

PREA AUDIT: AUDITOR'S FINAL SUMMARY

REPORT PRISONS & JAILS



Name of facility: Marin County Jail			
Physical address: 13 Peter Behr Drive, San Rafael, CA 94903			
Date report submitted: March 31, 2017			
Auditor Information			
Address: PO BOX 732 BENICIA, CA 94510-0732			
Email: eiw@comcast.net			
Telephone number: (707) 333-8303			
Date of facility visit: 11/14/16 to 11/15/16			
Facility Information			
Facility mailing address: (if different from above) 1600 Los Gamos Drive, Suite 200, San Rafael, CA 94903			
Telephone number: (415) 473-7250			
The facility is:	COUNTY		
Facility Type:	JAIL		Other:
Name of Facility Head: Rick Navarro		Title: Captain	
Email address: rnavarro@marinsheriff.org		Telephone number: (415) 473-2882	
Name of PREA Compliance Manager (if applicable): N/A		Title:	
Email address:		Telephone number:	
Agency Information			
Name of agency: Marin County Sheriff's Office			
Governing authority or parent agency: (if applicable)			
Physical address: 13 Peter Behr Drive, San Rafael, CA 94903			
Mailing address: (if different from above) 1600 Los Gamos Drive, Suite 200, San Rafael, CA 94903			
Telephone number:			
Agency Chief Executive Officer			
Name: Robert T. Doyle		Title: Sheriff	

Email address: rdoyle@marinsheriff.org	Telephone number:	(415) 473-7248
Agency-Wide PREA Coordinator		
Name: James Hickey	Title: Lieutenant	
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AUDIT FINDINGS

NARRATIVE:

The Marin County Jail Detention Facility PREA On-Site Audit was conducted from 11/14/16 to 11/15/16. During the Pre-Audit Phase, the PREA Coordinator provided the Pre-Audit Questionnaire for review by the auditor. On 10/3/16 Auditor provided PREA Coordinator poster language for Notice of Auditor to be posted in general areas of the facility. On 10/20/16 Agency provided verification that Notices of the Audit were posted in general areas of the facility accessible to both residents and staff. Notices were provided in English and Spanish. PREA Coordinator provided auditor with dated photos and complete list of Notice locations. Auditor and PREA Coordinator communicated throughout the Pre-Audit phase to discuss clarification issues with the Pre-Audit Questionnaire and to correct deficiencies identified prior to the On-Site Audit Phase. On 11/6/16, Auditor provided Agency with an Interview Protocol Request in order to select a random sample of staff and inmates to interview during the on-site audit. Agency provided a completed list of all inmates and staff assigned to the facility to include Specialized staff and inmates categorized in specific classifications. The on-site audit began on 11/14/16 with short entry briefing with the PREA Coordinator, PREA Compliance Manager and facility management staff. A summary of the complete Audit process was explained. The Pre-Audit, On-Site Audit, Post-Audit and Corrective Action phases were explained and discussed. Auditor went into detail explaining how an auditor conducts each stage of the On-Site audit process. All questions were answered and the physical plant review began. Physical Plant Review observations were as follows:

Housing Units

Living Unit: A-POD – GENERAL POPULATION (MALES)

PREA Information Posted: On shower doors – No Limits of confidentiality or monitoring information.

Opposite Sex Viewing: NONE

Camera Placement? No Cameras in this POD only in entry sallyport

Announcement YES. How: Female in POD. POD Deputy also announces.

Phones: 6

Grievance Process: Grievance Boxes available but no grievance forms available

Showers and Bathrooms: PREA Compliant (frosted & large PREA Poster diminishes any cross gender view.

Recreation Areas/TV/Multi-Purpose: Multi-purpose room and exercise yard, no PREA signage

Supervision: 1 staff to 41 inmates – direct supervision

Living Unit: B-POD – SURENO (MALES)

PREA Information Posted: On shower doors – No Limits of confidentiality or monitoring information.

Opposite Sex Viewing: NONE

Camera Placement? No Cameras in this POD, only in entry sallyport

Announcement YES How: Female in POD. POD Deputy also announces.

Phones: 6

Grievance Process: Grievance Boxes available but no grievance forms available

Showers and Bathrooms: PREA Compliant (frosted & large PREA Poster diminishes any cross gender view.

Recreation Areas/TV/Multi-Purpose: Multi-purpose room and exercise yard, no PREA signage

Supervision: 1 staff to 40 inmates – Direct Supervision

Living Unit: C-POD – NORTENOS (MALES)

PREA Information Posted: On shower doors – No Limits of confidentiality or monitoring information.

Opposite Sex Viewing: NONE

Camera Placement? No Cameras in this POD, only in entry sallyport

Announcement YES How: Female in POD. POD Deputy also announces.

Phones: 6

Grievance Process: Grievance Boxes available but no grievance forms available

Showers and Bathrooms: PREA Compliant (frosted & large PREA Poster diminishes any cross gender view.

Recreation Areas/TV/Multi-Purpose: Multi-purpose room and exercise yard, no PREA signage

Supervision: 1 staff to 40 inmates – Direct Supervision

Living Unit: SPECIAL HOUSING – (MALES)- PC, NO MIX, LEVEL II, LEVEL III

PREA Information Posted: On shower doors – No Limits of confidentiality or monitoring information.

Opposite Sex Viewing: YES, safety cell allows cross-gender viewing

Camera Placement? Cameras in entry sallyport. Safety cell has camera over toilet. step-down cells #3, #4, and #5 have cameras that view toilet.

Announcement YES. How: Female in POD. POD officer also announces upon entry of cross gender staff or civilian.

Phones: 6

Grievance Process: Grievance Boxes available but no grievance forms available

Showers and Bathrooms: PREA Compliant (frosted & large PREA Poster diminishes any cross gender view.

Recreation Areas/TV/Multi-Purpose: Multi-purpose room and exercise yard, no PREA signage e

Supervision: 1 staff to 36 inmates – Direct Supervision

Living Unit: F-POD – (FEMALE Unit) Medical, mental health, AD-Seg, Gen Pop, GP Max & PC

PREA Information Posted: On shower doors – No Limits of confidentiality or monitoring information.

Opposite Sex Viewing: NONE

Camera Placement? No Cameras in POD general area, only in entry sallyport. Cell #5 has camera in cell, toilet cannot be seen by camera

Announcement YES. How: Male in POD. POD Deputy also announces

Phones: 6

Grievance Process: Grievance Boxes available but no grievance forms available

Showers and Bathrooms: PREA Compliant (frosted & large PREA Poster diminishes any cross gender view.

Recreation Areas/TV/Multi-Purpose: Multi-purpose room and exercise yard, no PREA signage

Supervision: 1 staff to 35 inmates – Direct Supervision

NOTE: Medical office has window screens which are down during medical visits with door closed. this is a blind spot.

Living Unit: LOCKDOWN, ADMINISTRATIVE SEGREGATION & DISCIPLINARY SEGREGATION (MALES)
PREA Information Posted: On wall of Units – No Limits of confidentiality or monitoring information.
Opposite Sex Viewing: NONE
Camera Placement? No Cameras in this POD, only in entry sallyport
Announcement YES. How: Female in POD. Control Deputy also announces.
Phones: 6
Grievance Process: Grievance Boxes available but no grievance forms available
Showers and Bathrooms: PREA Compliant (frosted & large PREA Poster diminishes any cross gender view).
Recreation Areas/TV/Multi-Purpose: Yard - no PREA signage
Supervision: 1 staff in tower control to 14 inmates in each POD – Direct Supervision

Laundry – FEMALE INMATE WORKERS ONLY

Hidden areas: NONE
Camera Placement: 3 Cameras & 1 mirror
Supervision: 1 staff to 3 inmates

Receiving and Discharge (Intake)

Strip Areas (Private): 3 Strip shower cubicles are behind door with window in booking area. Staff can conduct safety checks during strip search. Inmate is inside shower cubicle during strip so no-one can view. Same sex Deputy conducts strip search and stands outside of shower cubicle while conducting the strip search.
Interview Areas (Confidential): At booking counter. Inmates are cleared from that area during booking and questioning inmates
Information Posted: POD rules information sheet in both English & Spanish on the wall by the Strip Search area which provides information to access the Rape Crisis Hotline. PREA signage indicating Zero-Tolerance and contact number to Rape Crisis. No limits of confidentiality or monitoring information provided on neither POD rules or PREA signage.
Cameras: 4 cameras & 1 mirror.
Phones: 6
Ask for Information Provided to Offenders: . No PREA education material currently provided to inmates.

Booking Area

Sobering cells? Detox (DT1 & DT2) both PREA compliant
Holding cells? HC1 & HC2 both PREA compliant
Safety cells? SC1 & SC2 non-compliant. Camera in cell is over toilet in floor.
Inmate Bathroom adjacent to nursing station: Staff & inmates can view toileting through door window
Camera Placement: 4 cameras & 1 mirror located in booking area & sallyport

Visitation

Strip/Shakedown Area: Visiting is non-contact & maintained within the PODS
Information Posted: 3rd Party information located in the 7 attorney rooms and in hallway leading to the visitation rooms.
Camera Placement: Cameras throughout hallways leading to visitation rooms attached to PODS

Education (Academic)

Classrooms: Multi-purpose rooms in each POD with large windows so POD Deputy has direct view inside

room

Camera Placement: No cameras in Multi-purpose room

Supervision: POD Deputy direct supervision

Front Entrance (Reception Area)

PREA Information Provided: Yes, 3rd party PREA and reporting information provided to include Zero-Tolerance policy.

Food Service – MALE INMATE WORKERS ONLY

Dining Rooms: Inmates eat in their PODS. No inmate dining rooms

Officer Dining Area: Yes, outside the Kitchen

Kitchen: One Kitchen for entire Jail

Coolers: 4 – All locked and opened by cooks. Locked after use

Freezers: 4 – All locked and opened by cooks. Locked after use

Dry Goods Storage: Locked with large windows in both double doors. Camera views double doors.

Garbage Area: Covered by camera in hallway, loading dock & direct supervision

Dishroom: Covered by camera

Tool Room: Tools checked out by cooks, tool area viewed by camera

Camera Placement: 6 cameras throughout the Kitchen, viewed from Central Control. No blind spots.

Supervision: 2 cooks to 8 inmates in AM and again in PM

Health Services

Reception Area: None, waiting area in hallway

Exam Rooms: 2 off hallway

Treatment Rooms: 2 dental offices off hallway

Infirmary/Observation Rooms: NONE

Suicide Watch Room(s): NONE – Suicide watch cells are in Booking area

Recreation Yard (EXERCISE YARDS ADJACENT TO EACH POD)

Equipment Rooms: NONE

Bathrooms: NONE

Supervision: Direct supervision by POD Deputy

Cameras/Camera Placement: NONE

Hidden Areas: NONE

RECORDS REVIEW:

Following the physical plant review, interviews comprised of a sampling of 12 random inmates of varying characteristics and sampling of 10 random staff selected from each shift were conducted. On 11/14/16 Auditor completed the resident interviews & the majority of staff interviews. On 11/15/16, Auditor conducted 20 Specialized Staff and Agency management interviews. During inmate interviews, Mental Health practitioner and Community Violence Solutions Rape Crisis Center staff was available for emotional support if needed. No referrals for advocacy occurred during the interview process. Following the interviews, the auditor conducted a review of 15 Personnel files, 23 screening records, 4 investigative files and 60 training records. Inmate population at time of physical plant review was 311, (51 female inmates and 260 male inmates).

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Marin County Jail, located at 13 Peter Behr Drive in San Rafael, California was built in 1994. The jail is embedded into the hillside at the end of the Hall of Justice wing of the Marin County Civic Center. This location makes it possible to transport prisoners into the court areas through a tunnel.

The Marin County Jail is an operational function of the Sheriff's Office Detention Services Bureau. In 2016 the Jail booked 6008 individuals. The Jail has a design capacity of 388 inmates.

The Jail houses all individuals who have been booked for a violation of law or sentenced by the Marin County Courts to serve a term determined by the Court System. The Jail houses both men and women; however, no one under the age of 18 is housed in the Jail, except in certain cases dictated by law.

Individuals enroute to another jail or prison may be temporarily held in the County Jail. State law and the state Corrections Standards Authority (CSA) set the standards by which a jail is operated.

Marin County Jail has the following programs available for eligible inmates:

Alcoholics Anonymous	Parenting 101
Bridging The Gap	Writing
Anger Management	HiSET (GED) Classes
Dialectical Behavior	Marin Co Education
Education & Engagement	HIV Education
Matrix-Early Recovery Skills	Marin AIDS Project
Mindfulness	Reproductive Health
Process	Choir
Seeking Safety	Narcotics Anonymous
Thinking 4 Change	NAMI - In Their Own Words
Tobacco Cessation	Arts & Crafts
Bread and Roses Concert (Seasonal)	Makin It Work
Holiday Comedian (Seasonal)	Catholic Services
Food Handler's Training	Christian Science Services
Book Cart / Inmate Library	New Life Christian Services
Critical Thinking	Spirituality
Literacy	Yoga

SUMMARY OF AUDIT FINDINGS:

On November 14, 2016 through November 15, 2016 a PREA audit tour was conducted at the Marin County Jail Detention Facility, located in San Rafael, California. Summary of audit findings are as follows:

INTERIM REPORT SUMMARY	FINAL REPORT SUMMARY
Number of Standards exceeded: <u>0</u>	Number of Standards exceeded: <u>2</u>
Number of Standards met: <u>15</u>	Number of Standards met: <u>38</u>
Number of Standards not met: <u>25</u>	Number of Standards not met: <u>0</u>
Number of Standards not applicable: <u>3</u>	Number of Standards not applicable: <u>3</u>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.11(a) - Policy GO-05-27 mandates Zero Tolerance toward all forms of sexual abuse and sexual harassment and/or retaliation of any sort against anyone who reports or cooperates with the investigations into such acts.
- 115.11(b) - Agency Organizational Chart fails to designate a PREA Coordinator in an upper-level, agency wide position.
- 115.11(c) - N/A – Standard provision 115.11(c) does not apply as Agency has only one facility.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.11 AS PROVISION 115.11(b) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.11(b): AGENCY TO AMEND MARIN COUNTY ORGANIZATIONAL CHART WHICH DESIGNATES A PREA COORDINATOR IN AN UPPER-LEVEL, AGENCY-WIDE POSITION

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 1/1/17:

115.11(b): AGENCY PROVIDED ORGANIZATIONAL CHART WHICH IDENTIFIES CUSTODY LEADERSHIP POSITIONS BUT NOT THE DUTIES ASSOCIATED WITH SAID POSITIONS. THE ORGANIZATIONAL CHART WAS ACCOMPANIED BY THE STAFF ASSIGNMENT MEMORANDUM, WHICH IDENTIFIES ONE OF THE UPPER-LEVEL MANAGEMENT POSITIONS AS BEING DESIGNATED AS THE PREA COORDINATOR. STANDARD PROVISION 115.11(B) STATES THE AGENCY MUST EITHER EMPLOY OR DESIGNATE AN UPPER-LEVEL, AGENCY-WIDE PREA COORDINATOR. NO SPECIFICS INDICATED IN EITHER THE STANDARD PROVISION, PRC-FAQ OR FINAL RULE TO MANDATE THE DESIGNATION TO BE INDICATED ON THE ORGANIZATIONAL CHART. SINCE MARIN CJ IS A SOLE CORRECTIONAL FACILITY AND A SMALL ORGANIZATION, IT IS THE AGENCY'S PRACTICE TO OUTLINE THE DUTY ASSIGNMENTS FOR UPPER LEVEL MANAGEMENT ON A STAFF ASSIGNMENT SHEET.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.11.

115.12	Contracting with other entities for the confinement of residents
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

115.12(a) & 115.12(b) – N/A – Agency does not contract with private agencies or other entities for confinement of inmates.

115.13	Supervision and monitoring
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.13(a) - Agency provided Auditor with Staffing Plan Development memorandum and Staffing Plan for 2016. All criteria required under Standard provision 115.13(a) was identified within the Staffing Plan. Staffing Plan was predicated on the average daily number of inmates, 314. Interview with Facility Commander designee & PREA Compliance Manager indicate Facility has not deviated from the Staffing Plan and maintains adequate staffing. Staffing plan considers all 11 criteria identified in Standard provision 115.13(a). Video monitoring does not supplant a Deputy body but supplements or enhances direct supervision.
- 115.13(b) - N/A - Interview with Facility Commander designee indicates Facility has not deviated from the Staffing Plan and maintains adequate staffing.
- 115.13(c) - Agency indicates there have been no previous Staffing Plan annual reviews. This is Agency's first PREA Audit and the 2016 Staffing Plan is the first Staffing documentation created. Interview with PREA Coordinator indicates both he and the Captain review staffing issues, PREA related issues and non-compliance when reviewing the Staffing Plan. Marin County Jail has always stayed above minimal staffing levels. Agency provided Auditor with Staffing Plan review memorandum dated 11/21/16 which included Detention Services Commander, PREA Coordinator and PREA Compliance Manager in attendance. The Staffing Plan review discussed the Facility's current staffing numbers, current resources to ensure adherence to the staffing plan, facility's current video capabilities and the facility layout.
- 115.13(d) - Agency indicates intermediate-level or higher-level staff conduct unannounced rounds to identify & deter staff sexual abuse/harassment. 2016 Staffing Plan indicates Sergeants on both day and night shifts

make regularly unscheduled and unannounced rounds throughout the facility to ensure the safety and security of the facility. Facility works on 12 hours shifts. Agency has not provided Auditor with copies of either housing unit logs or supervisor log to verify unannounced rounds are conducted by intermediate or higher level staff on each shift over the past 12 months.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.13 AS PROVISION 115.13(d) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.13(d): AGENCY TO PROVIDE AUDITOR WITH COPIES OF HOUSING UNIT OR SUPERVISOR LOGS TO VERIFY UNANNOUNCED ROUNDS ARE CONDUCTED BY INTERMEDIATE OR HIGHER LEVEL STAFF ON EACH SHIFT OVER THE PAST 90 DAYS. **AUDITOR WILL REQUEST LOGS FROM A RANDOM DATE RANGE ON OR AFTER THE 90 DAY STATUS REVIEW POINT.**

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017
CORRECTIVE ACTION COMPLETION:

115.13(d): AGENCY PROVIDED AUDITOR WITH RANDOM SAMPLE OF ELECTRONIC HOUSING UNIT LOGS WHICH IDENTIFIED SUPERVISORY UNANNOUNCED ROUNDS BETWEEN DECEMBER 2016 AND FEBRUARY 2017 AS ENTERED INTO THE TIBURON ELECTRONIC DATA SYSTEM. ENTRIES ARE MADE BY THE POD OFFICERS FOR PODS A, B, C, F, SPECIAL HOUSING AND LOCKDOWN UNITS.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.13

115.14	Youthful Inmates
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

115.14(a) through 115.14(c) – N/A – Standard 115.14 does not apply to Agency as they do not house youthful inmates.

