

# PREA Agency Audit Report: Final

**Name of Agency:** Fresno County Sheriff-Coronors Office

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 01/23/2017

**Date Final Report Submitted:** 08/01/2017

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"/>
<b>Auditor Full Name as Signed:</b> Adam Eugene Hopkins	<b>Date of Signature:</b> 08/01/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Hopkins, Adam
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<b>Start Date of On-Site Audit:</b>	2016-08-08
<b>End Date of On-Site Audit:</b>	2016-08-12

AGENCY INFORMATION	
<b>Name of agency:</b>	Fresno County Sheriff-Coronors Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2200 Fresno Streer, Fresno, California - 93721
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Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Nikia Shumate	<b>Email Address:</b>	nikia.shumate@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.

On August 8-12, 2016 Adam Hopkins, Department of Justice certified auditor and President of Lumicore Training, LLC, conducted an on-site visit as part of the PREA audit of the Fresno County Sheriff's Office in Fresno, California. The Office point of contact was Sergeant Nikia Shumate, PREA Coordinator for the Sheriff's Office.

### PRE-AUDIT PROCESS

Audit notices were supplied and posted throughout the facility six weeks prior to the on-site review. Email documentation of the notices being sent, received and posted demonstrate the timely posting of the notices. Other than one correspondence from an inmate received following the on-site visit, auditor has not received any further correspondence or mail at the FCSO PREA Audit mail address.

The pre-audit activities included a completion of the Pre-Audit Questionnaire by the PREA Coordinator. This proved problematic following the on-site audit, as the Agency had completed the "Agency" PAQ in error when they should have completed the "Facility" PAQ. Completion of the "Facility" PAQ was requested and took approximately one month for the FCSO PREA Coordinator to complete. PREA Coordinator provided the documentation for pre-audit reviews and activities. Auditor was provided and reviewed Administrative Regulations, Operational Procedures and documentation reflecting what processes were actually employed to prevent, detect and respond to sexual victimization, training curriculum, organizational charts, posters and Inmate Handbook. All material were provided to demonstrate compliance with the PREA standards. Frequent phone conversations with the PREA Coordinator to discuss deficiencies or needed material were had prior to the on-site visit. Interviews of Specialized Staff such as the contracted Medical Health Services Administrator, Rape Crisis Call Center and the SANE/SAFE provider were conducted by phone prior to the on-site audit.

### ON-SITE AUDIT

Auditor conducted an entrance conference with facility administration on August 8, 2016. This conference focused on the audit schedule and an overview of the process. Present at the entrance conference were the two Division Captains, PREA Coordinator, Services Lieutenant and the Auditor. Following the entrance conference, the balance of day one and the first three hours of day two were occupied by the facility tour. Auditor was provided a conference room with white board to use as a base of operations. All required interviews and document reviews were outlined on the white board and discussed each morning with the PREA Coordinator and were available to Division Command Staff throughout the on-site audit.

The facility tour was conducted by the PREA Coordinator and consisted of an inspection of every housing area of three separate facilities which fall under the span and control of the Sheriff's Office and PREA Coordinator, all critical service areas, program areas, maintenance areas and administrative offices. All of the areas visited during the site tour were in three separate and distinct buildings, the South Annex, the Main Facility and the North Annex. Each facility housed their own services areas, program areas and

maintenance areas. The Main Facility housed the division administrative offices. During the facility tour Auditor selected random housing units within each area of each facility to speak informally with inmates who were selected at random within those units.

During the facility tour, Auditor noted several issues regarding privacy within the South Annex. These issues have been discussed within the appropriate audit standards. As discussed in the standards, the noted issues will be resolved with the closing of the South Annex and the opening of a new facility, which is in the planning phases. Auditor also noted several areas which could allow for victimization within the facility. Those areas were noted by agency staff during the tour and were corrected immediately. Most notably were two areas within the inmate laundry that were out of the line of site for staff and had no camera coverage. These areas had doors which could be closed and locked when not in use. Auditor had concerns over lines of site in several areas, but camera reviews confirmed that these areas were actually being monitored. One group of inmates in the Main Jail, during the facility tour, voiced their concerns that staff in the observation towers, controlling cameras within the units, routinely zoomed the cameras into the windows of individual cells and viewed the inmates inside the cells. Review of camera angles and ability of the cameras in the towers to zoom, confirmed that staff could not zoom any of the cameras and could not see into the interior of any cells in any of the housing units.

The balance of the on-site audit, was taken up by interviews and document reviews.

Auditor was given full access to all documentation needed for the audit. Much of the documentation was provided pre-audit, however, while on site, auditor reviewed documentation of intake classifications, agency's record management system to confirm time frames for bookings and inmate housing management, and the medical records system. Numerous random and formalized interviews were conducted with inmates. Auditor requested and was provided housing unit rosters each day of the on-site audit. Thirty three inmates were interviewed including limited-English-proficient (LEP) inmates, inmates who identified as members of the lesbian/gay/bisexual/transgender/intersex (LGBTI) population of the jail, inmates who were screened as being at high risk for sexual victimization, inmates assigned to segregation units, inmates who reported sexual victimization as well as a random sample of inmates. The Fresno County Sheriff's Office does not house youthful offenders.

