff.org.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the FCSO website and 2017 PREA Audit Report, the FCSO is found in compliance with standard 115.403.</p>

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.)	yes
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 that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	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 consideration: Any applicable State or local laws, regulations, or standards?	yes
	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.)	na
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 facility does not have female inmates.)	yes
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	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: 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 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
	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.)	yes
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.)	na
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.)	na
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?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
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 Garrity warnings? (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 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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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 screening instrument?	yes

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) Whether the inmate is detained solely for civil immigration purposes?	yes

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 information is not exploited to the inmate's detriment by staff or other inmates?	yes

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 present management or security problems?	yes

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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

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.)	na
	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.)	na
	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.)	na

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 anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
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.	no

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 this standard.)	yes
	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, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	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 abuse or sexual harassment or retaliation?	yes
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 response to an incident of sexual abuse?	yes
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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	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 of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	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).)	na

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 abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
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 evidence sufficient to substantiate the allegation?	yes
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).	yes
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.)	yes
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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
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.)	yes
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 to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
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.)	yes

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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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 (f)	Audit contents and findings	
	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.)	yes