115.15**Limits to cross-gender viewing and searches**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.15(a) – Agency reports no cross-gender or cross-gender visual body cavity searches of inmates were conducted over the past 12 months. PREA Policy CUS 2-14 prohibits cross-gender strip or cross-gender visual body cavity searches of inmates except in exigent circumstances or when performed by medical practitioners.
- 115.15(b) – Agency reports no cross-gender pat-down searches of female inmates have been conducted over the past 12 months. PREA Policy CUS 2-14 prohibits cross-gender pat-down searches of female inmates, absent exigent circumstances. Interview with random sample of 10 staff indicate they have received training in cross-gender pat-down searches but are prohibited from cross-gender pat-down searches except in exigent circumstances. Interview with random sample of 12 inmates indicated they have not experienced, nor have they heard of staff conducting any cross-gender pat-down searches.
- 115.15(c) – PREA Policy CUS 2-14 mandates that all visual body cavity searches be conducted by medically trained personnel and only under the authority of a searched warrant issued by a magistrate specifically authorizing the physical body cavity search. All staff members present during a physical body cavity search shall be of the same sex as the inmate being searched, except for authorized medical personnel. Physical body cavity searches shall be documented in an IRS report articulating the facts for the Cavity Search and the subsequent results or findings from the search. Copy of the documented shall be placed in the arrestee's/inmate's booking jacket/file and the Jail Administrations Master Strip Search File. Policy prohibits cross gender pat-down searches of females except in exigent circumstances. Exigent circumstances will be documented in a memorandum to the facility commander, via the chain of command. Policy CUS 2-14 mandates Deputies conducting strip searches be of the same sex as the person being searched, except for physicians, licensed medical personnel, or if exigent circumstances exist. Policy does not contain mandate requiring that all cross-gender strip searches will be documented.
- 115.15(d) – PREA Policy GO-05-27 mandates inmates shall be able to shower, perform bodily functions, and change clothing without non-medical 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. Staff of opposite sex shall announce their presence when entering an inmate housing unit. Agency provided Auditor with random sampling of electronic Cross-Gender Announcement screenshots from one POD. Staff is entering cross-gender announcements into an electronic database during each shift, which **exceeds** the Standard. Staff is also making cross-gender announcements for non-custody cross-gender staff who enter the housing unit. Interview with random sample of 12 inmates and 10 staff indicate all inmates have the ability to shower and perform bodily functions and change clothing without staff of opposite gender viewing breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (including via video camera). Auditor observations during on-site physical plant review indicate staff have the ability to view inmates while toileting through video cameras placed in Special Housing Safety Cells #3, #4 and #5, Booking Area Safety Cells SC1 & SC2 and Booking Area inmate bathroom adjacent to nurses station where staff and inmates waiting for booking or housing could view male or female inmates toileting through the door window.
- 115.15(e) – Policy CUS 2-14 prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Agency indicate facility has not

conducted such searches over the past 12 months. Interview with random sample of 10 staff indicate Agency prohibits staff from searching Transgender or Intersex inmates for the sole purpose of determining their genital status. Interview with Transgender inmate indicate staff have not conducted searches to determine her genital status.

- 115.15(f) – PREA Policy GO-05-27 mandates training provided to sworn staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Agency reports 90% of all staff have been trained. Interview with random sample of 10 staff indicate Agency prohibits staff from searching Transgender or Intersex inmates for the sole purpose of determining their genital status.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.15 AS PROVISIONS 115.15(c) & 115.15(d) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

115.15(c): AGENCY TO AMEND POLICY CUS 2-14 TO MANDATE ALL CROSS GENDER STRIP SEARCHES TO BE DOCUMENTED

115.15(d): AGENCY TO IMPLEMENT CORRECTIVE ACTION TO ELIMINATE CROSS-GENDER VIEWING THROUGH VIDEO CAMERAS PLACED IN SPECIAL HOUSING SAFETY CELLS #3, #4 AND #5 AND BOOKING AREA SAFETY CELLS SC1, SC2 AND BOOKING AREA INMATE BATHROOM ADJACENT TO NURSES STATION WHERE STAFF AND INMATES WAITING FOR BOOKING OR HOUSING COULD VIEW MALE OR FEMALE INMATES TOILETING THROUGH THE DOOR WINDOW.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/3/17 :

115.15(c): AGENCY PROVIDED AUDITOR WITH AMENDED POLICY GO 5-27 WHICH MANDATES CROSS-GENDER STRIP SEARCHES WILL BE DOCUMENTED ON A MARIN COUNTY SHERIFF'S OFFICE STRIP SEARCH FORM.

115.15(d): ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. DURING THE PHYSICAL PLANT REVIEW, AUDITOR OBSERVED GREYED OUT OR OBSCURED CAMERAS LOCATED OVER THE TOILET AREA IN SPECIAL HOUSING SAFETY CELL #3, BOOKING AREA SAFETY CELL #2, AND PARTIALLY FROSTING IN INMATE BATHROOM ADJACENT TO NURSES STATION, WHICH REMOVED THE OPPORTUNITY OF CROSS GENDER VIEWING WITHOUT COMPROMISING SECURITY. AGENCY ALSO PARTIALLY FROSTED THE DOOR WINDOW LEADING TO THE STRIP-SEARCH ROOM. SPECIAL HOUSING SAFETY CELLS #4 & #5 AND BOOKING AREA SAFETY CELL #1 CAMERA GREYING BECAME COMPLIANT ON 3/14/17 AS THE IT MAINTENANCE DEPARTMENT WORKED TO DARKEN THE GREYING OVER THE TOILET AREAS TO DISSUADE CROSS GENDER VIEWING DURING TOILETING.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.15

115.16	Residents with disabilities and residents who are limited English proficient
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.16(a) - PREA Policy GO 05-27 mandates Agency to provide disabled inmates 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. Agency has not provided Auditor with the methods or established procedures such as contract with interpreters, written materials for inmates with disabilities or Limited Reading Skills. No information provided which verifies staff training on PREA-compliant practices for inmates with disabilities. Interview with Agency Head designee indicates adoption of newly updated Zero Tolerance and Inmate Rights material. Blind, LEP and low vision inmates are read PREA information. Interpretive Service is contracted and provided. Interview with random sample of 12 inmates indicate they do not receive PREA orientation or comprehensive PREA education during Booking or Classification. Auditor observed booking area during on-site physical plant review and verified inmate claims. Booking has POD Rules sheet which has limited PREA information on it. One Zero-Tolerance poster, in both English & Spanish, is on the wall leading to the strip-search area.
- 115.16(b) – PREA Policy GO 05-27 mandates the Agency to ensure inmates with limited English proficiency 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. No materials or procedures provided to Auditor for verification of compliance with Standard 115.16(b) or PREA Policy. Interview with random sample of 12 inmates indicate they do not receive PREA orientation or comprehensive education during Booking or Classification. Auditor observed booking area during on-site physical plant review and verified inmate claims. Booking has POD Rules sheet which has limited PREA information on it. One Zero-Tolerance poster is on the wall leading to the strip-search area. Contracted interpreter service, Language Line, is available for LEP inmates. During interview with one LEP inmate, Language Line was used by Auditor.
- 115.16(c) – PREA Policy GO 05-27 mandates 1st responders are prohibited to rely on inmate interpreters 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, or the investigation of the inmate's allegations. Over the past 12 months there have been no circumstances or instances where inmate interpreters were used. Interview with random sample of 10 staff and 12 inmates indicates Agency prohibits the use of inmate interpreters except in exigent circumstances.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.16 AS PROVISIONS 115.15(a) & 115.16(b) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

115.16(a): 1 - AGENCY HAS NOT PROVIDED AUDITOR WITH THE METHODS OR ESTABLISHED PROCEDURES SUCH AS CONTRACT WITH INTERPRETERS, WRITTEN MATERIALS FOR INMATES WITH DISABILITIES OR LIMITED READING SKILLS. NO INFORMATION PROVIDED WHICH VERIFIES STAFF TRAINING ON PREA-COMPLIANT PRACTICES FOR INMATES WITH DISABILITIES.

2 – AUDITOR TO INTERVIEW RANDOM SAMPLE OF INMATES TO VERIFY PREA ORIENTATION HAS BEEN PROVIDED TO INMATES WITHIN 72 HOURS OF INTAKE AND COMPREHENSIVE EDUCATION PROVIDED TO INMATES WITHIN 30 DAYS OF INTAKE.

115.16(b): AGENCY TO PROVIDE AUDITOR WITH COPIES OF ALL METHODS OF DOCUMENTATION UTILIZED TO PROVIDE EFFECTIVE COMMUNICATION FOR PREA EDUCATION TO INMATES

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/28/17:

115.16(a): 1 – ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. AGENCY PROVIDED AUDITOR WITH ELECTRONIC COMMUNICATION BETWEEN LANGUAGE LINE EXECUTIVE AND THE AGENCY WHICH VERIFIES THE CONTINUED PROVISION OF LANGUAGE SERVICES BETWEEN MARIN COUNTY SHERIFF'S OFFICE DATING BACK TO 3/25/2004. LANGUAGE LINE IS COMPENSATED THROUGH AN INVOICE PAYMENT SYSTEM. SAMPLE INVOICE PAYMENTS WERE ALSO PROVIDED BY THE AGENCY.

2 - INTERVIEW WITH A RANDOM SAMPLE OF 6 INMATES (INMATES FROM EVERY HOUSING UNIT) INDICATED STAFF PROVIDES EFFECTIVE COMMUNICATION TO INMATES TO INFORM THEM OF THE ZERO TOLERANCE POLICY, INMATE RIGHTS AND HOW TO REPORT ALLEGATIONS OF SEXUAL ABUSE, HARASSMENT AND RETALIATION, DESPITE ANY DISABILITIES TO INCLUDE LEP WHERE THE STAFF WILL READ THE PREA MATERIAL TO THEM.

115.16(b): AUDITOR WAS PROVIDED COPIES OF FLASH CARDS FOR LEP, LIMITED READING AND DEVELOPMENTALLY DISABLED INMATES. AUDITOR ALSO OBSERVED TTY MACHINES IN BOOKING AND IN THE HOUSING UNITS. AUDITOR INTERVIEWED INTAKE STAFF MEMBER WHO PROVIDED PREA COMPLIANCE RESPONSE AS TO HOW INTAKE OBJECTIVE SCREENING INSTRUMENT QUESTIONING IS CONDUCTED FOR A DISABLED OR LEP INMATE. INTERVIEW WITH A RANDOM SAMPLE OF 6 INMATES (INMATES FROM EVERY HOUSING UNIT) INDICATED STAFF PROVIDES EFFECTIVE COMMUNICATION TO INMATES TO INFORM THEM OF THE ZERO TOLERANCE POLICY, INMATE RIGHTS AND HOW TO REPORT ALLEGATIONS OF SEXUAL ABUSE, HARASSMENT AND RETALIATION, DESPITE ANY DISABILITIES TO INCLUDE LEP WHERE THE STAFF WILL READ THE PREA MATERIAL TO THEM.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.16

115.17**Hiring and promotion decisions**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.17(a) – PREA Policy GO 05-27 prohibits the Agency from hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor or volunteer 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);
- 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 activity

During on-site review, Auditor reviewed a random sample of 15 personnel files. Hiring applications for employees, contractors and volunteers include questions which prompts responses as to if employee or contractor has engaged in any of the violations as identified in Standard provision 115.17(a). Agency has included specific questions in their interview panel questions for promotions.

115.17(b) – PREA Policy GO 05-27 requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Interview with Human Resources Director indicate Agency considers incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with inmates. Contractors and volunteers must complete the same employee applications and supplemental questions before hiring.

115.17(c) – PREA Policy GO 05-27 mandates that before Agency any new employees, contractors and volunteers who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its *best efforts* to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Review of 15 randomly selected personnel files during on-site review verified criminal background checks are conducted on all applicants to include contractors and volunteers. Background includes FBI, DOJ, NCIC, DMV checks. All personnel files include letters sent to prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.17(d) – PREA Policy GO 05-27 mandates that before Agency any new employees, contractors and contractors who may have contact with inmates, it conducts criminal background record checks. Agency has not provided Auditor with number of employees hired over the past 12 months who may have contact with inmates and have had a criminal background records check. Interview with Human Resources Director and review of personnel files indicate Agency performs background checks on all Contractors and volunteers and the same employee applications and supplemental questions before hiring.

115.17(e) – PREA Policy GO 05-27 does not possess narrative that requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Interview with Human Resources Director indicates all staff, employees and contractors have an affirmative duty to report any allegations of sexual abuse and any arrests whether or not it

occurred in California or any other state. Agency also receives DOJ teletype should any custody staff be arrested in California or any other State.

- 115.17(f) – PREA Policy GO 05-27 does not possess narrative that mandates Agency to 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. Interview with Human Resources Director indicates all applicants are asked the questions regarding previous misconduct in the employee applications and supplementals.
- 115.17(g) – PREA Policy GO 05-27 mandates Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.
- 115.17(h) – PREA Policy GO 05-27 does not possess narrative to mandate providing 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 unless prohibited by law. Interview with Human Resources Director indicates Agency provides information on substantiated sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work upon receipt of a release of information authorization signed by the former employee.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.17 AS PROVISIONS 115.17(d), 115.17(e), 115.17(f) & 115.17(h) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.17(d): AGENCY TO AMEND PREA POLICY GO 05-27 TO MANDATE THAT EITHER CRIMINAL BACKGROUND RECORD CHECKS BE CONDUCTED AT LEAST EVERY FIVE YEARS FOR CURRENT EMPLOYEES AND CONTRACTORS WHO MAY HAVE CONTACT WITH INMATES, OR THAT A SYSTEM IS IN PLACE FOR OTHERWISE CAPTURING SUCH INFORMATION FOR CURRENT EMPLOYEES.
- 115.17(e): AGENCY TO AMEND PREA POLICY GO 05-27 TO MANDATE THAT EITHER CRIMINAL BACKGROUND RECORD CHECKS BE CONDUCTED AT LEAST EVERY FIVE YEARS FOR CURRENT EMPLOYEES AND CONTRACTORS WHO MAY HAVE CONTACT WITH INMATES, OR THAT A SYSTEM IS IN PLACE FOR OTHERWISE CAPTURING SUCH INFORMATION FOR CURRENT EMPLOYEES.
- 115.17(f): AGENCY TO AMEND PREA POLICY GO 05-27 TO MANDATE AGENCY TO 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.
- 115.17(h): AGENCY TO AMEND PREA POLICY GO 05-27 TO MANDATE 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 UNLESS PROHIBITED BY LAW.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/3/17:

- 115.17(d): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THE SHERIFF'S OFFICE TO CONDUCT CRIMINAL BACKGROUND CHECKS ON ALL ACTIVE CONTRACTORS WHO MAY HAVE CONTACT WITH INMATES DURING THE COURSE AND SCOPE OF THEIR WORK AT LEAST EVERY 5 YEARS.
- 115.17(e): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THE SHERIFF'S OFFICE TO CONDUCT CRIMINAL BACKGROUND CHECKS ON ALL ACTIVE CONTRACTORS WHO MAY HAVE CONTACT WITH INMATES DURING THE COURSE AND SCOPE OF THEIR WORK AT LEAST EVERY 5 YEARS.
- 115.17(f): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THAT UPON HIRING ANY EMPLOYEE, STAFF, CONTRACTOR OR VOLUNTEERS, THEY WILL BE ASKED DURING THE HIRING PROCESS ABOUT ANY PREVIOUS MISCONDUCT AS DESCRIBED IN CRITERIA DEFINED IN THE PREA STANDARDS AND MARIN COUNTY HIRING/PROMOTIONS POLICY. POLICY ALSO MANDATES THAT THE AGENCY WILL BE NOTIFIED BY THE DEPARTMENT OF JUSTICE ANYTIME AN EMPLOYEE IS FINGERPRINTED AS A RESULT OF ANY ARREST. ALL EMPLOYEES HAVE A CONTINUING AFFIRMATIVE DUTY TO DISCLOSE ANY SUCH CONDUCT TO THEIR DIRECT SUPERVISOR AS SOON AS PRACTICAL. AGENCY PROVIDED AUDITOR WITH A REVISED SUPPLEMENTAL APPLICATION FORM WHICH DIRECTLY ASKS PROMOTIONAL APPLICANTS TO DISCLOSE ANY SEXUAL MISCONDUCT COMMITTED IN ANY CORRECTIONAL INSTITUTION AS IDENTIFIED IN 42 U.S.C. 1997.
- 115.17(h): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THAT UPON A REQUEST FROM AN INSTITUTIONAL EMPLOYER OR POTENTIAL EMPLOYER OF A FORMER EMPLOYEE, THE MARIN COUNTY SHERIFF'S OFFICE WILL PROVIDE INFORMATION REGARDING ALL SUBSTANTIATED ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT INVOLVING THAT FORMER EMPLOYEE WHILE THEY WERE EMPLOYED BY THE MARIN COUNTY SHERIFF'S OFFICE.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.17

115.18	Upgrades to facilities and technology
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Not Applicable

Auditor comments, including corrective actions needed if does not meet standard

115.18(a) & 115.18(b) – N/A – Standard 115.18 is not applicable to Agency as it has not acquired a new facility, made substantial expansion, modification, installed or updated a video monitoring or electronic surveillance system since August 20, 2012.