In addition to inmate interviews, document reviews and facility inspection, thirty staff members were interviewed, including senior management, medical staff, human resources, behavioral health, members of the sexual abuse incident review team, investigators, and a random number of correctional officers. Random staff interviews were selected from staff working in each area of the facilities on the shifts working at the time. Auditor conducted interviews of inmates and staff at different times throughout the day starting at 0800hrs and ending at 2300hrs, which allowed for interviews of staff on all shifts. Specialized staff were chosen based on assignment within the agency. Staff interviews were conducted in private interview rooms or individual offices for specialized staff.

Auditor conducted an exit conference with Division Command Staff and PREA Coordinator on the afternoon of August 12, 2016. Agency administration and staff were very open and receptive to an honest discussion of areas where PREA compliance needs to be strengthened and the PREA compliance team began corrective measures immediately.

#### DOCUMENTS AND FILES REVIEWED

During the PRE-AUDIT, ON-SITE AUDIT and POST-AUDIT phases, Auditor reviewed agency Policies/Procedures, training material, proof of training, Inmate Handbook, PREA posters, classification

documents, records management system documenting random checks, cases involving sexual abuse/harassment, Consent Decree, daily housing unit rosters, personal correspondence with auditor, staffing matrix, Intake forms, program/services schedules, facility diagrams and agency website. Auditor used several techniques in choosing sample documentation. Auditor requested specific documents or files such as the Inmate Handbook and PREA training documentation. When inmate files were needed, Auditor used the daily housing rosters provided by the PREA Coordinator and would request the files of every fourth inmate. Auditor also requested Agency to provide sample cases confirming adherence to PREA standards in the areas of investigations, evidence collection and preservation and Internal affairs. Agency was directed to provide samples with no specification as to how the cases were chosen. Regarding training topics and training documentation, Agency provided full Powerpoint presentations and scanned copies of documentation signed by staff who attended the PREA based training.

#### DISCUSSIONS AND TYPES OF INTERVIEWS CONDUCTED

Auditor had an entrance and exit conference with Division Command staff and PREA Coordinator. Auditor conducted daily coordination meetings with the PREA Coordinator prior to the start of the day during the on-site audit. Auditor conducted informal interviews with Inmates and staff during the site tour. The informal interviews were within housing areas, individual housing units, control rooms and while Auditor was being escorted by commissioned staff throughout the on-site audit. Auditor also conducted formal interviews with Inmates, commissioned staff, volunteers, contract employees and those who provide services such as SANE/SAFE and resources such as the local Rape Crisis Call Center. The formal interviews were conducted in private interview rooms and individual offices of specialized staff.

The methodology for selecting inmates for random interviews was, using the daily housing rosters, to mark every fourth inmate on the rosters and have staff contact the inmates starting with the first marked inmate. Staff asked the inmates if they would like to participate in the audit by being interviewed. No further information was given to the inmates regarding the interviews. Staff contacted every fourth inmate until an inmate consented to be interviewed and the consenting inmate was brought to the private interview room. The same process was utilized with those inmates needed for specialized inmate interviews. Two inmates communicated with auditor prior to the site visit. One inmate had been released prior to the on-site audit and the other inmate was interviewed during the on-site audit. A third inmate's communication to auditor was not received until after the on-site audit so that specific inmate was not interviewed. However, information from the third inmate was immediately passed on to agency staff to conduct follow-up due to the nature of the correspondence. No further communication from staff or inmates has been received. Random staff interviews were chosen from the daily staff rosters provided on a daily basis. Random staff interviews were also conducted based on the location of Auditor at any given time. This allowed for multiple interviews to be conducted in a given area without having to be escorted to numerous locations.

#### OBSERVATIONS MADE DURING SITE-REVIEW

The FCSO has made PREA compliance a priority. Agency has spent time, money and resources in their efforts to become PREA compliant. Policies reflect PREA Standards in a majority of areas, however, in several areas, practice is in compliance but is not delineated sufficiently in policy. Training on PREA is conducted regularly and is evident when interviewing staff. While staff training is compliant with standards, Inmate training is in need of improvement and documentation of Inmate training is lacking. Agency moves quickly to make needed changes such as the reclassification of the PREA Coordinator position, which agency has already made. Agency struggles with PREA compliance in the South Annex due to the age of the facility and limitations based on construction. However, FCSO has made necessary and appropriate accommodations to be in compliance. Agency is in the planning stages of a new facility

to replace the South Annex. Agency has included a PREA auditor in the planning of this new facility, indicating Agencies willingness to follow PREA standards in all areas of their operation. Agency is non-compliant in several areas, however, there are no major deficiencies which would prevent the FCSO from becoming fully compliant within the corrective action period.