115.21	Evidence protocol & forensic medical examinations
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.21(a) - Agency is responsible for conducting both administrative and criminal sexual abuse investigations and follows a uniform evidence protocol.
- 115.21(b) - Agency is responsible for conducting both administrative and criminal sexual abuse investigations and follows a uniform evidence protocol adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.
- 115.21(c) - PREA Policy GO 05-27 mandates Agency offer all inmates who experience sexual abuse access to forensic medical examinations at no cost to the victim. Forensic examinations are not conducted at the facility. SAFE/SANE forensic examinations are provided at Vallejo Medical Center. Over the past 12 months, no forensic examinations were conducted. Interview with SAFE/SANE/SART Director at Vallejo Kaiser Medical Center states they are the dedicated facility to provide forensic examinations to victims of sexual abuse from the Marin County Jail. If extreme emergency, victims are taken to Marin General Hospital to be stabilized & the SART nurse will be dispatched to conduct the forensic exam there. Nurses are available 24/7 to conduct the SART exams. They provide pregnancy tests, STD prophylaxis etc. Kaiser Hospital does not provide an advocate for the victim, however, if advocate arrives with the victim for emotional support during the examinations, they may be in the room during the exam if the victim chooses their presence.
- 115.21(d) - PREA Policy GO 05-27 identifies Community Violence Solutions Rape Crisis Center for inmates to make confidential non-monitored calls, hearing impaired are provided TDD machine and signage posted in all facilities advising that inmate calls to the Rape Crisis Center are confidential and not subject to monitoring. Community Violence Solutions Rape Crisis Center provides victim advocate services to inmate sexual assault victims and all victims shall be afforded the opportunity to have a Victims Rights Advocate made available to the during an investigation. No agreement, contract or e-mail communication to verify Rape Crisis Center will provide advocacy to inmate victim of sexual abuse. Interview with PREA Compliance Manager indicates that Community Violence Solutions Rape Crisis is designated to provide reporting for sexual abuse and advocacy for emotional support for Solano and Marin County. They provide Rape counselors and advocates.
- 115.21(e) - Agency states that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Interview with PREA Compliance Manager states that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member from Community Violence Solutions Rape Crisis accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.
- 115.21(f) - N/A – Standard provision 115.21(f) is not applicable to Agency/facility as it is responsible for both

administrative and criminal investigations.

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

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

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.21 AS PROVISION 115.21(d) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.21(d): AGENCY TO PROVIDE AUDITOR WITH EITHER WRITTEN AGREEMENT, CONTRACT OR E-MAIL COMMUNICATION TO VERIFY RAPE CRISIS CENTER PROVIDES ADVOCACY TO MARIN COUNTY INMATE VICTIMS OF SEXUAL ABUSE.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/28/17:

115.21(d): ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. EXECUTIVE DIRECTOR OF COMMUNITY VIOLENCE SOLUTIONS COMMUNICATED WITH THE MARIN COUNTY PREA COORDINATOR IN RESPONSE TO HIS REQUEST FOR MOU OR WRITTEN VERIFICATION THAT THEY PROVIDE REPORTING AND ADVOCACY FOR MARIN COUNTY CHILDREN AND ADULTS. THE E-MAIL RESPONSE WAS PROVIDED TO AUDITOR TO INDICATE THE OPERATIONAL AGREEMENT PROVIDES THE VERIFICATION NEEDED. AUDITOR REVIEW OF COMMUNITY VIOLENCE SOLUTIONS AGENCY WEBSITE VERIFIES THEY ARE THE UMBRELLA ORGANIZATION FOR THE RAPE CRISIS CENTER OF CONTRA COSTA AND MARIN COUNTIES. IT IS ONE OF THE OLDEST RAPE CRISIS CENTERS IN CALIFORNIA AND ONE OF THE OLDEST IN THE COUNTRY. THE CENTER PROVIDES 24-HOUR CRISIS INTERVENTION HOTLINE AND SEXUAL ASSAULT RESPONSE TEAM.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.21

115.22	Policies to ensure referrals of allegations for investigations
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.22(a) – PREA Policy GO 05-27 mandates Agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Over past 12 months, there have been 4 allegations of sexual abuse and sexual harassment received. (3) Three cases were administratively investigated and (1) one case was investigated criminally. Interview with Agency Head designee indicates all administrative and criminal investigations are completed for all allegations of sexual abuse/harassment and is mandated in Agency PREA policy.
- 115.22(b) – PREA Policy GO 05-27 mandates allegations of sexual abuse/harassment upon inmates shall be investigated promptly, thoroughly and objectively by the Investigations Division. All investigative referrals shall be documented. Interview with both Internal Affairs and Criminal investigative staff indicates all allegations of sexual abuse or sexual harassment are referred for investigation. Agency investigates their own cases through the investigative division. All investigations are documented. Review of Agency website verifies Agency Zero Tolerance policy and statement that any allegation of sexual abuse/harassment or retaliation shall be investigated. Review of the 1 sexual abuse and 3 sexual harassment investigations that occurred over the past 12 months indicate all had been investigated and documented, however, the 1 sexual abuse case was investigated by staff who did not possess training to conduct investigations in a confinement setting.
- 115.22(c) – N/A – Standard provision 115.22(c) does not apply to Agency/facility as it is responsible for conducting criminal investigations.
- 115.22(d) – N/A – Standard provision 115.22(d) does not apply to Agency/facility per DOJ
- 115.22(e) – N/A – Standard provision 115.22(e) does not apply to Agency/facility per DOJ

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.22 AS PROVISION 115.22(b) IS NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.22(b): AGENCY TO PROVIDE AUDITOR WITH COPIES OF OF ALL SEXUAL ABUSE INVESTIGATIONS WHICH OCCUR BETWEEN DECEMBER 16, 2016 AND JUNE 14, 2017 TO VERIFY ALL SEXUAL ABUSE INVESTIGATIONS ARE INVESTIGATED BY STAFF WHO POSSESS TRAINING TO CONDUCT INVESTIGATIONS IN A CONFINEMENT SETTING.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 3/28/17:

115.22(b): ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. AGENCY PROVIDED AUDITOR WITH A SEXUAL ABUSE ALLEGATION WHICH OCCURRED IN THE SPECIAL HOUSING UNIT ON 11/8/16 & REPORTED TO STAFF ON 1/4/17. CASE WAS INVESTIGATED BY STAFF WHO IS CERTIFIED IN SEXUAL ABUSE INVESTIGATIONS IN A CONFINEMENT SETTING. VICTIM ADVOCATE WAS PROVIDED TO INMATE DURING INVESTIGATORY INTERVIEWS & DECLINED, INDICATING HE DID NOT WANT TO PURSUE ANY CRIMINAL PROSECUTION, CONTENT WITH THE ACTIONS THE JAIL HAD TAKEN SINCE THE INCIDENT OCCURRED. CASE IS CONSIDERED CLOSED AND UNSUBSTANTIATED. AGENCY PROVIDED AUDITOR WITH 13 CERTIFICATES FOR SPECIAL INVESTIGATORS WHO COMPLETED SEXUAL ABUSE INVESTIGATIONS IN A CONFINEMENT SETTING COURSE. AGENCY PROVIDED AUDITOR WITH THE 11/14/16 SEXUAL ABUSE INVESTIGATION. INVESTIGATION WAS CONDUCTED BY A CERTIFIED SPECIAL INVESTIGATOR. ALL PHASES OF THE INVESTIGATION HAVE BEEN MET TO INCLUDE THE OFFER OF AN ADVOCATE FOR EMOTIONAL SUPPORT DURING THE INTERVIEWS. AGENCY ALSO PROVIDED NOTIFICATION TO THE VICTIM. AGENCY PROVIDED AUDITOR WITH SEXUAL ABUSE INCIDENT REVIEW DATED 12/14/16, CITING NO RECOMMENDATIONS FOR ANY CORRECTIVE ACTION. ALL INVESTIGATIONS HAVE BEEN ACCOUNTED FOR.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.22

115.31	Employee training
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.31(a) – PREA Policy GO-05-27 mandates all custody staff who has inmate contact shall receive training in all 10 criteria identified in Standard provision 115.31(a). Agency provided Auditor with copy of Employee PREA training curriculum PPT and copy of acknowledgement form for staff to acknowledge receiving the training and understanding the training that was provided. Review of the curriculum verifies compliance with Standard provision 115.31(a) as it incorporates all 10 required criteria as outlined in the Standard provision. Interview with random sample of 10 staff verifies their training and knowledge of their responsibilities under PREA has been completed. Staff were able to provide Auditor with a number of PREA Training topics. Agency provided auditor with an electronic list of staff who have been trained in PREA.
- 115.31(b) – PREA Policy GO-05-27 mandates training is tailored to the gender of the inmates at the facility. Marin County Jail has only one facility which houses both male and female inmates. Review of training curriculum PPT verified by Auditor.
- 115.31(c) – PREA Policy GO-05-27 mandates custody staff shall receive comprehensive training every two years. In years comprehensive training is not provided, refresher information shall be provided. Agency reports 156 staff currently employed by the facility who may have contact with inmates. Agency indicates 116 staff employed at the facility have been trained or retrained in PREA requirements (100%). Review of electronic training records provided by Agency verifies all employed staff have been trained in PREA.

115.31(d) – PREA Policy GO-05-27 mandates all training shall be documented through signature or electronic verification that staff members understand the training they have received and their responsibilities in adhering to the mandates of the policy. Agency provided Auditor with documentation of PREA training attendance through electronic data entry. Agency provided auditor with random samples of 32 PREA training acknowledgement verifications that employees understood the training provided.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.31

115.32	Volunteer and contractor training
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.32(a) – Agency indicates all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Agency reports 200 volunteers and contractors who may have contact with inmates are currently authorized to enter the facility. Agency states that 100% have been trained in agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Review of PREA training excel spreadsheet which is the electronic database for tracking PREA training verifies Agency’s report. Interview with random sample of volunteer and contractor indicate they have been trained in PREA based upon their contact with inmates.
- 115.32(b) – Agency provided Auditor with PREA Training Pamphlet for volunteers & contractors. The pamphlet outlines Agency’s Zero Tolerance policy and how to report allegations of sexual abuse/harassment. Agency provided auditor with a copy of the excel spreadsheet used to track PREA training to verify the extent to which PREA has been conducted.
- 115.32(c) – The PREA Pamphlet contains area for volunteer/contractor acknowledgement of training. PREA Policy GO 05-27 mandates the PREA Coordinator will maintain documentation confirming that volunteers and contractors understand the training they have received. Agency provided Auditor with PREA Training excel spreadsheet used to track PREA training, however, Auditor has not received copy of training acknowledgement signed by volunteers and contractors to verify they understand the training they have received.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.32 AS PROVISION 115.32(c) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.32(c): AGENCY TO PROVIDE AUDITOR WITH COPIES OF PREA TRAINING ACKNOWLEDGEMENTS SIGNED BY VOLUNTEERS AND CONTRACTORS FOR VERIFICATION OF COMPLIANCE

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/22/17:

115.32(c): AGENCY PROVIDED AUDITOR WITH RANDOM SAMPLE COPIES OF PREA TRAINING ACKNOWLEDGEMENTS SIGNED BY 7 CONTRACTORS AND 22 VOLUNTEERS. ALL ARE PREA COMPLIANT AND ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THE PREA TRAINING RECEIVED.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.31

115.33	Resident education
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.33(a) – Policy CUS 4-3 mandates the POD Deputy to provide orientation to all inmates once they are assigned to a housing unit. Orientation includes inmate rights, Zero Tolerance and sexual abuse/harassment reporting methods for all including deaf, visually impaired or otherwise disabled. Agency did not provide Auditor of number of inmates provided PREA orientation at intake. Interview with Intake Staff indicates they do not provide inmates with Zero-Tolerance policy, inmate’s rights or how to report sexual abuse/harassment. They indicate that poster on the wall inside booking and posted throughout the facility provides this information. Some information is also in the POD order sheet available on the wall in booking. Interview with random sample of 12 inmates indicate they did not receive any PREA orientation and are not aware of their inmate rights or the Zero-tolerance policy. Majority of inmates interviewed are not aware of the methods used to report allegations of sexual abuse/harassment.
- 115.33(b) – Policy CUS 4-3 mandates the POD Deputy to provide orientation to all inmates once they are assigned to a housing unit. Orientation includes inmate rights, Zero Tolerance and sexual abuse/harassment reporting methods for all including deaf, visually impaired or otherwise disabled. Documentation of inmate attendance shall be maintained by Marin County Custody Division. Agency reports that in the past 12 months 1982 inmates were admitted to the facility and length of stay was for 30 days or more. Out of that number no inmates received comprehensive PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Interview with Intake Staff indicates they do not provide inmates with Zero-Tolerance policy, inmate’s rights or how to report sexual abuse/harassment. They indicate that poster on the wall inside booking and posted throughout the facility provides this information. Review of sample of 23 inmate electronic screening files indicate none of the inmates were provided PREA orientation or comprehensive education provided to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents within 30 days of intake.

- 115.33(c) – Policy CUS 4-3 does not possess narrative to mandate of those inmates not educated during 30 days of intake shall be educated subsequently. Agency did not provide Auditor with number of inmates who were not educated in PREA during 30 days of intake or, if some who have not been provided PREA education within 30 days, what date were they provided this education. Review of sample of 23 inmate electronic screening files indicate none of the inmates were provided PREA orientation or comprehensive education provided to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents within 30 days of intake.
- 115.33(d) – Policy CUS 4-3 mandates the POD Deputy to provide orientation to all inmates once they are assigned to a housing unit. Orientation includes inmate rights, Zero Tolerance and sexual abuse/harassment reporting methods for all including deaf, visually impaired or otherwise disabled. Documentation of inmate attendance shall be maintained by Marin County Custody Division. Agency does not provide PREA Orientation to inmates during booking or intake. Deaf, visually impaired, inmates with limited reading skills or otherwise disabled inmates are not provided education in formats accessible to them. English & Spanish Zero-Tolerance and sexual abuse reporting posters are available throughout the facility in general areas.
- 115.33(e) – Policy CUS 4-3 mandates documentation of inmate attendance shall be maintained by Marin County Custody Division. Review of 23 electronic inmate screening records indicate that none of them participated in PREA education sessions.
- 115.33(f) – Policy CUS 4-3 mandates Agency provide PREA education and informational material such as posters & handouts to be accessible to inmates throughout the facility. Agency provides Zero-Tolerance and Reporting posters and signage throughout the facility in both English & Spanish. Auditor reviewed the inmate handbook. The handbook did not provide inmate education that speaks to Agency's Grievance policy relating to PREA grievance timelines on submitting a grievance & procedures once an grievance alleging sexual abuse is received.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.33 AS PROVISIONS 115.33(a), 115.33(b), 115.33(c), 115.33(d), 115.33(e) AND 115.33(f) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.33(a): 1 - AGENCY TO PROVIDE AUDITOR WITH THE NUMBER OF INMATES BOOKED INTO MARIN COUNTY JAIL & HOUSED FOR 72 HOURS OR MORE DURING 90 DAY PERIOD AFTER 12/16/16.
2 - AGENCY TO PROVIDE TOTAL NUMBER OF INMATES PROVIDED PREA ORIENTATION AT INTAKE BOOKED INTO MARIN COUNTY JAIL & HOUSED FOR 72 HOURS OR MORE DURING 90 DAY PERIOD AFTER 12/16/16.
- 115.33(b): 1 - AGENCY TO PROVIDE AUDITOR WITH THE NUMBER OF INMATES BOOKED INTO MARIN COUNTY JAIL & HOUSED FOR 30 DAYS OR MORE DURING 90 DAY PERIOD AFTER 12/16/16.
2 - AGENCY TO PROVIDE TOTAL NUMBER OF INMATES BOOKED AND HOUSED FOR 30 DAYS OR MORE DURING 90 DAY PERIOD AFTER 12/16/16 AND PROVIDED PREA ORIENTATION AT INTAKE
- 115.33(c): AGENCY TO PROVIDE AUDITOR WITH RANDOM SAMPLE OF INMATE SCREENING RECORDS TO VERIFY THE 72 HOUR PREA ORIENTATION AND 30 DAY COMPREHENSIVE PREA EDUCATION HAS BEEN COMPLETED FOR ALL INMATES WHO HAVE BEEN BOOKED AND HOUSED FOR 30 DAYS OR MORE DURING 90 DAY PERIOD AFTER 12/16/16.

- 115.33(d): AGENCY TO PROVIDE AUDITOR WITH METHODS AND FORMATS USED TO PROVIDE PREA ORIENTATION TO INMATES DURING BOOKING OR INTAKE, WHO ARE DEAF, VISUALLY IMPAIRED, INMATES WITH LIMITED READING SKILLS OR OTHERWISE DISABLED INMATES (IE; DEVELOPMENTALLY DISABLED OR MENTALLY CHALLENGED).
- 115.33(e): 1 - AUDITOR TO REVIEW RANDOM SAMPLE OF INMATE SCREENING FILES FOR VERIFICATION OF COMPLIANCE WITH STANDARD 115.33. AUDITOR TO SELECT RANDOM SAMPLE OF INMATES THAT HAVE BEEN BOOKED AND HOUSED FOR 30 DAYS OR MORE DURING 90 DAY PERIOD AFTER 12/16/16.
- 2 - AUDITOR TO INTERVIEW RANDOM SAMPLE OF INMATES TO DETERMINE THEIR KNOWLEDGE AND EDUCATION RELATED TO INMATE RIGHTS AND METHODS PROVIDED TO REPORT SEXUAL ABUSE/HARASSMENT AND RETALIATION.
- 115.33(f): AGENCY TO PROVIDE INMATE HANDBOOK GRIEVANCE SUBMISSION & PROCEDURES PER PREA POLICY GO-05-27.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 3/14/17 :

- 115.33(a): 1 - AGENCY PROVIDED LISTING OF 443 INMATES HOUSED FOR 72 HOURS OR MORE DURING 12/6/16 AND 2/4/17. RANDOM SAMPLE OF 21 INMATE SCREENING RECORDS VERIFIES ALL RECEIVED BOTH INITIAL AND COMPREHENSIVE EDUCATION WITHIN 72 HOURS OF INTAKE.
- 2 - AGENCY PROVIDED LISTING OF 92 INMATES HOUSED FOR 30-DAYS OR MORE DURING 12/6/16 AND 2/4/17. RANDOM SAMPLE OF 21 INMATE SCREENING RECORDS VERIFIES ALL RECEIVED BOTH INITIAL AND COMPREHENSIVE EDUCATION WITHIN 72 HOURS OF INTAKE.
- 115.33(b): 1 - AGENCY PROVIDED LISTING OF 92 INMATES HOUSED FOR 30 DAYS OR MORE DURING 12/6/16 AND 2/4/17.
- 2 - AGENCY PROVIDED LISTING OF 92 INMATES HOUSED FOR 30-DAYS OR MORE DURING 12/6/16 AND 2/4/17. RANDOM SAMPLE OF 21 INMATE SCREENING RECORDS VERIFIES ALL RECEIVED BOTH INITIAL AND COMPREHENSIVE EDUCATION WITHIN 72 HOURS OF INTAKE.
- 115.33(c): AGENCY PROVIDED 25 COPIES OF INMATE PREA ACKNOWLEDGEMENT WHICH PROVIDES FOR BOTH THE 72-HOUR INITIAL & 30-DAY COMPREHENSIVE PREA EDUCATION DURING 12/6/16 AND 2/4/17. THE FORMS PROVIDE FOR INMATE RIGHTS, ZERO-TOLERANCE POLICY, INVESTIGATION INTO SEXUAL ABUSE ALLEGATIONS & INMATE REPORTING. EACH INMATE IS PROVIDED A COPY OF THE ACKNOWLEDGEMENT FORM AND THE ORIGINAL IS PLACED IN THE INMATE SCREENING FILE.
- 115.33(d): ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. AUDITOR WAS PROVIDED COPIES OF FLASH CARDS FOR LEP, LIMITED READING AND DEVELOPMENTALLY DISABLED INMATES. AUDITOR ALSO OBSERVED TTY MACHINES IN BOOKING AND IN THE HOUSING UNITS. AUDITOR INTERVIEWED INTAKE STAFF MEMBER WHO PROVIDED PREA COMPLIANCE RESPONSE AS TO HOW INTAKE OBJECTIVE SCREENING INSTRUMENT QUESTIONING IS CONDUCTED FOR A DISABLED OR LEP INMATE.
- 115.33(e): 1 & 2- AGENCY PROVIDED AUDITOR WITH 22 RANDOMLY SELECTED ELECTRONIC CLASSIFICATION SCREENSHOTS OF INMATES BOOKED INTO MARIN COUNTY JAIL BETWEEN 12/16/17 AND 2/4/17. ALL 22 INMATES RECEIVED THEIR 30-DAY REASSESSMENT WITHIN 30-DAYS FROM THE DATE OF INTAKE.

115.33(f): AGENCY AMENDED INMATE HANDBOOK TO INCLUDE BOTH MONITORING AND CONFIDENTIALITY LANGUAGE AS IT RELATES TO INMATES CONTACT WITH OUTSIDE ADVOCACY AND REPORTING AGENCIES AS MANDATED BY PREA STANDARD PROVISION 115.33(f)

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.33

115.34	Specialized training: Investigations
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.34(a) – Policy GO-05-27 mandates all criminal investigations of inmate sexual abuse shall be conducted by the Investigations Division. Investigations Division staff assigned to conduct sexual abuse investigations be trained in conducting sexual abuse investigations in confinement settings. Agency indicates they have 13 trained Special Investigators. Interview with Investigative staff indicates investigators trained in conducting sexual abuse investigations in confinement settings conduct sexual abuse investigations. Agency provided auditor with Special Investigator certificates to verify investigators received the required training through National Institute of Corrections (NIC).
- 115.34(b) – Agency sexual abuse investigators were trained through the NIC to conduct sexual abuse investigations in a confinement setting. NIC curriculum complies with Standard provision 115.34(b).
- 115.34(c) – Agency provided Auditor with copies of training certificates verifying proof of specialized training to investigate sexual abuse cases in a confinement setting. Agency has 2 special investigators.
- 115.34(d) – N/A – Standard provision 115.34(d) does not apply to Agency/facility per DOJ

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.34

115.35	Specialized training: Medical and mental health care
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.35(a) – PREA Policy GO-05-27 mandates specialized PREA training shall be provided to all full-time and part-time medical and mental health care practitioners who work regularly at the facility. Agency report 11 Full-time and 10 extra hire medical and mental health care practitioners who work at the facility have been trained. This number equates to 85% of all medical and mental health practitioners who work at the facility Interview with both Medical and Mental Health staff indicate they have received PREA training for non-custody staff. They went through the full PREA training as custody staff and also have additional training through their professional licensing. PREA Training excel spreadsheet used for electronic tracking indicates all full-time Medical and Mental Health staff has received PREA Training.
- 115.35(b) – N/A - Standard provision 115.35(b) does not apply to Agency as medical staff at facility do not conduct forensic examinations.
- 115.35(c) – Agency shall maintain documentation of training through signature or electronic verification that staff understood the training they have received and their responsibilities in adhering to the mandates of PREA Policy GO 05-27. Agency provided Auditor with PREA Training excel spreadsheet which tracks PREA training throughout the Agency. The sheet verifies 28 Medical and Mental Health practitioners have received PREA training.
- 115.35(d) – Medical and mental health care practitioners also receive training mandated for contractors and volunteers under, depending upon the practitioner’s status at the agency. Medical and mental health care practitioners also receive training mandated for contractors and volunteers under, depending upon the practitioner’s status at the agency in addition to their professional licensing training.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.35

115.41	Screening for risk of victimization and abusiveness
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.41(a) – Policy CUS 4-1 mandates all inmates be screened assessed and classified during Booking for risk of being sexually abuse by or sexually abusive towards other inmates. Marin County only has one facility, therefore, there are no transfers to other facilities within the Agency. Interview with Risk Screening staff indicates inmates are assessed during booking and asked the PREA questions using an electronic

objective screening program. Interview with random sample of 12 inmates indicate they are not asked the PREA questions. Auditor observed the booking process and reviewed a sampling of 23 electronic screening files indicate the initial 72-hour screening is being conducted.

- 115.41(b) – Policy CUS 4-1 mandates all inmates be screened assessed and classified in Booking for risk of being sexually abuse by or sexually abusive towards other inmates within 72 hours of intake. Review of screening records and observation of booking and intake procedures indicate the inmate screening is being conducted during the booking process. Agency has not provided the auditor with a random sample of 20 inmate screening records out of the inmates that have been received into the facility over the past 12 months whose length of stay was for 72 hours or more to verify the initial screening has been conducted.
- 115.41(c) – Policy CUS 4-1 mandates Booking Deputies utilize the Correction Management System (CMS) classification screen, including the completion of the Decision Tree during the intake process within 72 hours of intake. Agency has not provided auditor with a copy of the objective screening instrument. During observation of initial screening process, Intake Staff utilized an electronic screening instrument. Agency could not provide auditor with a copy of the instrument during the on-site review for auditor to verify that it is an objective screening instrument containing all the PREA questions required in Standard 115.41.
- 115.41(d) – Interview with Risk Screening staff indicates the CMS system and decision tree is utilized by Agency for screening inmates during booking. Agency has not provided auditor with a copy of the objective screening instrument for compliance verification. Auditor unable to verify compliance.
- 115.41(e) – Policy CUS 4-1 mandates screening for high risk classification. Screening includes searching for history of sexual abuse acts and history of prior institutional violence or sexual abuse. Agency has not provided auditor with a copy of the objective screening instrument for compliance verification.
- 115.41(f) – Policy CUS 4-1 mandates within 30 days of intake, an inmate's risk level shall be reassessed when warranted due to incident of sexual abuse or receipt of additional, relevant information that bears on the inmate's risk of sexual victimization or abusiveness. Review of random sample of 23 inmate screening records indicate all were initially screened within 72 hours of intake. The review also indicated that only 9 inmates were screened within the 30-day period for reassessment. One inmate was released prior to the 30-day period. The other 13 were not reassessed as Classification does not reassess General Population Inmates.
- 115.41(g) – Policy CUS 4-1 mandates within 30 days of intake, an inmate's risk level shall be reassessed when warranted due to incident of sexual abuse or receipt of additional, relevant information that bears on the inmate's risk of sexual victimization or abusiveness. Interview with Classification staff indicate there is no 30-day reassessment conducted on General Population inmates. This was verified via review of 23 random selected inmate screening files where only 9 inmates were reassessed within 30-days of intake.
- 115.41(h) – Policy CUS 4-1 mandates an inmate may not be disciplined for refusing to answer screening questions.
- 115.41(i) – Policy CUS 4-1 mandates Classification to disseminate screening information only on a need to know basis. Interviews with PREA Coordinator, PREA Compliance Manager and Risk Screening staff indicate screening information is secured through the electronic screening database which is secure and information is released on a need to know basis. Auditor reviewed the system & it does not allow staff to print data until approved through electronic checks and balances.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.41 AS PROVISIONS 115.41(b), 115.41(c), 115.41(d), 115.41(e), 115.41(f) & 115.41(g) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.41(b): AGENCY TO PROVIDE AUDITOR WITH A RANDOM SAMPLE OF 20 INMATE SCREENING RECORDS OUT OF THE INMATES THAT HAVE BEEN RECEIVED INTO THE FACILITY OVER THE PAST 90 DAYS SINCE 12/16/16, WHOSE LENGTH OF STAY WAS FOR 72 HOURS OR MORE TO VERIFY THE INITIAL SCREENING HAS BEEN

CONDUCTED.

- 115.41(c): AGENCY TO PROVIDE AUDITOR WITH A COPY OF THE OBJECTIVE SCREENING INSTRUMENT FOR SCREENINGS CONDUCTED ON RANDOM SAMPLE OF 20 INMATES AUDITOR HAS SELECTED, WHO WERE BOOKED SINCE 10/16/16 AND REMAIN IN CUSTODY OVER 30-DAYS..
- 115.41(d): AGENCY TO PROVIDE AUDITOR WITH A COPY OF THE OBJECTIVE SCREENING INSTRUMENT FOR SCREENINGS CONDUCTED ON RANDOM SAMPLE OF 20 INMATES AUDITOR HAS SELECTED, WHO WERE BOOKED SINCE 10/16/16 AND REMAIN IN CUSTODY OVER 30-DAYS..
- 115.41(e): AGENCY TO PROVIDE AUDITOR WITH A COPY OF THE OBJECTIVE SCREENING INSTRUMENT FOR SCREENINGS CONDUCTED ON RANDOM SAMPLE OF 20 INMATES AUDITOR HAS SELECTED, WHO WERE BOOKED SINCE 10/16/16 AND REMAIN IN CUSTODY OVER 30-DAYS..
- 115.41(f): AGENCY TO PROVIDE AUDITOR WITH A RANDOM SAMPLE OF 20 INMATE SCREENING RECORDS FROM A POOL OF INMATES, SELECTED BY THE AUDITOR, THAT HAVE BEEN RECEIVED INTO THE FACILITY OVER THE PAST 90 DAYS SINCE 12/16/16, WHOSE LENGTH OF STAY WAS FOR 30 DAYS OR MORE TO VERIFY SCREENING RE- ASSESSMENTS HAVE BEEN CONDUCTED.
- 115.41(g): AGENCY TO PROVIDE AUDITOR WITH A RANDOM SAMPLE OF 20 INMATE SCREENING RECORDS FROM A POOL OF INMATES, SELECTED BY THE AUDITOR, THAT HAVE BEEN RECEIVED INTO THE FACILITY OVER THE PAST 90 DAYS SINCE 12/16/16, WHOSE LENGTH OF STAY WAS FOR 30 DAYS OR MORE TO VERIFY SCREENING RE- ASSESSMENTS HAVE BEEN CONDUCTED.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 3/21/17 :

- 115.41(b): AGENCY PROVIDED AUDITOR WITH 21 RANDOM SAMPLING OF INMATE OBJECTIVE SCREENING INSTRUMENT SCREEN SHOTS. THE RANDOM SAMPLING WAS SELECTED FROM INMATES BOOKED BETWEEN 12/6/16 AND 2/4/17. EACH SCREENING INSTRUMENT VERIFIED THE 72 HOUR SCREENINGS WERE CONDUCTED ON EACH INMATE WITHIN 72 HOURS OF INTAKE TO INCLUDE INITIAL AND COMPREHENSIVE PREA EDUCATION.
- 115.41(c): AGENCY PROVIDED LISTING OF 92 INMATES HOUSED FOR 30 DAYS OR MORE DURING 12/6/16 AND 2/4/17. AUDITOR SELECTED 16 RANDOM SAMPLE OF INMATES TO REVIEW THE OBJECTIVE SCREENING INSTRUMENT. ALL OF THE SAMPLED INMATE SCREENING RECORDS CONTAINED AN ELECTRONIC OBJECTIVE SCREENING INSTRUMENT WHICH VERIFIED PREA COMPLIANT SCREENINGS WERE CONDUCTED WITHIN 72 HOURS OF INTAKE.
- 115.41(d): AGENCY PROVIDED LISTING OF 92 INMATES HOUSED FOR 30 DAYS OR MORE DURING 12/6/16 AND 2/4/17. AUDITOR SELECTED 16 RANDOM SAMPLE OF INMATES TO REVIEW THE OBJECTIVE SCREENING INSTRUMENT. ALL OF THE SAMPLED INMATE SCREENING RECORDS CONTAINED AN ELECTRONIC OBJECTIVE SCREENING INSTRUMENT WHICH VERIFIED PREA COMPLIANT SCREENINGS WERE CONDUCTED WITHIN 72 HOURS OF INTAKE.
- 115.41(e): AGENCY PROVIDED LISTING OF 92 INMATES HOUSED FOR 30 DAYS OR MORE DURING 12/6/16 AND 2/4/17. AUDITOR SELECTED 16 RANDOM SAMPLE OF INMATES TO REVIEW THE OBJECTIVE SCREENING INSTRUMENT. ALL OF THE SAMPLED INMATE SCREENING RECORDS CONTAINED AN ELECTRONIC OBJECTIVE SCREENING INSTRUMENT WHICH VERIFIED PREA COMPLIANT SCREENINGS WERE CONDUCTED WITHIN 72 HOURS OF INTAKE.
- 115.41(f): AGENCY PROVIDED AUDITOR WITH 22 RANDOMLY SELECTED ELECTRONIC CLASSIFICATION SCREENSHOTS OF INMATES BOOKED INTO MARIN COUNTY JAIL BETWEEN 12/16/17 AND 2/4/17. ALL 22 INMATES RECEIVED THEIR 30-DAY REASSESSMENT WITHIN 30-DAYS FROM THE DATE OF INTAKE.

115.41(g): AGENCY PROVIDED AUDITOR WITH 22 RANDOMLY SELECTED ELECTRONIC CLASSIFICATION SCREENSHOTS OF INMATES BOOKED INTO MARIN COUNTY JAIL BETWEEN 12/16/17 AND 2/4/17. ALL 22 INMATES RECEIVED THEIR 30-DAY REASSESSMENT WITHIN 30-DAYS FROM THE DATE OF INTAKE.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.41

115.42	Use of screening information
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.42(a) – Policy CUS 4-1 mandates Classification to use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Interview with PREA Compliance Manager & Risk Screening staff indicate the risk screening information is used for housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.
- 115.42(b) – Policy CUS 4-1 mandates Classification uses information provided from the screening to ensure the safety of each inmate. Interview with Risk Screening staff indicates individualized determinations are conducted to ensure the safety of each inmate.
- 115.42(c) – Policy CUS 4-1 mandates Classification provide individual assessments for housing assignments and programming to all LGBTI inmates. Interview with PREA Compliance Manager & Transgender inmate indicate housing and program assignments for Transgender or Intersex inmates are made on a case by case basis.
- 115.42(d) – Policy CUS 4-1 mandates Classification reassess LGBTI inmates at least twice a year to review any threats to the inmate’s safety. Interview with PREA Compliance Manager & Risk Screening staff indicate all Transgender inmates who request protective custody and are reviewed at least every 30 days, which exceeds PREA Standards.
- 115.42(e) – Policy CUS 4-1 mandates a Transgender or Intersex inmate’s own views with respect to his or her own safety shall be given serious consideration. Interview with PREA Compliance Manager, Risk Screening staff indicate a Transgender or Intersex inmate’s own views with respect to his or her own safety shall be give serious consideration. Interview with Transgender inmate indicates she was not asked about her views with regards to her safety within the facility, however, Auditor verified through screening documentation that staff does review her monthly and has made some housing changes to provide a safer environment.
- 115.42(f) – Policy CUS 4-1 does not contain narrative mandating Transgender and Intersex inmates be provided the opportunity to shower separately from other inmates. During On-Site Facility review, auditor verified that all inmates have the opportunity to shower separately from other inmates. All showers within the facility are single showers with metal doors for privacy.
- 115.42(g) – Policy CUS 4-1 mandates LGBTI inmates shall not be classified into housing units solely based on their

LGBTI identification, unless such a dedicated unit exists for the purpose of protecting such inmates. Review of physical plant during on-site review verifies there are no dedicated facilities, units or wings solely on the basis of LGBTI identification.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.42 AS PROVISION 115.42(f) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.42(f): AGENCY TO AMEND POLICY CUS 4-1 TO MANDATE TRANSGENDER AND INTERSEX INMATES BE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY FROM OTHER INMATES.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 1/30/16:

115.42(f): AGENCY PROVIDED AUDITOR WITH POLICY CUS 4-17 EXCERPT FROM WHICH APPLIES TO ALL INMATES, MANDATING THAT ONLY ONE INMATE IS ALLOWED IN A SHOWER STALL AT A TIME AND WEAR COLORED OUTER WEAR TO AND FROM SHOWERS. THIS NARRATIVE COMPLIES WITH STANDARD PROVISION 115.42(f).