#### FOLLOW-UP WORK

Post audit follow-up work consisted of outlining deficiencies within the audit which need corrective action by the agency and requesting additional documentation of training for medical/mental health staff and investigative documentation. Sergeant Shumate and later, Sergeant Curran, supplied additional documentation necessary to make conclusive findings for the audit. Auditor has made several calls to FCSO staff to clarify policy in various areas such as hiring and promotion of staff related to PREA standards. Auditor has communicated with FCSO PREA Coordinators, the areas in need of corrective action. Due to an error made early on in the Pre-Audit Questionnaire, an "Agency" and "Facility" audit have had to be completed which has delayed the completion of the interim report. Agency has been advised of delays in the interim report.

In summary, after reviewing all pertinent information and after conducting the on-site review, inmate interviews and staff interviews, the Auditor found that agency leadership and staff have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of inmates on all the key aspects of PREA. Discussions with agency leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of inmates and staff in the facility. It was further evident that staff and inmates were invested in PREA as demonstrated through their knowledge and understanding of the protections and requirements. The positive culture of sexual safety in this facility is evident in the overall operations of this facility and the level of PREA compliance noted by this Auditor. While there are certain areas of compliance that will require strengthening through corrective actions as detailed in this report, those corrections are relatively easy to accomplish and the Auditor expects full compliance will be achieved soon. As a result of the exit conference with FCSO Division Command staff, the compliance team immediately began their corrective actions prior to receiving this report. Because of this initiative, the facility will reach full PREA compliance quickly.



## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	9
<b>Number of standards not met:</b>	0

Number of standards exceeded: 0

Number of standards met: 3

\* 115.66; 115.401; 115.403;

Number of standards not met: 5

\* 115.11; 115.17; 115.87; 115.88; 115.89

Number of standards N/A: 1

\* 115.12

All inmates who were interviewed, save one, cooperated with the interview process. Mental health services had to be arranged for two inmates following their interviews. Numerous inmates reported that they did not trust staff enough to report sexual misconduct. Numerous inmates also reported that grievances submitted for various reasons were thrown away. While several inmates confirmed that the agency provided them PREA information during the booking process, the majority stated they were not. This assertion is contradicted by the presence of PREA related information posted throughout the facility, PREA related questions asked during the initial screening and the presence of PREA information within the inmate handbook which all inmates stated they received at booking.

While PREA information is presented in all of these formats confirmed by viewing the intake classification form, viewing PREA posters in several languages throughout the facility and reviewing the inmate handbook, the agency has no formal mechanism to notate that every inmate has received this information. Also, the required ongoing training of inmates is not being accomplished though the technology to do so is in place.

Inmates indicated during their interviews that they knew the various mechanisms for reporting sexual abuse, the services available to victims of sexual abuse and had been advised of prevention strategies. The few inmates who were not aware of these topics, were educated during the interview. During the facility tour, Auditor was able to talk to inmates openly and without hesitation by the inmates. A corrections officer was in each pod during the interview for safety purposes. Their presence did not hinder the interviews in any way.

Agency staff, contracted employees and volunteers cooperated fully with the interviews and all expressed



support for the goals of PREA. All staff, contracted employees and volunteers indicated that they had received training on PREA in hours commensurate with their level of inmate contact. This training was corroborated by acknowledgement forms and training logs provided by the agency.

#### CORRECTIVE ACTION PLANNING

The corrective action plans for the areas not met are not extensive and most have to do with policies needing to reflect practice. Agency will be re-designating the PREA Coordinator position and the PREA Compliance Manager positions and then updating the organizational chart. Where changes in procedure are required, those changes have been outlined in the body of the audit and are being made at the agency level. Where clarification to policy is required, agency is clarifying policy. All of the changes required for full compliance can be accomplished within the 180 day corrective action period if not sooner. Compliance assessment will be done by having agency send, via email, updated policies and relevant documentation of compliance.

#### JULY 31, 2017 UPDATE SINCE THE AUDIT: CORRECTIVE ACTIONS TAKEN TO ACHIEVE FULL COMPLIANCE

The Interim Compliance Report reflected that there were 5 standards that were in non-compliance at the Fresno County Sheriff's Office (FCSO). Therefore, a required correction action period not to exceed 180 days began on January 24, 2017. The Auditor recommended corrective actions for the facility and administration agreed and began immediate corrections of those standards found to be in non-compliance. FCSO completed the required corrective actions requested by the Auditor to bring the facility into full compliance with the PREA standards. Evidence of corrective actions was received by the Auditor throughout the corrective action period. The Auditor reviewed the submitted documentation to determine if full compliance was achieved. In some cases, the Auditor requested clarifications and/or additional documentation via emails and phone calls with FCSO staff. FCSO complied with all requests from the Auditor. A summary of the evidentiary basis for determining full compliance is discussed within each standard that was originally noncompliant. As a result of successful corrective action, the Auditor determined that the FCSO has achieved full compliance with the PREA standards as of the date of this final report.

The summary of compliance based upon this final report is found below.