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.42

115.43	Protective custody
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.43(a) – Policy CUS 4-1 mandates involuntary segregated housing (Protective Custody No-Mix) is to be used only after review of all available housing alternatives has shown that there are no other means of protecting the inmate. Over the past 12 months there have been no inmates held in involuntary segregated housing for being at risk of sexual victimization.

115.43(b) – Policy CUS 4-1 mandates if segregated housing is used, the inmate should have all possible access to programs and services for which he/she is otherwise eligible and the facility should document any restrictions imposed. Policy does not include the following in the restriction documentation: If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- (1) The opportunities that have been limited;
- (2) The duration of the limitation; and
- (3) The reasons for such limitations.

Interview with Segregated Housing staff indicate no inmates held in those housing units that were at risk of sexual victimization. Special Housing staff indicate that inmates housed in that unit have access to programs. Interview with Transgender inmate indicate she has access to programs in that unit.

- 115.43(c) – In the past 12 months there have been no inmate identified as being at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. Interview with Facility Commander, Segregated Housing Staff and Classification Staff indicate should an inmate be held in involuntary Segregation for being at risk of sexual victimization, that inmate would be moved within 24 hours. During on-site review, such an instance occurred where the facility was full and an inmate made an allegation he was victimized by a former cellmate, recently moved to another cell in his housing unit. Staff was alerted, protected the victim and discussed movement of the perpetrator who needed to be single celled. The plan was to move the perpetrator to another facility unless they could find a single cell for him at Marin County. This action verifies Agency's commitment to protect the victim, maintain appropriate housing for the victim despite lack of available housing.
- 115.43(d) – Policy CUS 4-1 mandates if an involuntary segregated housing assignment is made pursuant to Standard provision 115.43 (a) of this section, the facility shall clearly document:
- (1) The basis for the facility's concern for the inmate's safety; and
 - (2) The reason why no alternative means of separation can be arranged.
 - (3) The reason why/if the 30-day involuntary segregation housing period is required to be extended
 - (4) Any restriction and/or limitations of access to programs, privileges, education, or work opportunities have been imposed, including the duration and reason for the restrictions.
- 115.43(e) – Policy CUS 4-1 mandates a review will be conducted every 30 days to determine if ongoing involuntary segregated housing is needed. Interview with Segregated Housing staff indicate classification reviews are conducted on all inmates housed in that unit within 30 days per Title 15. All reviews are documented by Classification Staff.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.43 AS PROVISION 115.43(b) IS NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.43(b): AGENCY TO AMEND POLICY CUS 4-1 TO MANDATE THAT SHOULD THE FACILITY PLACE INMATES AT RISK OF SEXUAL VICTIMIZATION IN INVOLUNTARY SEGREGATED HOUSING, RESTRICT ACCESS TO PROGRAMS, PRIVILEGES, EDUCATION, OR WORK OPPORTUNITIES TO INMATES HELD IN INVOLUNTARY SEGREGATION, THE FACILITY SHALL DOCUMENT:
- (1) THE OPPORTUNITIES THAT HAVE BEEN LIMITED;
 - (2) THE DURATION OF THE LIMITATION; AND
 - (3) THE REASONS FOR SUCH LIMITATIONS.

**AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD
DEADLINE: JUNE 14, 2017**

CORRECTIVE ACTION COMPLETION 2/25/17:

115.43(b): AGENCY PROVIDED AUDITOR WITH AMENDED POLICY CUS 4-1 WHICH PROVIDES FOR ALL 3 CRITERIA MANDATED BY STANDARD PROVISION 115.43(b).

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.43.

115.51	Resident reporting
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.51(a) – PREA Policy GO-05-27 establishes procedures allowing for multiple internal ways for inmates to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents. Interview with random sample of 10 staff & 12 inmates indicate Agency provides multiple internal ways for inmate to report sexual abuse/harassment privately, such as to Medical & Mental Health, anonymous grievance and Attorney.
- 115.51(b) – PREA Policy GO-05-27 provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency through the Community Violence Solutions Rape Crisis Center. Policy does not have mandate requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Interview with PREA Compliance Manager & random sample of 12 inmates indicates Agency has provided inmate access to a confidential Rape Crisis line #72. Auditor tested the line in the Special Housing Unit and the line was answered by a Rape Crisis counselor from the Community Violence Solution Rape Crisis Center.
- 115.51(c) – PREA Policy GO-05-27 mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Information is to immediately documentation and immediate supervisor notified. Investigation is to commence immediately. Interview with random sample of 10 staff and 12 inmates indicates staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
- 115.51(d) – PREA Policy GO-05-27 indicates there is no requirement for any employee to use the chain of command in reporting a violation of sexual abuse or sexual harassment. Staff is informed of private reporting methods via comprehensive education and briefing training. Interview with random sample of 10 staff indicate they have been trained on methods to privately report sexual abuse and sexual harassment through the Rape Crisis Hotline, outside Law Enforcement Agencies, DOJ, and Internal Affairs. Staff also indicates there is no mandate to follow the chain of command when it comes to reporting PREA violations.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.51 AS PROVISION 115.51(b) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.51(b): AGENCY TO AMEND POLICY GO-05-27 TO MANDATE THAT INMATES DETAINED SOLELY FOR CIVIL IMMIGRATION PURPOSES BE PROVIDED INFORMATION ON HOW TO CONTACT RELEVANT CONSULAR OFFICIALS AND RELEVANT OFFICIALS FROM THE DEPARTMENT OF HOMELAND SECURITY.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/3/17:

115.51(B): AGENCY PROVIDED AUDITOR WITH COPY OF POLICY CUS 2-26 WHICH MANDATES LAW ENFORCEMENT MUST PROVIDE CONSULAR RIGHTS WARNINGS TO ARRESTED OR DETAINED NATIONALS' CONSULAR OFFICIALS WHO ARE POSTED IN THE UNITED STATES. UPON ARREST OR DETENTION OF MORE THAN 2 HOURS OF A KNOWN OR SUSPECTED FOREIGN NATIONAL, EVERY PEACE OFFICER (PER CALIFORNIA PENAL CODE 834C) SHALL ADVISE THE FOREIGN NATIONAL, WITHOUT UNNECESSARY DELAY, THAT HE OR SHE HAS THE RIGHT TO COMMUNICATE WITH AN OFFICIAL FROM THE CONSULATE OF HIS OR HER COUNTRY. SOME COUNTRIES HAVE MANDATED NOTIFICATION REGARDLESS OF THE DESIRES OF THE ARRESTED OR DETAINED FOREIGN NATIONAL. AGENCY DOES NOT DETAIN OR HOUSE INMATES SOLELY FOR CIVIL IMMIGRATION PURPOSES. AGENCY ALSO PROVIDED AUDITOR WITH BASIC PROTOCOL FOR ICE HOLDS AND DETAINEES DIRECTIVE WHICH MANDATES THAT NO PERSON SHALL BE CONTACTED, DETAINED OR ARRESTED SOLELY ON THE BASIS OF HIS OR HER IMMIGRATION STATUS. INMATES WHO ARE ELIGIBLE FOR RELEASE FROM CUSTODY MAY NOT BE HELD, PURSUANT TO AN IMMIGRATION HOLD, BEYOND THE TIME HE OR SHE WOULD OTHERWISE BE RELEASED.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.51

115.52	Exhaustion of administrative remedies
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.52(a) – PREA Policy GO-05-27 mandates any grievance submitted by an inmate, alleging inmate sexual abuse or imminent risk of inmate sexual abuse shall immediately be withdrawn from the routine inmate grievance process. Rather, these grievances will be considered a complaint of inmate sexual abuse and not subject to any rules, procedures or timelines regarding routine inmate grievances. All Staff receiving such grievances alleging inmate sexual abuse, shall immediately direct them to a Supervisor. The Supervisor shall immediately initiate the appropriate sexual abuse response.
- 115.52(b) – PREA Policy GO-05-27 mandates grievances alleging sexual abuse are not subject to timeline restrictions placed on normal grievances. Policy does not require inmates use an informal grievance process or

otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Agency has not provided auditor with written material which provides inmate with this relevant information.

- 115.52(c) – PREA Policy GO-05-27 does not contain narrative that allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint or requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Agency has not provided auditor with written material which provides inmate with this relevant information. During physical plant review, Auditor observed grievance boxes in every housing unit accessible to inmates. Very few of the grievance boxes contained grievance forms available for inmates to anonymously obtain a form without asking POD Deputy for one.
- 115.52(d) – Agency reports 1 grievance alleging sexual abuse has been received over the past 12 months. The grievance reached final decision within 90 days after being filed. PREA Policy GO-05-27 does not contain narrative that requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Policy does not mandate the Agency to always notifies the inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. Auditor reviewed grievance and verified that final decision was reached within 90 days after being filed.
- 115.52(e) – PREA Policy GO-05-27 does not contain narrative which permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Policy does not contain narrative which requires that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Agency reports that over the past 12 months there is no record of an inmate declining 2nd party assistance.
- 115.52(f) – PREA Policy GO-05-27 mandates any grievance submitted by an inmate, alleging inmate sexual abuse or imminent risk of inmate sexual abuse shall immediately be withdrawn from the routine inmate grievance process. Rather, these grievances will be considered a complaint of inmate sexual abuse and not subject to any rules, procedures or timelines regarding routine inmate grievances. All Staff receiving such grievances alleging inmate sexual abuse, shall immediately direct them to a Supervisor. The Supervisor shall immediately initiate the appropriate sexual abuse response. Agency reports there have been no grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.
- 115.52(g) – PREA Policy GO-05-27 does not possess narrative that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Agency reports that over the past 12 months no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.52 AS PROVISIONS 115.52(c), 115.52(d) & 115.52(e) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.52(b): AGENCY TO AMEND POLICY GO-05-27 TO MANDATE MANDATES GRIEVANCES ALLEGING SEXUAL ABUSE ARE NOT SUBJECT TO TIMELINE RESTRICTIONS PLACED ON NORMAL GRIEVANCES. POLICY DOES NOT REQUIRE INMATES USE AN INFORMAL GRIEVANCE PROCESS OR OTHERWISE TO ATTEMPT TO RESOLVE WITH STAFF, AN ALLEGED INCIDENT OF SEXUAL ABUSE.
- 115.52(c): 1 - AGENCY TO AMEND PREA Policy GO-05-27 TO ALLOW AN INMATE TO SUBMIT A GRIEVANCE ALLEGING SEXUAL ABUSE WITHOUT SUBMITTING IT TO THE STAFF MEMBER WHO IS THE SUBJECT OF THE COMPLAINT OR REQUIRES THAT AN INMATE GRIEVANCE ALLEGING SEXUAL ABUSE NOT BE REFERRED TO THE STAFF MEMBER WHO IS THE SUBJECT OF THE COMPLAINT.
2 - AGENCY TO PROVIDE GRIEVANCE FORMS WITH EACH INMATE GRIEVANCE BOX THROUGHOUT THE FACILITY IN ORDER FOR INMATES TO OBTAIN A GRIEVANCE FORM WITHOUT REQUESTING ONE FROM STAFF.
- 115.52(d): AGENCY TO AMEND PREA POLICY GO-05-27 TO MANDATE THAT A DECISION ON THE MERITS OF ANY GRIEVANCE OR PORTION OF A GRIEVANCE ALLEGING SEXUAL ABUSE BE MADE WITHIN 90 DAYS OF THE FILING OF THE GRIEVANCE. POLICY DOES NOT MANDATE THE AGENCY TO ALWAYS NOTIFIES THE INMATE IN WRITING WHEN THE AGENCY FILES FOR AN EXTENSION, INCLUDING NOTICE OF THE DATE BY WHICH A DECISION WILL BE MADE.
- 115.52(e): AGENCY TO AMEND PREA POLICY GO-05-27 TO MANDATE THAT THIRD PARTIES, INCLUDING FELLOW INMATES, STAFF MEMBERS, FAMILY MEMBERS, ATTORNEYS, AND OUTSIDE ADVOCATES, MAY ASSIST INMATES IN FILING REQUESTS FOR ADMINISTRATIVE REMEDIES RELATING TO ALLEGATIONS OF SEXUAL ABUSE AND TO FILE SUCH REQUESTS ON BEHALF OF INMATES. POLICY DOES NOT CONTAIN NARRATIVE WHICH REQUIRES THAT IF THE INMATE DECLINES TO HAVE THIRD-PARTY ASSISTANCE IN FILING A GRIEVANCE ALLEGING SEXUAL ABUSE, THE AGENCY DOCUMENTS THE INMATE'S DECISION TO DECLINE.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/6/17:

- 115.52(b): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THAT INMATES ARE NOT REQUIRED TO USE AN INFORMAL GRIEVANCE PROCESS OR OTHERWISE ATTEMPT TO RESOLVE WITH STAFF, AN ALLEGED INCIDENT OF SEXUAL ABUSE. OBSERVATION OF ALL HOUSING UNITS PROVIDED LOCKED GRIEVANCE BOXES FOR INMATES TO HAVE THE OPPORTUNITY TO OBTAIN AND SUBMIT GRIEVANCES ANONYMOUSLY. THERE WERE NO GREIVANCES ON THE BOXES AT THAT TIME. ON 2/28/17, AUDITOR CONDUCTED A ON-SITE CORRECTIVE ACTION STATUS REVIEW & VISITED ALL HOUSING UNITS. EACH GRIEVANCE BOX WAS SUPPLIED WITH GRIEVANCES FOR THE INMATES TO OBTAIN AND SUBMIT GRIEVANCES WITHOUT THE NEED OF STAFF.
- 115.52(c): 1 - AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES INMATES MAY SUBMIT A GRIEVANCE REGARDING A SEXUAL ABUSE OR SEXUAL HARASSMENT VIA THE INMATE HOUSING POD MAIL BOX TO PREVENT THEM FROM SUBMITTING THE GRIEVANCE DIRECTLY TO THE STAFF MEMBER WHO MAY BE THE SUBJECT OF THE COMPLAINT. ANY AND ALL INMATE GRIEVANCES ALLEGING SEXUAL ABUSE OR SEXUAL HARASSMENT BY A STAFF MEMBER WILL NOT BE REFERRED TO OR INVESTIGATED BY THAT STAFF MEMBER WHOM IS THE SUBJECT OF THE COMPLAINT. ON 2/28/17, AUDITOR CONDUCTED A ON-SITE CORRECTIVE ACTION STATUS REVIEW & VISITED ALL HOUSING UNITS. EACH GRIEVANCE BOX WAS SUPPLIED WITH GRIEVANCES FOR THE INMATES TO OBTAIN AND SUBMIT GRIEVANCES WITHOUT THE NEED OF STAFF.
2 - AGENCY AMENDED POLICY CUS 5-5 DISCIPLINARY/RULES, WHICH

MANDATES GRIEVANCE FORMS TO BE PLACED AND MAINTAINED IN BOOKING AND ALL PODS OF THE MARIN COUNTY JAIL. GRIEVANCE FORMS WILL BE PLACED IN A LOCATION, WHICH WILL ALLOW ALL INMATES TO ANONYMOUSLY OBTAIN A FORM WITHOUT ASKING A LINE OFFICER. IF NEEDED, A LINE OFFICER WILL INSTRUCT ALL INMATES HOW TO FILL OUT THE FORM AND WHO TO GIVE IT TO UPON COMPLETION.

115.52(d): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES ANY AND ALL GRIEVANCES RECEIVED REGARDING AN ALLEGED SEXUAL ABUSE OR SEXUAL HARASSMENT WILL BE INVESTIGATED PROMPTLY AND A MERIT TO THE ALLEGATIONS OR ANY PORTION OF THE ALLEGATIONS WILL BE MADE WITHIN 90 DAYS OF THE FILING DATE OF THE GRIEVANCE. IF A MERIT TO THE ALLEGATIONS HAS NOT BEEN COMPLETED WITHIN 90 DAYS, THE SHERIFF'S OFFICE WILL NOTIFY THE INMATE IN WRITING THAT THERE HAS BEEN AN EXTENSION AND THE LETTER WILL CONTAIN THE NEW PROJECTED MERIT DATE.