Number of standards exceeded: 0

Number of standards met: 8

\* 115.66; 115.401; 115.403;  
115.11; 115.17; 115.87; 115.88;  
115.89

Number of standards not met: 0

Number of standards N/A: 1

\* 115.12

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. FCSO Completed Pre-Audit Questionnaire (PAQ)</li> <li>2 FCSO policy D-360</li> <li>3. FCSO Organizational chart</li> <li>4. Interviews with the following: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Services Lieutenant</li> </ol> </li> </ol> <p>115.11 (a) The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency 's approach to preventing, detecting, and responding to such conduct.</p> <p>Agency policy D-360, page 1 establishes the zero tolerance policy for all forms of sexual abuse and harassment. Policy D-360 Section I, page 2, provides an outline of the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. Policy D-360, pages 4-5 defines prohibited behaviors as they relate to sexual abuse and sexual harassment. Policy D-360, pages 26 and paragraph one of page 27 outline sanctions for inmates, volunteers and contractors who participate in prohibited behaviors. Policy D-360 Sections III-XXVIII, pages 5-30, outlines the facility's approach to preventing, detecting and responding to such conduct by mandating training for staff and inmates, screening staff and inmates and providing a multi-route reporting mechanism. Auditor reviewed the listed policies and confirmed that they were in place and met this element.</p> <p><b>AGENCY MEETS THIS ELEMENT</b></p> <p>115.11 (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>Agency has designated all line Sergeants as PREA Compliance Managers. They have not designated one person for this position which is not in compliance with the standard. Compliance Managers as designated, have the daily duties of monitoring the operations of their designated housing areas. While they are focused on PREA compliance when an incident occurs, they are not responsible for the coordination and implementation of PREA standards. They also do not have the authority to make changes to facility procedure to better comply with PREA standards. That authority would require a position that had in its description, the responsibility of coordinating PREA implementation, such as the Services Sergeant. PREA Compliance Managers are defined within agency policy, they are not in the organizational chart. PREA Coordinator is the only PREA related position represented in the organizational chart which is not in compliance with the standard. All PREA related issues identified by PREA Compliance Managers are brought to the PREA Coordinator, which at this time, is the Services Sergeant. The PREA Coordinator reports to the Services Lieutenant. Prior to leaving the on-site audit, Auditor suggested to Executive Staff and the current PREA Coordinator, that</p>

a re-designation of this position be made. Discussions were being had prior to the on-site visit to make this change and subsequent conversations with the PREA Coordinator confirmed that this change is being made.

AGENCY DOES NOT MEET THIS ELEMENT

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

The Auditor was provided supplemental documentation on June 20, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.

ADDITIONAL DOCUMENTATION REVIEWED:

1. The FCSO Sexual Misconduct and Abuse policy #D-360 (Modified version approved June 20, 2017 by Sheriff)
2. Revised FCSO organizational chart provided on 04/27/17

The FCSO has revised their Policy #D-360 to reflect the Services Lieutenant designated as the PREA Coordinator and the Services Sergeant designated as the PREA Manager. Agency has also provided proof of practice in this area by providing a revised organizational chart reflecting the changes as well. These changes bring the agency into compliance with Standard 115.11 (c) as well as Standard 115.11 in its entirety.

REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT

Recommendations: Designate a Lieutenant or above as PREA Coordinator and the Services Sergeant as the PREA Manager. All changes to be made on the agency's organizational chart. Changes to agency's organizational chart showing the changes in PREA Coordinator and Manager positions must be provided to the auditor within the corrective action period to demonstrate compliance.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. FCSO completed Pre-Audit Questionnaire (PAQ)</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Executive staff</li> <li>b. PREA Coordinator</li> </ol> </li> </ol> <p>Agency does not contract out for the housing of inmates to any other facilities. This was confirmed through interviews with agency executive staff, PREA Coordinator and review of the PAQ.</p>

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. PAQ (Pre audit questionnaire)</li> <li>2. Policy review,HR flyers for various positions</li> <li>3. Interviews with PREA Coordinator, Undersheriff, HR staff</li> </ol> <p>115.17 (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—</p> <p>(1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>Agency completes a thorough background investigation to include an extensive criminal records check and polygraph on all potential new hires, potential contractors and potential volunteers. During the promotional process, county, bureau and divisional files are examined to determine if anything in those files would disqualify an individual from being promoted, included in those file would be PREA violations as noted by the FCSO. Interviews with HR staff, PREA Coordinator and review of recruitment flyers provided by the agency, confirmed this practice. Policy and Procedure #306, section III, page 1 states Disciplinary matters of a more serious nature that may result in recommendations for dismissal, suspension or demotion shall be forwarded through the chain of command to the Undersheriff. Interviews with Executive staff confirmed that prohibited behavior as outlined in this standard would be grounds for termination and therefore the employee would not be considered for promotion. While not hiring an individual with a history of sexual misconduct is confirmed, agency could not produce documentation in policy of not promoting an individual with sexual misconduct in their history.</p> <p>AGENCY DOES NOT MEET THIS ELEMENT</p> <p>VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:</p> <p>The Auditor was provided supplemental documentation on June 20, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.</p> <p>ADDITIONAL DOCUMENTATION REVIEWED:</p> <ol style="list-style-type: none"> <li>1. The FCSO Sexual Misconduct and Abuse policy #D-360 (Modified version approved June 20, 2017 by Sheriff)</li> </ol>

The FCSO expanded their policy statement to include an admonishment regarding their policy of not hiring, promoting or contracting with individuals who have engaged in behavior prohibited by PREA Standard 115.17 (a).

REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT

115.17 (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Agency does a thorough background check, criminal history check and polygraph on all who seek employment with them. Prior sustained sexual harassment incidents are considered. When a current employee is seeking promotion, a thorough check of their current personnel file is completed. Prior sustained sexual harassment incidents are considered. Interviews with HR staff, PREA Coordinator and Executive staff confirmed that this policy is known and adhered to. Review of Pre-employment flyers for Corrections Officer and Deputy Sheriff had no language related to PREA or sexual harassment. All had language that stated applicants would be required to disclose employment history and personal history as part of the hiring process.

AGENCY DOES NOT MEET THIS ELEMENT

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

The Auditor was provided supplemental documentation on June 20, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.

ADDITIONAL DOCUMENTATION REVIEWED:

1. The FCSO Sexual Misconduct and Abuse policy #D-360 (Modified version approved June 20, 2017 by Sheriff)
2. Responsibility to Provide Acknowledgment form

The FCSO expanded their policy statement to include an admonishment regarding their policy of not hiring, promoting or contracting with individuals who have engaged in behavior prohibited by PREA Standard 115.17 (b). A "Responsibility to Provide Acknowledgement" form was created and provided. This document is utilized with every new hire, promotional candidate and contract employee and ensures that the appropriate questions are being asked in order to uncover past or current sexual abuse or sexual harassment.

REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT

115.17 (c) Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.

A criminal background check is completed before hiring any new employees. Background checks for new hires always include attempts to contact previous employers with a waiver from the applicant allowing such contact. Interview of HR personnel confirms this process is known and followed. Review of the Fresno County Human Resources website confirmed that criminal backgrounds records checks are completed. Applicants are also required to provide previous employment history, which is verified through the application process. While previous employers are contacted, Auditor could find no evidence that specific questions regarding sexual abuse allegations or resignation during a pending investigation of an allegation of sexual abuse, were asked.

AGENCY DOES NOT MEET THIS ELEMENT

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

The Auditor was provided supplemental documentation on June 20, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.

ADDITIONAL DOCUMENTATION REVIEWED:

1. The FCSO Sexual Misconduct and Abuse policy #D-360 (Modified version approved June 20, 2017 by Sheriff)
2. Responsibility to Provide Acknowledgment form

The FCSO expanded their policy statement to include an admonishment regarding their policy of not hiring, promoting or contracting with individuals who have engaged in behavior prohibited by PREA Standard 115.17 (b). A "Responsibility to Provide Acknowledgement" form was created and provided. This document is utilized with every new hire, promotional candidate and contract employee and ensures that the appropriate questions are being asked in order to uncover past or current sexual abuse or sexual harassment.

REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT

115.17 (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

A thorough background check is completed and a criminal background check, including NCIC and CLETS, is completed on all contractors who may have contact with inmates. This process was confirmed through interviews with HR and contracted staff. Random interview with staff who conduct the criminal background checks, confirmed that this is completed on all contractors who may have contact with inmates.

AGENCY MEETS THIS ELEMENT

115.17 (e) The agency shall 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.

Agency does a criminal background check on all new hires and all new contract employees. Agency then conducts a criminal background check on all contract employees and volunteers every year upon renewal of their identification. The Fresno County Sheriff's Office has an agreement with the CA Department of Motor Vehicles that automatically notifies the agency whenever a Sheriff's Office employee's DMV record is negatively impacted. Agency is also notified by CLETS when an agency employee's name is entered and negatively impacted. Officers are required to submit their DMV driver license upon yearly evaluation, confirming that the employee is current in the DMV system and therefore subject to CLETS notifications. Auditor confirmed this process through interviews with PREA Coordinator, HR staff and random staff interviews.

#### AGENCY MEETS THIS ELEMENT

115.17 (f) The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Agency policy 600, section UU, subsection 2 imposes, for any member of the department who is a suspect, or reasonably believes or should believe that they are a potential suspect of a criminal investigation, whether pertaining to an on-duty or off-duty matter, the continuing affirmative duty to disclose such involvement.

The county application currently does not ask the necessary questions to get this information from new employees nor does the application for current employees seeking promotions.

#### AGENCY DOES NOT MEET THIS ELEMENT

#### VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

The Auditor was provided supplemental documentation on June 20, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.