115.52(e): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES INMATES MAY REPORT SEXUAL HARASSMENT, ABUSE, RETALIATION FOR REPORTING OR STAFF INDIFFERENCE TO AN INMATE SEXUAL ASSAULT OR SEXUAL HARASSMENT TO ANY STAFF, VOLUNTEER OR CONTRACTOR. INMATES ALL SUCH REPORTS SHALL BE IMMEDIATELY DOCUMENTED AND THE EMPLOYEE'S IMMEDIATE SUPERVISOR AND THE PREA COORDINATOR SHALL BE NOTIFIED AND AN INVESTIGATION SHALL IMMEDIATELY COMMENCE. THESE REPORTS CAN BE MADE VERBALLY OR IN WRITING THROUGH INMATE REQUEST FORMS, GRIEVANCES OR LETTERS. THESE REPORTS CAN BE MADE BY THIRD PARTIES ON BEHALF OF THE INMATE. ALL THIRD PARTIES INCLUDING, OTHER INMATES, STAFF MEMBERS, FAMILY MEMBERS, ATTORNEYS AND OUTSIDE ADVOCATES MAY REPORT ON BEHALF OF AN INMATE, ALL ALLEGATIONS OF SEXUAL ABUSE OR HARASSMENT THROUGH THE SHERIFF'S OFFICE WEBSITE BY DOWNLOADING, COMPLETING AND SUBMITTING A CITIZEN'S COMPLAINT FORM. A PREA RELATED CITIZEN'S COMPLAINT FORM SUBMITTED ANONYMOUSLY WILL ALSO BE ACCEPTED. IF AN INMATE DECLINES 3RD PARTY ASSISTANCE IN FILING A GRIEVANCE ALLEGING SEXUAL ABUSE, THE SHERIFF'S OFFICE WILL DOCUMENT THE INMATE'S DECISION TO DECLINE IN THE MANAGEMENT SECTION OF CMS.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.52

115.53	Resident access to outside confidential support services
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.53(a) – PREA Policy GO-05-27 provides inmates with access to Community Violence Solutions Rape Crisis Center through hotline on inmate telephones. The direct phone number is provided in the PREA Signage and POD Rules sheet. Signage is posted in all facilities advising that inmate calls to the Rape Crisis Center is confidential but does not include limits of confidentiality or if the call is monitored. Agency has not provided auditor with copy of the inmate handbook for compliance verification. Policy GO 05-25 mandates no person shall be contacted, detained or arrested solely on the basis of his or her immigration status. Interview with random sample of 12 inmates indicates 4 did not know how to contact outside victim advocates or who the contact agency may be.

- 115.53(b) – Community Violence Solutions Rape Crisis Center signage is posted in all facilities which provides the Hotline number for inmates to have direct access to the Agency. Signage is posted in all facilities advising that inmate calls to the Rape Crisis Center is confidential but does not include limits of confidentiality or if the call is monitored. Signage is posted in all facilities advising that inmate calls to the Rape Crisis Center is confidential but does not include limits of confidentiality or if the call is monitored.
- 115.53(c) – Agency has not provided agreement, MOU or e-mail communication with Community Violence Solutions Rape Crisis Center to indicate attempts to enter into any agreement or contract to verify compliance with this Standard provision.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.53 AS PROVISIONS 115.53(a), 115.53(b) & 115.53(c) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.53(a): 1 - AGENCY TO AMEND PREA SIGNAGE POSTERS THROUGHOUT THE FACILITY TO ADVISE INMATES OF THE COMMUNITY VIOLENCE SOLUTIONS RAPE CRISIS CENTER LIMITS OF CONFIDENTIALITY AND WHETHER OR NOT THE CALLS ARE MONITORED BY THE AGENCY MONITORED.
2 - AGENCY TO PROVIDE AUDITOR WITH A COPY OF THE INMATE HANDBOOK AVAILABLE TO INMATES UPON THEIR REQUEST
3 - AUDITOR WILL SELECT A RANDOM SAMPLE OF INMATES TO VERIFY THEIR KNOWLEDGE AS TO THEIR KNOWLEDGE OF CONTACTING OUTSIDE VICTIM ADVOCATES, LIMITS OF CONFIDENTIALITY AND CALL MONITORING
- 115.53(b): SAME AS 115.33(a)
- 115.53(c): AGENCY TO PROVIDE AUDITOR WITH AGREEMENT, MOU OR E-MAIL COMMUNICATION WITH COMMUNITY VIOLENCE SOLUTIONS RAPE CRISIS CENTER TO INDICATE ANY ATTEMPTS TO ENTER INTO ANY AGREEMENT OR CONTRAC TO VERIFY COMPLIANCE WITH THIS STANDARD PROVISION.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/28/17:

- 115.53(a): 1 – ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. DURING PHYSICAL PLANT REVIEW, AUDITOR OBSERVED AMENDED PREA SIGNAGE POSTERS THROUGHOUT THE FACILITY TO INCLUDE EACH HOUSING UNIT AND VISITOR CENTER WHICH PROVIDES LIMITS OF CONFIDENTIALITY AND INFORMATION RELATED TO AGENCY MONITORING OF CALLS TO OUTSIDE REPORTING AND ADVOCACY AGENCIES.
- 2 - AGENCY PROVIDED AUDITOR WITH COPY OF UPDATED INMATE HANDBOOK WHICH PROVIDES NARRATIVE FOR ZERO TOLERANCE, INMATE RIGHTS, REPORTING INSTRUCTIONS, ADVOCACY AND REPORTING CONTACT INFORMATION TO INCLUDE LIMITS OF CONFIDENTIALITY AND MONITORING INFORMATION.
- 3 - AUDITOR INTERVIEWED 6 INMATES (ONE FROM EACH HOUSING UNIT). EACH INMATE PROVIDED AUDITOR WITH THEIR EDUCATION, KNOWLEDGE AND APPLICATION OF THEIR PREA EDUCATION AS IT RELATES TO ZERO TOLERANCE, RIGHTS TO BE FREE FROM SEXUAL ABUSE/HARASSMENT/RETALIATION, MULTIPLE METHODS PROVIDED INMATES TO REPORT ALLEGATIONS OF SEXUAL ABUSE AND CONTACT INFORMATION FOR REPORTING AND ADVOCACY THROUGH THE COMMUNITY VIOLENCE SOLUTIONS HOTLINE.

- 115.53(b): AUDITOR OBSERVED AMENDED PREA SIGNAGE POSTERS THROUGHOUT THE FACILITY TO INCLUDE EACH HOUSING UNIT AND VISITOR CENTER WHICH PROVIDES LIMITS OF CONFIDENTIALITY AND INFORMATION RELATED TO AGENCY MONITORING OF CALLS TO OUTSIDE REPORTING AND ADVOCACY AGENCIES.
- 115.53(c): ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. EXECUTIVE DIRECTOR OF COMMUNITY VIOLENCE SOLUTIONS COMMUNICATED WITH THE MARIN COUNTY PREA COORDINATOR IN RESPONSE TO HIS REQUEST FOR MOU OR WRITTEN VERIFICATION THAT THEY PROVIDE REPORTING AND ADVOCACY FOR MARIN COUNTY CHILDREN AND ADULTS. THE E-MAIL RESPONSE WAS PROVIDED TO AUDITOR TO INDICATE THE OPERATIONAL AGREEMENT PROVIDES THE VERIFICATION NEEDED. AUDITOR REVIEW OF COMMUNITY VIOLENCE SOLUTIONS AGENCY WEBSITE VERIFIES THEY ARE THE UMBRELLA ORGANIZATION FOR THE RAPE CRISIS CENTER OF CONTRA COSTA AND MARIN COUNTIES. IT IS ONE OF THE OLDEST RAPE CRISIS CENTERS IN CALIFORNIA AND ONE OF THE OLDEST IN THE COUNTRY. THE CENTER PROVIDES 24-HOUR CRISIS INTERVENTION HOTLINE AND SEXUAL ASSAULT RESPONSE TEAM.

AUDITOR HAS DETERMINED THAT AGENCY MEET STANDARD 115.33

115.54	Third-party reporting
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.54(a) - PREA Policy GO-05-27 indicates Third Parties may report all allegations of inmate sexual abuse or harassment through the Sheriff Office website by downloading, completing and submitting a citizen's complaint form. A PREA related citizen's complaint form submitted anonymously will be accepted. During On-Site physical plant review, auditor observed 3rd party PREA signage with reporting information in the visitors waiting room. 3rd party reporting information is also provided in the 7 attorney visiting rooms and along the hallway leading to the visiting rooms.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.54

115.61**Staff and agency reporting duties**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.61(a) – PREA Policy GO-05-27 mandates all staff, volunteers and contractors have an affirmative duty to report all allegations or knowledge of sexual abuse or sexual harassment involving inmates that take place within Marin County Jail. This mandate includes knowledge or suspicion of retaliation against anyone who reports inmate sexual abuse, cooperates with an investigation or believes that a staff member violated their responsibilities and may have contributed to an incident of inmate sexual assault or sexual harassment. Interview with random sample of 10 staff verify their knowledge and education as it relates to 1st responder duties and reporting responsibilities as it relates to all allegations of sexual abuse/harassment and retaliation received in any manner. During interview, Auditor observed all Deputies maintained a 1st Responder Protocol card on their person. This **exceeds** Standard provision 115.61(a) as continuous education is maintained.
- 115.61(b) – PREA Policy GO-05-27 mandates apart from reporting to designated supervisors or managers, staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interview with random sample of 10 staff indicates they report only to staff necessary to provide service to the victim of sexual abuse/harassment or retaliation. Release of information is on a need to know basis.
- 115.61(c) – PREA Policy GO-05-27 mandates Medical and Mental Health practitioners are considered mandatory reporters. All inmates must be informed of their duty to report allegations of inmate sexual assault or sexual harassment, and the limitations of confidentiality that result, at the initiation of services. Interview with Medical and Mental Health staff indicate they periodically inform inmates of their duty to report and limitations of confidentiality. Interview with inmates who were referred to Mental Health indicate the practitioner did not provide them with language which provides limits of confidentiality or their duty to report. There is no written documentation to verify compliance with this Standard provision.
- 115.61(d) – PREA Policy GO-05-27 does not possess a narrative that states if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Interview with PREA Coordinator and Facility Commander indicate allegations of sexual abuse made by victim under the age of 18 years or vulnerable adult, the investigation is conducted the same as any other sexual abuse investigation. There have been no instances of sexual abuse involving a victim under the age of 18 years or vulnerable adult over the past 12 months.
- 115.61(e) – PREA Policy GO-05-27 mandates allegations of inmate sexual abuse/harassment upon inmates shall be investigated promptly. 3rd Parties may report all allegations of inmate sexual abuse/harassment through the Agency website via PREA related citizen's complaint and may be submitted anonymously. Interview with Facility Commander indicates the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Staff takes initial reports and forwards to Special Investigators trained to investigate sexual abuse in a confinement setting. Review of sexual abuse investigation which occurred over the past 12 months found the case was investigated solely by facility staff who was not trained to investigate sexual abuse cases in a confinement setting.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.61 AS PROVISIONS 115.61(c). 115.61(d) & 115.61(e) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.61(c): MEDICAL AND MENTAL HEALTH TO PROVIDE AUDITOR WITH METHOD USED TO VERIFY INMATES ARE PROVIDED PRACTITIONERS LIMITS OF CONFIDENTIALITY AND DUTY TO REPORT AT THE INITIATION OF SERVICES FOR INMATES WHO ALLEGE SEXUAL ABUSE OR WERE REFERRED TO MEDICAL AND MENTAL HEALTH FOR SERVICES WHEN THEY ALLEGE HISTORY OF SEXUAL ABUSE AT SCREENING AND AREA OFFERED A MENTAL HEALTH FOLLOWUP.
- 115.61(d): PREA POLICY GO-05-27 DOES NOT POSSESS A NARRATIVE THAT STATES IF THE ALLEGED VICTIM IS UNDER THE AGE OF 18 OR CONSIDERED A VULNERABLE ADULT UNDER A STATE OR LOCAL VULNERABLE PERSONS STATUTE, THE AGENCY SHALL REPORT THE ALLEGATION TO THE DESIGNATED STATE OR LOCAL SERVICES AGENCY UNDER APPLICABLE MANDATORY REPORTING LAWS.
- 115.61(e): AGENCY TO PROVIDE AUDITOR WITH ALL SEXUAL ABUSE INVESTIGATIONS THAT WERE CONDUCTED OVER THE PAST 90 DAYS FROM 12/16/16 TO VERIFY CERTIFIED SEXUAL ABUSE INVESTIGATORS CONDUCTED THE INVESTIGATIONS.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/28/17 :

- 115.61(c): 1 – ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. AUDITOR INTERVIEWED THE MEDICAL AND MENTAL HEALTH PRACTITIONER WHO INDICATED INMATES ARE PROVIDED PRACTITIONERS LIMITS OF CONFIDENTIALITY AND DUTY TO REPORT AT THE INITIATION OF SERVICES. ALL INMATES ARE REFERRED TO MEDICAL DURING INTAKE SCREENING WHERE INMATES MUST READ (OR IF DISABLED OR LEP) THE NURSE WILL READ TO THEM, THE PREA MEDICAL SCREENING QUESTIONS FORM WHICH PROVIDES FOR LIMITS OF CONFIDENTIALITY & DUTY TO REPORT FOR MEDICAL AND MENTAL HEALTH TREATMENT. INMATES MUST SIGN THE FORM BEFORE CONTINUING WITH THEIR BOOKING.
- 2 - WHEN INMATES ARE REFERRED TO MENTAL HEALTH FOR ALLEGATION OF SEXUAL ABUSE DURING SCREENING, THEY ARE ENTERED INTO THE PREA MENTAL HEALTH REFERRAL LOG, WHICH INDICATES INMATE'S NAME, REFERRAL DATE, DATE SERVICE WAS PROVIDED, MENTAL HEALTH PRACTITIONER INITIALS AND NOTES AS TO THE REASON FOR THE REFERRAL. AGENCY PROVIDED AUDITOR WITH 32 RANDOMLY SELECTED INMATES FROM THE MENTAL HEALTH REFERRAL ROSTER. REVIEW BY AUDITOR VERIFIED THAT INMATES WERE SEEN WITHIN 6 DAYS OF INTAKE FOR A MENTAL HEALTH FOLLOWUP. AUDITOR ALSO RANDOMLY SELECTED 10 INMATE RECORDS & VERIFIED INMATES WERE PROVIDED LIMITS OF CONFIDENTIALITY AND DUTY TO REPORT DURING INTAKE.
- 115.61(d): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THAT IF THE ALLEGED VICTIM IS CONSIDERED A VULNERABLE ADULT UNDER A STATE OF LOCAL VULNERABLE PERSON'S STATUTE, THE SHERIFF'S OFFICE SHALL REPORT THE ALLEGATION TO THE DESIGNATED STATE OR LOCAL SERVICES AGENCY. MARIN COUNTY JAIL DOES NOT HOUSE JUVENILES AND JUVENILES ARE PROHIBITED FROM ENTERING THE FACILITY AS VOLUNTEERS. THERE IS NO CONTACT VISITING BETWEEN VISITORS AND INMATES IN THE FACILITY.

115.61(e): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES MULTIPLE WHO REPORTED THE INMATE SEXUAL ABUSE, AND OF INMATES WHO WERE REPORTED TO HAVE SUFFERED PROTECTION MEASURES SHALL BE EMPLOYED AGAINST ANY FORMS OF RETALIATION, SUCH AS HOUSING TRANSFERS OR TRANSFERS OF 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 INMATE SEXUAL ABUSE OR SEXUAL HARASSMENT, OR FOR COOPERATING WITH ANY SUBSEQUENT INVESTIGATION. FOR AT LEAST 90 DAYS, FOLLOWING A REPORT OF INMATE SEXUAL ABUSE, THE PREA COORDINATOR SHALL MONITOR THE CONDUCT AND TREATMENT OF INMATES OR STAFF INMATE SEXUAL ABUSE, TO DETERMINE IF THERE ARE INDICATORS TO SUGGEST POSSIBLE RETALIATION INTENTIONS BY INMATES OR STAFF, AND SHALL ACT PROMPTLY TO REMEDY ANY SUCH RETALIATION. MONITORING ACTIVITIES MAY INCLUDE, BUT IS NOT LIMITED TO, INMATE DISCIPLINARY REPORTS, HOUSING OR PROGRAM CHANGES, OR NEGATIVE PERFORMANCE REVIEWS OR REASSIGNMENTS OF STAFF. THE COORDINATOR OR HIS/HER DESIGNEE SHALL CONTINUE SUCH MONITORING BEYOND 90 DAYS IF INITIAL MONITORING INDICATES A CONTINUING NEED.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.61

115.62	Agency protection duties
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.62(a) - PREA Policy GO-05-27 mandates that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Over the past 12 months there has been no determination that an inmate was subject to substantial risk of imminent sexual abuse. Interview with Agency Head designee, Facility Commander and random sample of 10 staff indicate that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. Auditor observed the immediate action taken and when an inmate made allegation of imminent sexual abuse in Auditor's presence. Staff took immediate action to protect that inmate in accordance with Standard provision 115.62(a).

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.62

115.63	Reporting to other confinement facilities
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.63(a) – PREA Policy GO-05-27 mandates upon report of allegation of inmate sexual abuse while confined at another facility, the Detention Services Bureau Captain or his/her designee shall notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Over the past 12 months no allegations received that an inmate was abused while confined at another facility.
- 115.63(b) – PREA Policy GO-05-27 mandates upon report of allegation of inmate sexual abuse while confined at another facility, the Detention Services Bureau Captain or his/her designee shall notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation.
- 115.63(c) – PREA Policy GO-05-27 mandates such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation.
- 115.63(d) – PREA Policy GO-05-27 mandates that if facility head or Agency office that receives such notification shall ensure that the allegations is investigated in accordance with Standard 115.63. Interview with Agency Head designee & Facility Commander indicate allegations received from other agencies are investigated immediately as if the victim and the perpetrator were both still housed at the facility.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.63

115.64**Staff first responder duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.64(a) – PREA Policy GO-05-27 mandates if an allegation of sexual abuse is made, the first Deputy to respond shall:

1. Separate alleged victim & abuser
2. Request medical assistance as appropriate
3. Preserve Crime Scene
4. If time period allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
5. Consider change in classification or housing assignment to include witnesses to provide protection
6. Determine if alleged perpetrator should be administratively segregated or transferred during the investigation.

Interview with staff 1st Responders indicate they follow the 1st Responder protocol, cited responsibilities during the interview and produced their 1st Responder card when asked.

115.64(b) – PREA Policy GO-05-27 mandates if 1st responder is not a Deputy, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify staff. Over the past 12 months there was only 1 instance where a non-security staff member was the 1st responder and responder requested the alleged victim not take any actions that could destroy physical evidence and notified security staff. Interview with non-security staff members indicate they have been trained to respond when they receive allegations of sexual abuse/harassment. They also produced 1st Responder cards when asked by the Auditor.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.64

115.65	Coordinated response
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.65(a) - Agency provided Auditor with copy of the SART Protocol. The Protocol provides for actions take in response to an incident of sexual abuse in response to an incident of sexual abuse among first responders, medical and mental health practitioners and investigators. The SART Protocol is not written to address response to sexual abuse in a confinement setting. Responsibility among Staff first responders (custody and non-custody) and Facility leadership is not mentioned in this Protocol. Interview with Facility Commander indicates Agency does not currently possess a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Agency is working on the Coordinated Response Plan.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.65 AS PROVISION 115.65(a) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.65(a): AGENCY TO PROVIDE AUDITOR WITH A COORDINATED RESPONSE PLAN FOR THE MARIN COUNTY JAIL WHICH PROVIDES RESPONSE TO AN INCIDENT OF SEXUAL ABUSE AMONG 1ST RESPONDERS, MEDICAL AND MENTAL HEALTH PRACTITIONERS, ADVOCATES, INVESTIGATORS AND FACILITY LEADERSHIP.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/24/17:

115.65(a): AGENCY PROVIDED AUDITOR WITH PREA COMPLIANT COORDINATED RESPONSE PLAN FOR MARIN COUNTY JAIL WHICH MEETS STANDARD PROVISION 115.65(A) AND PROVIDES RESPONSE TO AN INCIDENT OF SEXUAL ABUSE AMONG 1ST RESPONDERS, MEDICAL AND MENTAL HEALTH PRACTITIONERS, ADVOCATES, INVESTIGATORS AND FACILITY LEADERSHIP.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.65

115.66	Preservation of ability to protect residents from contact with abusers
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.66(a) – Interview with Agency Head designee indicates collective bargaining agreements do not restrict or limit Agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. Agency provided auditor with custody staff bargaining unit agreement. the agreement refers all to Personnel Management Regulation (PMR) 47.7 discipline for directives. Upon review of the discipline section of the Personnel Management Regulation (PMR), no narrative could be found which would restrict agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

115.66(b) – N/A – Standard provision 115.66(b) is not applicable to Agency/facility per DOJ

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.66

115.67	Agency protection against retaliation
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.67(a) – PREA Policy GO-05-27 mandates Agency to take appropriate measures to protect anyone who expresses a fear of retaliation because they reported or cooperated with an investigation of inmate sexual abuse. Any form of retaliation shall be subject to punitive action. Agency has designated the PREA Coordinator as staff member who monitors for possible retaliation.

115.67(b) – PREA Policy GO-05-27 mandates 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. Interview with Agency Head designee, Facility Commander, Designated Staff Who Monitors Retaliation and inmate who reported a sexual abuse all indicate protective measures are employed to provide a safe environment for inmates who are victims of sexual abuse/harassment and retaliation in accordance with Standard provision 115.67(b).

115.67(c) – PREA Policy GO-05-27 mandates agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if

there are any changes that may suggest possible retaliation by inmates or staff for at least 90 days and may continue such monitoring beyond 90 days if initial monitoring indicates a continuing need. There have been no incidents of retaliation over the past 12 months. Interview with Facility Commander and Designated Staff Who Monitors Retaliation indicates monitoring is conducted for at least 90 days and continued should the initial monitoring indicates the need.

115.67(d) – PREA Policy GO-05-27 mandates periodic status checks for victims of sexual abuse.

115.67(e) – PREA Policy GO-05-27 mandates PREA Coordinator shall coordinate with the Classification Unit to ensure inmates who report inmate sexual abuse are monitored by periodic status checks. Frequency and duration of status checks shall be determined on a case-by-case basis. Interview with Agency Head designee and Facility Commander indicates the Classification Unit monitors retaliation. Should a staff member express fear of retaliation, an investigation is conducted and they are referred to the Employee Assistance Program and monitored for minimum of 90 days or more should the need arise to protect the individual against retaliation.

115.67(f) – N/A – Standard provision 115.67(f) is not applicable to Agency/facility per DOJ.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.67

115.68	Post allegation protective custody
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.68(a) - PREA Policy CUS 4-1 involuntary segregated housing (Protective Custody No-Mix) is to be used only after review of all available housing alternatives has shown that there are no other means of protecting the inmate. No inmates alleging sexual abuse were held in involuntary segregated housing over the past 12 months.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.68

115.71	Criminal and administrative agency investigations
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.71(a) – PREA Policy GO-05-27 mandates allegations of inmate sexual abuse/harassment upon inmates shall be investigated promptly, thoroughly and objectively and forwarded for review and appropriate action through the chain of command. Interview with Investigative staff indicate allegations of sexual abuse/harassment are investigated per PREA Policy GO-05-27.
- 115.71(b) – Agency provided Auditor with copies of training certifications for their assigned special investigators who were trained through the NIC for sexual abuse investigations in a confinement setting. Interview with Investigative staff indicate they have completed Special Training in sexual abuse investigations in a confinement setting. The 1 sexual abuse allegation received over the past 12 months was not investigated by a Special Investigator. It was investigated by a Sergeant who was not certified to investigate sexual abuse allegations in a confinement setting.
- 115.71(c) – PREA Policy GO-05-27 mandates Investigators utilize an investigative protocol compliant with Standard 115.71(c). Agency provided Auditor with investigative protocol which was verified to be PREA compliant. Interview with Investigative staff indicate they gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- 115.71(d) – PREA Policy GO-05-27 mandates when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interview with Investigative staff indicate they only conduct compelled interviews only after consulting with prosecutors.
- 115.71(e) – PREA Policy GO-05-27 mandates the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interview with Investigative staff indicate credibility of alleged victim, witness or suspect is determined during the outcome of the investigations. Investigators do not assess the credibility of anyone associated with the investigations.
- 115.71(f) – PREA Policy GO-05-27 mandates all investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Interview with Investigative staff indicate all investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports.
- 115.71(g) – PREA Policy GO-05-27 mandates all written reports, physical, testimonial and/or documentary evidence, credibility assessments, electronic monitoring data, DNA and investigative facts and findings shall be thoroughly documented during the investigative process to adequately support the final outcome of

the investigation, whether or not a referral for criminal prosecution is recommended or filed. Interview with Investigative staff indicate all investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports.

- 115.71(h) – PREA Policy GO-05-27 mandates any/all substantiated allegations of inmate sexual abuse, sexual harassment or staff misconduct that appears to be criminal shall be referred for prosecution. Agency reports there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012.
- 115.71(i) – PREA Policy GO-05-27 mandates for Administrative Investigations, the Sheriff's Office to maintain all written reports and investigations for as long as the alleged abuser is incarcerated or employed by the Sheriff's Office, plus 5 years.
- 115.71(j) – PREA Policy GO-05-27 mandates departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interview with Investigative staff indicate the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- 115.71(k) – N/A – Standard provision 115.71(k) does not apply to Agency/Facility per DOJ.
- 115.71(l) – PREA Policy GO-05-27 mandates if the Marin County Sheriff's Office did not conduct the investigation, it shall request relevant information from the investigations to inform the victim inmate of its findings. When outside agencies investigate inmate sexual abuse, the Marin County Sheriff's Office shall cooperate with outside investigators and shall endeavor to remain informed about the process of the investigation. Interview with Facility Commander, PREA Coordinator, PREA Compliance Manager and Investigative Staff indicate should an outside agency investigate sexual abuse, the facility cooperates with outside investigators, provide all documentation facility has collected & assist in any way to further the investigation.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.71 AS PROVISION 115.71(b) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.71(b): AGENCY PROVIDED AUDITOR WITH ALL SEXUAL ABUSE INVESTIGATIONS THAT WERE CONDUCTED OVER THE PAST 90 DAYS FROM 12/16/16 TO VERIFY CERTIFIED SEXUAL ABUSE INVESTIGATORS CONDUCTED THE INVESTIGATIONS.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 3/14/17:

115.71(b): AGENCY PROVIDED AUDITOR WITH THE ONE OUTSTANDING INVESTIGATION IN QUESTION. UPON FURTHER REVIEW OF THE ADDITIONAL DOCUMENTATION, AUDITOR DETERMINED THE INVESTIGATION WAS IN FACT CONDUCTED BY A CERTIFIED SPECIAL INVESTIGATOR. AGENCY HAS PROVIDED AUDITOR WITH ALL SEXUAL ABUSE ALLEGATION INVESTIGATIONS THAT OCCURRED OVER THE PAST 12 MONTHS. ALL SEXUAL ABUSE INVESTIGATIONS WERE CONDUCTED BY SPECIAL INVESTIGATORS.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.71

115.72	Evidentiary standards for administrative investigations
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.72(a) - PREA Policy GO-05-27 mandates the standard used to substantiate allegations of inmate sexual abuse shall be no higher than a preponderance of evidence. Interview with Investigative Staff indicates they do not impose any Standard higher than the preponderance of the evidence to substantiate the allegations of sexual abuse/harassment.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.72

115.73	Reporting to residents
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.73(a) – PREA Policy GO-05-27 mandates the PREA Coordinator to inform the reporting of the investigative findings as to whether the allegation of inmate sexual abuse has been determined to be substantiated, unsubstantiated or unfounded. Over the past 12 months there were 4 investigations that were completed. Out of the 4 completed investigations, only 1 of the alleged victims were notified as to the outcome of the investigation. Interview with Facility Commander, Internal Affairs and Criminal Investigative Staff indicate Internal Affairs are mandated to inform the victim of the outcome of the investigation in writing. Criminal Investigative Staff indicates they are not sure if victim is informed in writing or verbally. Criminal Investigative Staff is unsure as to who is responsible to inform the victim of the outcome of the investigation. Review of all 4 investigations that occurred over the past 12 months indicate that 1 inmate who submitted a sexual harassment grievance was provided a response on the submitted grievance. The other investigations did not provide written narrative indicating the inmate was notified as to the outcome of the investigation. Interview with Inmates who reported Sexual Abuse indicate they have not received as response to their allegations as to the outcome of the investigations.

115.73(b) – N/A – Standard provision 115.73(b) does not apply as Agency conducts both administrative and criminal investigations.

115.73(c) – PREA Policy GO-05-27 does not possess narrative that mandates following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate’s unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There have been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in the facility over the past 12 months.

115.73(d) – PREA Policy GO-05-27 mandates Following an inmate’s allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility

None of the 4 sexual abuse/harassment investigations resulted in an indictment or conviction of the perpetrator.

115.73(e) – PREA Policy GO-05-27 mandates the PREA Coordinator to document all such notifications or attempted notifications. Only 1 of the 4 sexual abuse/harassment investigations completed over the past 12 months culminated in the notification of the outcome of the investigation to the alleged victim.

115.73(f) – N/A – Standard provision 115.73(f) does not apply to Agency/facility per DOJ.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.73 AS PROVISIONS 115.73(a), 115.73(c) & 115.73(e) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

115.73(a): AGENCY TO PROVIDE AUDITOR WITH VICTIM NOTIFICATIONS FOR INVESTIGATIONS CONDUCTED OVER THE PAST 90 DAYS BEGINNING 12/16/16.

115.73(c): AGENCY TO AMEND PREA POLICY GO-05-27 TO MANDATE THAT FOLLOWING AN INMATE’S ALLEGATION THAT A STAFF MEMBER HAS COMMITTED SEXUAL ABUSE AGAINST THE INMATE, THE AGENCY SHALL SUBSEQUENTLY INFORM THE INMATE (UNLESS THE AGENCY HAS DETERMINED THAT THE ALLEGATION IS UNFOUNDED) WHENEVER:

- (1) THE STAFF MEMBER IS NO LONGER POSTED WITHIN THE INMATE’S UNIT;
- (2) THE STAFF MEMBER IS NO LONGER EMPLOYED AT THE FACILITY;
- (3) THE AGENCY LEARNS THAT THE STAFF MEMBER HAS BEEN INDICTED ON A CHARGE RELATED TO SEXUAL ABUSE WITHIN THE FACILITY; OR
- (4) THE AGENCY LEARNS THAT THE STAFF MEMBER HAS BEEN CONVICTED ON A CHARGE RELATED TO SEXUAL ABUSE WITHIN THE FACILITY.

115.73(e): AGENCY TO PROVIDE AUDITOR WITH VICTIM NOTIFICATIONS FOR INVESTIGATIONS CONDUCTED OVER THE PAST 90 DAYS BEGINNING 12/16/16.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 3/14/17 :

- 115.73(a): AGENCY PROVIDED AUDITOR WITH THE 11/14/16 SEXUAL ABUSE INVESTIGATION. INVESTIGATION WAS CONDUCTED BY A CERTIFIED SPECIAL INVESTIGATOR. ALL PHASES OF THE INVESTIGATION HAVE BEEN MET TO INCLUDE THE OFFER OF AN ADVOCATE FOR EMOTIONAL SUPPORT DURING THE INTERVIEWS. AGENCY ALSO PROVIDED NOTIFICATION TO THE VICTIM. AGENCY PROVIDED AUDITOR WITH SEXUAL ABUSE INCIDENT REVIEW DATED 12/14/16, CITING NO RECOMMENDATIONS FOR ANY CORRECTIVE ACTION.
- 115.73(c): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THAT FOLLOWING AN INVESTIGATION INTO THE ALLEGATION BY AN INMATE OF SEXUAL ABUSE, THE INMATE SHALL BE NOTIFIED AS WHETHER THE ALLEGATION WAS DETERMINED TO BE SUBSTANTIATED, UNSUBSTANTIATED OR UNFOUNDED. FOLLOWING AN INMATES SUBSTANTIATED ALLEGATION THAT A STAFF MEMBER COMMITTED AN SEXUAL ASSAULT AGAINST THE INMATE, THE SHERIFF'S OFFICE SHALL INFORM THE INMATE IN WRITING THE FOLLOWING:
1. THE STAFF MEMBER IS NO LONGER ASSIGNED TO THE INMATES HOUSING UNIT.
 2. THE STAFF MEMBER IS NO LONGER EMPLOYED OR ASSIGNED TO THE FACILITY.
 3. THE STAFF MEMBER HAS BEEN INDICTED OR CRIMINALLY CHARGED RELATED TO THE ABUSE WITHIN THE FACILITY.
 4. THE AGENCY LEARNS THAT THE STAFF MEMBER HAS BEEN CONVICTED ON A CHARGE RELATED TO SEXUAL ABUSE WITHIN THE FACILITY.
- 115.73(e): AGENCY PROVIDED AUDITOR WITH DOCUMENTED NOTIFICATION ON SEXUAL ABUSE INVESTIGATIONS WHICH OCCURRED AFTER THE 3/14/17 ON-SITE AUDIT. BOTH INVESTIGATIONS WERE CONDUCTED BY CERTIFIED SPECIAL INVESTIGATORS AND VICTIMS WERE PROVIDED NOTIFICATION OF THE OUTCOME OF THE INVESTIGATION.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.73

115.76	Disciplinary sanctions for staff
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.76(a) – PREA Policy GO-05-27 mandates staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- 115.76(b) – PREA Policy GO-05-27 mandates termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. No staff have violated Agency sexual abuse/harassment policies.
- 115.76(c) – PREA Policy GO 05-27 mandates discipline shall be proportionate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other members with similar histories. In the past 12 months, no staff from the facility has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

115.76(d) – PREA Policy GO 05-27 mandates all staff terminated or resign in lieu of termination for violating Marin County Sheriff’s Office sexual abuse/harassment policy shall be subject to criminal investigation unless the activity was clearly not criminal. In addition, reports will be made to any relevant licensing body. In the past 12 months, no staff from the facility were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.76

115.77	Corrective action for contractors and volunteers
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.77(a) – PREA Policy GO 05-27 mandates any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and reported for criminal investigation. Depending upon the outcome, the contractor or volunteer may be permanently barred from providing service to inmates at the Marin County Jail. Policy does not possess narrative which mandates reporting to relevant licensing bodies. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.
- 115.77(b) – PREA Policy GO 05-27 mandates any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and reported for criminal investigation.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.77 AS PROVISION 115.77(a) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.77(a): AGENCY TO AMEND POLICY GO-05-27 TO MANDATE THAT DEPENDING ON THE OUTCOME OF AN INVESTIGATION WHERE A CONTRACTOR OR VOLUNTER ENGAGED IN SEXUAL ABUSE, AGENCY SHALL REPORT THE CONTRACTOR OR VOLUNTEER TO THE RELEVANT LICENSING BODIES.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/3/17 :

115.77(a): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES ANY CONTRACTOR OR VOLUNTEER WHO

ENGAGES IN INMATE SEXUAL ABUSE SHALL BE PROHIBITED FROM CONTACT WITH INMATES AND REPORTED FOR CRIMINAL INVESTIGATION. DEPENDING UPON THE OUTCOME, THE CONTRACTOR OR VOLUNTEER MAY BE PERMANENTLY BARRED FROM PROVIDING SERVICE TO INMATES AT THE MARIN COUNTY JAIL. IN ADDITION, REPORTS WILL BE MADE TO ANY RELEVANT LICENSING BODY.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.77

115.78	Disciplinary sanctions for residents
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.78(a) – PREA Policy GO 05-27 mandates inmates who violate inmate sexual abuse and sexual conduct rules shall be subject to disciplinary sanctions up to and including loss of good-time and imposed segregation time pursuant to a properly conducted administrative disciplinary hearing. Over the past 12 months, 1 administrative finding of inmate-on-inmate sexual abuse occurred in the facility.
- 115.78(b) – PREA Policy GO 05-27 mandates sanctions shall be commensurate with the nature and circumstances of the abuse committed. Interview with Facility Commander indicates disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
- 115.78(c) – PREA Policy GO 05-27 mandates the disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior. Interview with Facility Commander indicates disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- 115.78(d) – Agency indicates facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Interview with Medical and Mental Health Staff indicate the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse due to limited staffing in the Medical and Mental Health departments.
- 115.78(e) – PREA Policy GO 05-27 mandates inmate will not be disciplined for sexual contact with staff unless it is determined that the staff person did not consent.
- 115.78(f) – PREA Policy GO 05-27 mandates inmates who file frivolous or bad faith allegations of inmate sexual abuse shall be subject to the inmate disciplinary process and/or referral to law enforcement for criminal charges.
- 115.78(g) – California State Penal Code prohibits sexual activity between inmates. PREA Policy GO 05-27 mandates inmates who violate inmate sexual abuse and sexual conduct rules shall be subject to disciplinary sanctions up to and including loss of good-time and imposed segregation time pursuant to a properly conducted administrative disciplinary hearing.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.78