#### ADDITIONAL DOCUMENTATION REVIEWED:

1. The FCSO Sexual Misconduct and Abuse policy #D-360 (Modified version approved June 20, 2017 by Sheriff)
2. Responsibility to Provide Acknowledgment form

The FCSO expanded their policy statement to include an admonishment regarding their policy of not hiring, promoting or contracting with individuals who have engaged in behavior prohibited by PREA Standard 115.17 (f). A "Responsibility to Provide Acknowledgement" was created and provided. This document is utilized with every new hire, promotional candidate

and contract employee. The changes in the policy and creation of the acknowledgement now ensures that the agency is asking the appropriate questions of all employees.

REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT

115.17 (g) Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination

Agency policy 600, section AA, subsections 1-2, page 6 directs that no member shall make false statements to superior officers or other members, but does not state that material omissions or providing materially false information, are grounds for termination. PREA Coordinator and Internal Affairs Lieutenant both stated that making false statements or omission of information are grounds for termination, however, Auditor was unable to find this spelled out in policy.

AGENCY DOES NOT MEET THIS ELEMENT

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

The Auditor was provided supplemental documentation on June 27, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.

ADDITIONAL DOCUMENTATION REVIEWED:

1. The FCSO Rules, Regulations, Duties and Responsibilities policy #600 (Modified version approved June 20, 2017 by Sheriff)

The FCSO expanded their policy statement by adding a third admonishment to policy #600, page 7, AA Untruthfulness which states "Material omissions or providing materially false information are grounds for termination". This addition satisfies the requirements of Standard 115.17 (g).

REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT

115.17 (h) Unless prohibited by law, the agency shall 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.

Agency policy D-360, section XXIII, subsection D, page 27, states that 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. There were no incidents of this type in the previous 12 month period to verify that this is not only policy but practice. Due to lack of evidence in this area, Agency is deemed to be in compliance with this element.

AGENCY MEETS THIS ELEMENT

Recommendation: Agency should articulate in policy that an applicant or employee who (1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section, must not be considered for hire or promotion. Furthermore, the FCSO should enhance its hiring and promotions process as well as its contractor hiring procedures by ensuring the necessary questions are asked of all applicants, employees and contractors to uncover the prohibited conduct detailed in this standard.

Auditor suggests that Agency create a "Disclosure of PREA Employment Standards Violation" form, to be completed by all applicants for employment and all current employees seeking promotion. A PREA disclosure form will satisfy this subsection once it is implemented in policy and practice, trained and institutionalized. Auditor also suggests that Agency spell out in policy that material omissions regarding PREA related misconduct, or the provision of materially false information, are grounds for termination.

Agency must provide auditor with documentation of changes in policy, hiring and promotional questions and implementation of a direct way to determine if new hires or promotional candidates have violated PREA standards, to be in compliance with this standard.

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. PAQ (Pre audit questionnaire)</li> <li>2. Policy review</li> <li>3. Interviews with PREA Coordinator, Undersheriff</li> </ol> <p>115.66 (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Although the PAQ shows that this standard need not be audited, interview with the agency Undersheriff contradicts this assertion. The FCSO has in fact entered into an MOU agreement since August 20, 2012. Auditor was provided an MOU agreement dated July 20, 2015. Based on the MOU agreement provided, the Fresno County Sheriff has the right to place an employee on administrative leave or to reassign an employee pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Review of the MOU between SEIU-Local 521, Unit 2 and the County of Fresno as well as interviews with the agency Undersheriff and PREA Coordinator confirmed that the agency is not limited in its ability to remove or reassign staff.</p> <p><b>AGENCY MEETS THIS ELEMENT</b></p> <p>115.66 (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member 's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Audit tool marks this element as not required to audit.</p>

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. PAQ (Pre audit questionnaire)</li> <li>2. Policy review</li> <li>3. Bureau of Justice Statistics Survey of Sexual Victimization, 2013 (completed report)</li> <li>4. Bureau of Justice Statistics Survey of Sexual Victimization, 2014 (completed report)</li> </ol> <p>115.87 (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Agency policy D-360, section XXVI, subsection A, page 28, directs that the PREA Coordinator shall collect accurate, uniform data for every allegation of sexual abuse at the Sheriff's Office facilities. Data collected and reviewed by auditor was standardized and Agency policy D-360 provides a clear set of definitions.</p> <p><b>AGENCY MEETS THIS ELEMENT</b></p> <p>115.87 (b) The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>The FCSO has completed and provided to auditor, DOJ form SSV-3, Survey of Sexual Victimization for years 2013 and 2014.</p> <p><b>AGENCY MEETS THIS ELEMENT</b></p> <p>115.87 (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>Agency has completed the DOJ Survey of Sexual Violence and provided years 2013 and 2014 for review. The provided surveys included all necessary data to answer all questions on both surveys. Survey for 2015 was not available to review at the time of this audit.</p> <p><b>AGENCY MEETS THIS ELEMENT</b></p> <p>115.87 (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Agency maintains, reviews and collects data from all sources and incident reviews. Auditor confirmed compliance with this element through review of collected data on annual DOJ Sexual Violence surveys, review of investigative files and reports provided by the PREA Coordinator. Auditor also reviewed electronic documentation of reports involving sexual abuse</p>

and sexual harassment allegations.