115.78	Disciplinary sanctions for residents
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.78(a) – PREA Policy GO 05-27 mandates inmates who violate inmate sexual abuse and sexual conduct rules shall be subject to disciplinary sanctions up to and including loss of good-time and imposed segregation time pursuant to a properly conducted administrative disciplinary hearing. Over the past 12 months, 1 administrative finding of inmate-on-inmate sexual abuse occurred in the facility.
- 115.78(b) – PREA Policy GO 05-27 mandates sanctions shall be commensurate with the nature and circumstances of the abuse committed. Interview with Facility Commander indicates disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
- 115.78(c) – PREA Policy GO 05-27 mandates the disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior. Interview with Facility Commander indicates disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- 115.78(d) – Agency indicates facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. Interview with Medical and Mental Health Staff indicate the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse due to limited staffing in the Medical and Mental Health departments.
- 115.78(e) – PREA Policy GO 05-27 mandates inmate will not be disciplined for sexual contact with staff unless it is determined that the staff person did not consent.
- 115.78(f) – PREA Policy GO 05-27 mandates inmates who file frivolous or bad faith allegations of inmate sexual abuse shall be subject to the inmate disciplinary process and/or referral to law enforcement for criminal charges.
- 115.78(g) – California State Penal Code prohibits sexual activity between inmates. PREA Policy GO 05-27 mandates inmates who violate inmate sexual abuse and sexual conduct rules shall be subject to disciplinary sanctions up to and including loss of good-time and imposed segregation time pursuant to a properly conducted administrative disciplinary hearing.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.78

115.81**Medical and mental health screenings; history of sexual abuse**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.81(a)/(c) – PREA Policy GO-05-27 mandates all inmates at this facility who have disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During intake, should the inmate request Mental Health assistance will be referred by the intake nurse using a Mental Health Services referral form. Mental Health shall note the name, booking number and date the referral was made and schedule to see inmate within 14 days of the date of the referral. Over the past 12 months no inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Agency reports Medical and Mental Health staff maintain secondary materials documenting compliance with Standard provision 115.81. Interview with Inmates who disclosed sexual victimization at risk screening indicate they were not offered meeting with Mental Health practitioner within 14 days of intake screening. Interview with Risk Screening staff indicate there is no specific documented method to refer inmates who disclose sexual victimization during risk screening to Mental Health. Interview with Mental Health practitioners indicate there is not tracking of inmate referrals from risk screening for inmates who disclose sexual victimization. Mental Health and Medical staff are creating a tracking system to correct this deficiency.

115.81(b) – N/A – Standard provision 115.81 is not applicable to this Agency as Facility is a County Jail.

115.81(d) – PREA Policy GO-05-27 mandates any information related to sexual victimization or abusiveness that occurred in any correctional facility shall be limited to Medical & Mental Health practitioners and necessary sworn staff. This information shall only be used for Medical and Mental Health treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. Medical and Mental Health practitioners indicate all documentation is maintained electronically and only access to those records is through the Medical and Mental Health practitioners on a need to know basis.

115.81(e) – PREA Policy GO-05-27 mandates Medical and Mental Health staff shall obtain informed consent from inmates before reporting information about prior sexual victimization in the community. Interview with Risk Screening staff indicate there is no specific documented method to refer inmates who disclose sexual victimization during risk screening to Mental Health. Interview with Mental Health practitioners indicate there is not tracking.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.81 AS PROVISIONS 115.81(a)/(c) & 115.81(e) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

115.81(a)/(c): 1 - AGENCY TO PROVIDE AUDITOR WITH LIST OF INMATES BOOKED INTO MARIN COUNTY JAIL WHO WERE REFERRED TO MENTAL HEALTH DUE TO A HISTORY OR ALLEGATION OF SEXUAL ABUSE AT INTAKE.

2 - AGENCY TO PROVIDE AUDITOR WITH DOCUMENTATION WHICH VERIFIES SAID INMATES WERE SEEN BY MENTAL HEALTH PRACTITIONER WITHIN 14 DAYS OF INTAKE.

115.81(e): AGENCY TO PROVIDE AUDITOR WITH DOCUMENTED METHOD TO REFER INMATES WHO DISCLOSE SEXUAL VICTIMIZATION DURING RISK SCREENING TO MENTAL HEALTH TO INCLUDE THE TRACKING METHOD MENTAL HEALTH USES TO VERIFY COMPLIANCE WITH STANDARD 115.81.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/28/17:

115.81(a)/(c): 1 & 2- AGENCY PROVIDED AUDITOR WITH 32 RANDOMLY SELECTED INMATES FROM THE MENTAL HEALTH REFERRAL ROSTER. REVIEW BY AUDITOR VERIFIED THAT INMATES WERE SEEN WITHIN 6 DAYS OF INTAKE FOR A MENTAL HEALTH FOLLOW-UP.

115.81(e): ON 2/28/17, AUDITOR CONDUCTED AN ON-SITE 90-DAY CORRECTIVE ACTION STATUS REVIEW. WHEN INMATES ARE REFERRED TO MENTAL HEALTH FOR ALLEGATION OF SEXUAL ABUSE DURING SCREENING, THEY ARE ENTERED INTO THE PREA MENTAL HEALTH REFERRAL LOG, WHICH INDICATES INMATE'S NAME, REFERRAL DATE, DATE SERVICE WAS PROVIDED, MENTAL HEALTH PRACTITIONER INITIALS AND NOTES AS TO THE REASON FOR THE REFERRAL. AGENCY PROVIDED AUDITOR WITH 32 RANDOMLY SELECTED INMATES FROM THE MENTAL HEALTH REFERRAL ROSTER. REVIEW BY AUDITOR VERIFIED THAT INMATES WERE SEEN WITHIN 6 DAYS OF INTAKE FOR A MENTAL HEALTH FOLLOWUP.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.81

115.82	Access to emergency medical and mental health services
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.82(a) – PREA Policy GO 05-27 mandates inmate victims of sexual abuse shall 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. Interview with Medical and Mental Health staff indicate inmate victims of sexual abuse shall 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.

- 115.82(b) – PREA Policy GO 05-27 mandates if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Interview with security and non-security staff verify the training and knowledge they have and employ as 1st responders in accordance with Standard provision 115.82(b).
- 115.82(c) – PREA Policy GO 05-27 mandates inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception, pregnancy tests and sexually transmitted infections preventions and testing as appropriate. Interview with Medical and Mental Health staff indicate inmate victims of sexual abuse while incarcerated are 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.
- 115.82(d) – PREA Policy GO 05-27 mandates treatment services are provided to every victim without financial cost and regardless of the victim’s level of cooperation with the investigation.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.82

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.83(a) – PREA Policy GO 05-27 mandates the facility offers 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. Through Marin General Hospital for acute medical care and Kaiser Vallejo Hospital for forensic examinations.
- 115.83(b) – PREA Policy GO 05-27 mandates Jail Medical Services makes arrangements for follow-up care for inmate sex abuse victim return from any emergency medical treatment and/or sexual assault examination. Mental Health Services may schedule the inmate for an initial follow-up consultation and evaluation to determine if further mental health treatment is requested or necessary. Inmate’s who have been sexually abused in any confinement setting and who have been identified, evaluated and treated, shall also receive, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer or placement in other facilities or their release from custody. Interview with Medical and Mental Health Staff indicate the evaluation and treatment of such victims shall 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.
- 115.83(c) – PREA Policy GO 05-27 mandates the facility shall provide such victims with medical and mental health services consistent with the community level of care. Interview with Medical and Mental Health Staff verify the facility provides victims of sexual abuse with medical and mental health services consistent with the community level of care.

- 115.83(d) – PREA Policy GO 05-27 mandates Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- 115.83(e) – PREA Policy GO 05-27 mandates If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Interview with Medical and Mental Health Staff indicates that should pregnancy result from an act of sexual abuse in the facility, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- 115.83(f) – PREA Policy GO 05-27 mandates inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- 115.83(g) – PREA Policy GO 05-27 mandates 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.
- 115.83(h) – N/A – Standard provision 115.83(h) is not applicable as facility is a County Jail

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.83

115.86	Sexual abuse incident reviews
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.86(a) – PREA Policy GO-05-27 mandates the PREA Coordinator and Command Staff including the Nursing Supervisor, Lead Mental Health Practitioner and involved investigators shall conduct a PREA incident review no later than 30 days following the conclusion of an investigation, unless it is determined to be an unfounded incident. Over the past 12 months 1 investigation of alleged sexual abuse was completed at the facility. The case was determined to be “without merit”.
- 115.86(b) – PREA Policy GO-05-27 mandates the PREA Coordinator and Command Staff including the Nursing Supervisor, Lead Mental Health Practitioner and involved investigators shall conduct a PREA incident review no later than 30 days following the conclusion of an investigation, unless it is determined to be an unfounded incident. Over the past 12 months 1 investigation of alleged sexual abuse was completed at the facility, and found to be “without merit”.
- 115.86(c) – PREA Policy GO-05-27 mandates the PREA Coordinator and Command Staff including the Nursing Supervisor, Lead Mental Health Practitioner and involved investigators shall conduct the PREA incident review.
- 115.86(d) – PREA Policy GO-05-27 mandates the Incident Review Team shall consider all 6 criteria as required in Standard provision 115.86(d). Interview with Facility Commander & PREA Compliance Manager indicate the Incident review team consider all criteria as outlined in Standard provision 115.86(d).
- 115.86(e) – PREA Policy GO-05-27 mandates the Incident Review Team shall prepare a report of its findings including any determinations and recommendations for improvement, and submit the findings to the

Detention Services Bureau Captain. The Detention Services Bureau Captain or his/her authorized designee shall implement the recommendations for improvement or shall completely and adequately document the reason(s) for not doing so.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.86

115.87	Data collection
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.87(a) & (c) – PREA Policy GO-05-27 mandates the Sheriff’s Office collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control.
- 115.87(b) – PREA Policy GO-05-27 does not possess narrative which mandates the agency aggregates the incident-based sexual abuse data at least annually.
- 115.87(d) – PREA Policy GO-05-27 mandates the PREA Coordinator or his/her designee maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- 115.87(e) – N/A – Standard provision 115.87(e) is not applicable as Agency does not contract for the confinement of its inmates.
- 115.87(f) – N/A – Standard provision 115.87(f) does not apply to this Agency/Facility as the DOJ has not requested Agency data.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.87 AS PROVISION 115.87(b) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.87(b): AGENCY TO AMEND POLICY GO-05-27 TO MANDATE AGENCY TO AGGREGATE THE INCIDENT-BASED SEXUAL ABUSE DATA AT LEAST ANNUALLY.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/3/17:

115.87(b): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THE INFORMATION FROM ALL THE INCIDENTS IN THE PRIOR CALENDAR YEAR WILL BE REVIEWED AND COMPILED INTO AN ANNUAL REPORT. THE REPORT SHALL ALSO INCLUDE CORRECTIVE ACTIONS FOR THE JAIL, ALONG WITH A PREA AUDIT: AUDITOR’S SUMMARY REPORT

COMPARISON TO THE PREVIOUS YEAR'S DATA, AND SUBMITTED TO THE SHERIFF FOR REVIEW. UPON APPROVAL OF THE SHERIFF, THE REPORT SHALL BE POSTED ON THE SHERIFF OFFICE WEBSITE ANNUALLY, AFTER ALL NECESSARY REDACTIONS HAVE BEEN MADE, PURSUANT TO CALIFORNIA PENAL CODE § 293. THE SHERIFF'S OFFICE SHALL ENSURE ALL DATA COLLECTED IS SECURELY RETAINED. ALL AGGREGATED SEXUAL ABUSE DATA SHALL BE READILY AVAILABLE TO THE PUBLIC ANNUALLY VIA THE SHERIFF'S OFFICE PUBLIC WEBSITE. ANY AND ALL PERSONAL IDENTIFIERS SHALL BE REMOVED PRIOR TO POSTING.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.87

115.88	Data review for corrective action
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.88(a) – PREA Policy GO-05-27 mandates the PREA Coordinator 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, and training, including:
- Identifying problem areas;
 - Taking corrective action on an ongoing basis; and
 - Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.
- Interview with Agency Head designee, PREA Coordinator and PREA Compliance Manager indicates the agency reviews 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, and training, including:
- Identifying problem areas;
 - Taking corrective action on an ongoing basis; and
 - Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.
- 115.88(b) – PREA Policy GO-05-27 mandates the PREA Coordinator prepare Annual Report which includes a comparison of the current year's data and corrective actions with those from prior years.
- 115.88(c) – PREA Policy GO-05-27 mandates the Annual Report be approved by the Sheriff and posted on the Sheriff's Office website annually after all necessary redactions have been made pursuant to California Penal Code Section 293. Interview with Agency Head designee indicate the Annual Report is approved by the agency head and made readily available to the public through its website. This is Agency's 1st PREA Audit and an Annual Report is not yet placed on the Agency website for public review.

115.88(d) – PREA Policy GO-05-27 mandates the Annual Report be approved by the Sheriff and posted on the Sheriff's Office website annually after all necessary redactions have been made pursuant to California Penal Code Section 293. Interview with PREA Coordinator indicates the Agency redacts Personal Identifiers from any publication or documentation that is available to the public.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.88 AS PROVISION 115.88(c) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.88(c): AGENCY TO INCORPORATE THE ANNUAL REPORT INTO THE AGENCY WEBSITE FOR PUBLIC REVIEW.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 3/31/17:

115.88(c): AGENCY UPLOADED 2016 ANNUAL REPORT TO AGENCY WEBSITE. REPORT PROVIDES AGENCY'S ZERO-TOLERANCE, DEFINITIONS, AGGREGATED SEXUAL ABUSE & SEXUAL HARASSMENTS FOR 2016. THIS IS AGENCY'S 1ST PREA AUDIT AND THERE WAS NO SEXUAL ABUSE AND SEXUAL HARASSMENT TRACKING PRIOR TO SEPTEMBER 2016, THEREFORE, THERE IS NO COMPARISON OF DATA BETWEEN 2015 & 2016. AT THE CONCLUSION OF 2016, THERE WERE NO IDENTIFIED DEFICIENCIES THROUGH ANALYSIS OF SEXUAL ABUSE/HARASSMENT INCIDENTS THAT NEEDED CORRECTION OR IMPROVEMENT TO THE FACILITY OR STAFFING. ANNUAL REPORT ALSO PROVIDES INFORMATION WITH REGARDS TO STAFF PREA TRAINING.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.88

115.89	Data storage, publication and destruction
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.89(a) - PREA Policy GO-05-27 mandates Supervisors shall forward all information to the PREA Coordinator while maintaining a copy for their files. This data shall be security maintained. Interview with PREA Coordinator indicates data is maintained in a hard-copy binder by the Compliance Sergeant and on a database accessed only through an internal computer drive, password protected.
- 115.89(b) - PREA Policy GO-05-27 mandates Supervisors shall forward all sex abuse data to the PREA Coordinator while maintaining a copy for their files. This data shall be security maintained. This data shall be made readily available on Agency's website for public access through the Annual Report. Policy does not possess narrative mandating Agency making all sex abuse data aggregated prior to placing in the Annual Report for public access. Annual Report is not currently available on the Agency website.
- 115.89(c) - PREA Policy GO-05-27 does not possess narrative that mandates that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Interview with PREA Coordinator indicates the Agency redacts Personal Identifiers from any publication or documentation that is available to the public.
- 115.89(d) - PREA Policy GO-05-27 mandates the PREA Coordinator or designee shall securely retain all documents pertaining to investigations for not less than 10 years.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.89 AS PROVISIONS 115.89(b) & 115.89(c) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.89(b): AGENCY TO AMEND POLICY GO-05-27 TO MANDATE ALL SEXUAL ABUSE DATA WILL BE AGGREGATED PRIOR TO PLACING IN THE ANNUAL REPORT FOR PUBLIC ACCESS.
- 115.89(c): AGENCY TO AMEND POLICY GO-05-27 TO MANDATE THAT AGENCY REMOVE ALL PERSONAL IDENTIFIERS BEFORE MAKING AGGREGATED SEXUAL ABUSE DATA PUBLICLY AVAILABLE.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY MARCH 10, 2017 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 14, 2017

CORRECTIVE ACTION COMPLETION 2/3/17:

- 115.89(b): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THE SHERIFF'S OFFICE SHALL ENSURE ALL DATA COLLECTED IS SECURELY RETAINED. ALL AGGREGATED SEXUAL ABUSE DATA SHALL BE READILY AVAILABLE TO THE PUBLIC ANNUALLY VIA THE SHERIFF'S OFFICE PUBLIC WEBSITE. ANY AND ALL PERSONAL IDENTIFIERS SHALL BE REMOVED PRIOR TO

POSTING.

115.89(c): AGENCY AMENDED POLICY GO-05-27 WHICH MANDATES THE SHERIFF'S OFFICE SHALL ENSURE ALL DATA COLLECTED IS SECURELY RETAINED. ALL AGGREGATED SEXUAL ABUSE DATA SHALL BE READILY AVAILABLE TO THE PUBLIC ANNUALLY VIA THE SHERIFF'S OFFICE PUBLIC WEBSITE. ANY AND ALL PERSONAL IDENTIFIERS SHALL BE REMOVED PRIOR TO POSTING.

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.89

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

3/31/17

Auditor Signature

Date