**AGENCY MEETS THIS ELEMENT**

115.87 (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Agency does not house inmates at any other facilities, therefore, compliance with this element is N/A.

115.87 (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

While Agency provided the DOJ Sexual Violence surveys for 2013 and 2014, the only dated document provided indicated the initial submission of the survey was after June 30, 2013. No dated survey was provided for 2014 and no survey was provided for 2015.

**AGENCY DOES NOT MEET THIS ELEMENT**

**VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:**

The Auditor was provided supplemental documentation on June 27, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.

**ADDITIONAL DOCUMENTATION REVIEWED:**

1. The DOJ Survey of Sexual Victimization, 2014

The FCSO provided the DOJ Survey of Sexual Victimization, 2014 which was in compliance with the June 30 deadline.

**REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT**

Recommendation: Agency must provide the most current DOJ Sexual Violence survey and the date submitted to confirm compliance with the June 30 submission requirement. Documents must be provided to auditor within the corrective action period to be compliant with this standard.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. PAQ (Pre audit questionnaire)</li> <li>2. Policy review</li> <li>3. Review of FCSO Annual Report</li> <li>4. Review of FCSO website</li> </ol> <p>115.88 (a) The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>The FCSO collects, reviews and publishes data regarding sexual abuse in its facilities and while it is evident through policy, training and practice that the agency is assessing its effectiveness and making appropriate changes, the annual report does not identify problem areas or explain how corrective actions are being taken on an ongoing basis. The agency is currently working on the annual report that will comply with this element.</p> <p>AGENCY DOES NOT COMPLY WITH THIS ELEMENT</p> <p>VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:</p> <p>The Auditor was provided supplemental documentation on June 20, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.</p> <p>ADDITIONAL DOCUMENTATION REVIEWED:</p> <ol style="list-style-type: none"> <li>1. Fresno County Sheriff-Coroner's Office, Prison Rape Elimination Act Annual Statistical Report 2016 (Received 5-18-17 and currently posted to the agency website)</li> </ol> <p>The FCSO has completed the 2016 PREA Annual Statistical Report and this report is now clearly posted on the agency website. The report was enhanced to include not only year to year statistical data comparisons, but gives detailed definitions, an overview of the various potential outcomes an investigation as well as discussing what corrective actions the FCSO has taken in order to protect the inmates housed at their facilities. The inclusion of this additional data and posting this report to the agency website has met the requirements of this element.</p> <p>REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT</p> <p>115.88 (b) Such report shall include a comparison of the current year's data and corrective</p>

actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The annual report, published on the agency website does compare current year's data with past data, however it does not discuss corrective actions or provide an assessment of the agency's progress in addressing sexual abuse. The agency is currently working on the annual report that will comply with this element.

#### AGENCY DOES NOT MEET THIS ELEMENT

#### VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

The Auditor was provided supplemental documentation on June 20, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.

#### ADDITIONAL DOCUMENTATION REVIEWED:

1. Fresno County Sheriff-Coroner's Office, Prison Rape Elimination Act Annual Statistical Report 2016 (Received 5-18-17 and currently posted on the agency website)

The FCSO has completed the 2016 PREA Annual Statistical Report and this report is now clearly posted on the agency website. The report was enhanced to include not only year to year statistical data comparisons, but gives detailed definitions, an overview of the various potential outcomes an investigation as well as discussing what corrective actions the FCSO has taken in order to protect the inmates housed at their facilities. The inclusion of this additional data and posting this report to the agency website has met the requirements of this element.

#### REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT

115.88 (c) The agency's report shall be 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.

The FCSO annual report is approved by the agency head and is published on the agency website. Review of the agency website confirmed the report was posted.

#### AGENCY MEETS THIS ELEMENT

115.88 (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The annual report currently published, provides statistical data only and therefore, agency is in compliance at this time. However, as agency modifies its annual report to comply with elements A and C of this standard, agency staff are aware that redaction of specific material may be appropriate as outlined in element D of this standard.



AGENCY MEETS THIS ELEMENT

Recommendations: Agency must publish an annual report that not only contains statistical data collected over the previous year, the report must also compare the data to past years. The report must also discuss identified problem areas, discuss corrective actions and provide an overview of Agency's progress in addressing sexual abuse. A copy of the expanded Annual Report must be provided to Auditor and it must be posted on the Agency website to be in compliance with this standard.

115.89	<b>Data storage, publication, and destruction</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <p data-bbox="248 329 970 365">Evidence reviewed (documents, interviews, site review)</p> <ol data-bbox="248 371 699 533" style="list-style-type: none"> <li>1. PAQ (Pre audit questionnaire)</li> <li>2. Policy review</li> <li>3. Review of FCSO Annual Report</li> <li>4. Review of FCSO website</li> </ol> <p data-bbox="248 629 1417 701">115.89 (a) The agency shall ensure that data collected pursuant to § 115.87 are securely retained.</p> <p data-bbox="248 757 1473 918">Agency collects PREA related data and stores the data in computer files which are permission and password protected. Auditor was given access to these files while on site to confirm the security of their retention. Interviews with the PREA Coordinator and random staff confirmed that the data collected is available to staff based on permission and password.</p> <p data-bbox="248 972 695 1003">AGENCY MEETS THIS ELEMENT</p> <p data-bbox="248 1059 1477 1176">115.89 (b) The agency shall 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.</p> <p data-bbox="248 1229 1394 1346">The FCSO publishes all aggregated sexual abuse data on the agency website annually. Auditor confirmed compliance by review of the annual report on the agency website <a href="http://www.fresnosheriff.org">www.fresnosheriff.org</a>. Agency does not contract with other facilities to house inmates.</p> <p data-bbox="248 1400 695 1431">AGENCY MEETS THIS ELEMENT</p> <p data-bbox="248 1485 1449 1556">115.89 (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p data-bbox="248 1612 1460 1729">Agency publishes annual, aggregated sexual abuse data on its website. The annual report is solely data related information with no personal identifiers. Auditor confirmed compliance through review of the agency website and annual report.</p> <p data-bbox="248 1783 695 1814">AGENCY MEETS THIS ELEMENT</p> <p data-bbox="248 1868 1473 1984">115.89 (d) The agency shall 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.</p> <p data-bbox="248 2038 1437 2154">Agency had been collecting data pursuant to Standard 115.87 for 3 years at the time of the on-site audit. Agency policy D-360, section XXVI, subsections A-C, page 28, directs data collection and audit in accordance with Standard 115.87. PREA Coordinator stated that</p>

Agency will keep all data at least 10 years after it is collected. All sexual abuse data is stored in the RMS indefinitely. However, policy does not specifically direct that sexual abuse data be maintained for a minimum of 10 years after the date of initial collection.

AGENCY DOES NOT MEET THIS ELEMENT

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

The Auditor was provided supplemental documentation on June 27, 2017 to evidence and demonstrate corrective actions taken by the FCSO administration regarding this standard. This documentation is discussed below.

ADDITIONAL DOCUMENTATION REVIEWED:

1. The FCSO Sexual Misconduct and Abuse policy #D-360

The FCSO expanded their policy #D-360 adding the requirement of Standard 115.89 (d) that collected data must be maintained for at least ten (10) years after the date of the initial collection. The new policy goes on to direct that destruction after this date, may only be authorized by the Fresno County Board of Supervisors pursuant to Governmental Code Section 26202.

REVISED CONCLUSION: AGENCY MEETS THIS ELEMENT

Recommendation: Agency must add to policy that sexual abuse data will be maintained for a minimum of 10 years after it is initially collected. Agency must make this policy addition and provide a copy of the changed policy to Auditor to be compliant with this standard.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. PAQ (Pre audit questionnaire)</li> <li>2. Policy review</li> <li>3. Interviews with FCSO command staff</li> <li>4. Interview with PREA Coordinator</li> </ol> <p>115.401 (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>This is the first audit of any facility operated by the FCSO and was begun in August of 2016. The agency will be building an additional inmate housing facility to be completed by 2019 or 2020 at the latest. Once it is completed, the South Jail will be closed and will no longer be utilized to house inmates. Agency has already had a DOJ certified auditor participate in the planning phase for the new facility and Agency plans to have all three facilities audited in 2020.</p> <p>AGENCY MEETS THIS ELEMENT</p> <p>115.401 (b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>This audit is the first for the Fresno County Sheriff's Office. Plans are in place for the future to include a new facility scheduled to be completed by 2020 and the closure of the South Jail once the new facility is opened and can house inmates. The FCSO operates three jail facilities, all of which are operated solely by FCSO staff and fall under a single command staff structure and a single PREA Coordinator. Interviews with FCSO command staff and PREA Coordinator confirmed that Agency plans on having all three facilities audited in 2020.</p> <p>AGENCY MEETS THIS ELEMENT</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence reviewed (documents, interviews, site review)</p> <ol style="list-style-type: none"> <li>1. PAQ (Pre audit questionnaire)</li> <li>2. Interviews with FCSO command staff</li> <li>3. Interview with PREA Coordinator</li> </ol> <p>115.403 (f) The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>This is the first PREA audit for the FCSO, no prior audits have been conducted. No final audit has been issued at this time.</p> <p>AGENCY MEETS THIS ELEMENT</p>

**Appendix: Provision Findings**

115.11 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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?	no
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

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

115.17 (a)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?	yes

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



<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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

<b>115.87 (a)</b>	<b>Data collection</b>	
	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

<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	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

<b>115.87 (e)</b>	<b>Data collection</b>	
	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

<b>115.87 (f)</b>	<b>Data collection</b>	
	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.)	no

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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

<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)	na

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, 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?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	na