

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: 9/20/2020 ☐ N/A

*If no Interim Audit Report, select N/A*

Date of Final Audit Report: 4/12/21

### Auditor Information

Name: Eric Woodford	Email: eiw@comcast.net
Company Name: Correctional Consulting Services, LLC	
Mailing Address: PO Box 732	City, State, Zip: Benicia, CA 94510
Telephone: (707) 333-8303	Date of Facility Visit: 8/3/2020 TO 8/6/2020

### Agency Information

Name of Agency: Marin County Sheriff's Office		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 13 Peter Behr Drive		City, State, Zip: San Rafael, CA 94903	
Mailing Address: 1600 Los Gamos Drive Ste. 200		City, State, Zip: San Rafael, CA 94903	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.marinsheriff.org/about-us/detention-bureau">https://www.marinsheriff.org/about-us/detention-bureau</a>			

### Agency Chief Executive Officer

Name: Robert T. Doyle	
Email: rdoyle@marinsheriff.org	Telephone: (415) 473-7248

### Agency-Wide PREA Coordinator

Name: Lieutenant Brian Fay	
Email: bfay@marinsheriff.org	Telephone: (415) 473-2882

<b>PREA Coordinator Reports to:</b>  Captain Craig Scardina	<b>Number of Compliance Managers who report to the PREA Coordinator</b>  1
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## Facility Information

<b>Name of Facility:</b> Marin County Jail			
<b>Physical Address:</b> 13 Pater Behr Drive		<b>City, State, Zip:</b> San Rafael, CA 94903	
<b>Mailing Address (if different from above):</b> 1600 Los Gamos Drive, Ste. 200		<b>City, State, Zip:</b> San Rafael, CA 94903	
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Facility Website with PREA Information:</b> <a href="http://www.marinsheriff.org/about-us/detention-bureau">http://www.marinsheriff.org/about-us/detention-bureau</a>			
<b>Has the facility been accredited within the past 3 years?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</b> <input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input checked="" type="checkbox"/> Other (please name or describe: BSCC & Marin County in-house audit) <input type="checkbox"/> N/A			
<b>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</b> Marin County in-house audit (annually)			
<b>Warden/Jail Administrator/Sheriff/Director</b>			
<b>Name:</b> Captain Craig Scardina			
<b>Email:</b> scardina@marinsheriff.org		<b>Telephone:</b> (415) 473-2882	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Lieutenant Brian Fay			
<b>Email:</b> bfay@marinsheriff.org		<b>Telephone:</b> (415) 473-7556	
<b>Facility Health Service Administrator</b> <input type="checkbox"/> N/A			
<b>Name:</b> Karl Finley			
<b>Email:</b> kfinley@marincounty.org		<b>Telephone:</b> (415) 473-3614	

Facility Characteristics		
Designated Facility Capacity:	388	
Current Population of Facility:	272	
Average daily population for the past 12 months:	280	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	Adults 18-64	
Average length of stay or time under supervision:	42 days	
Facility security levels/inmate custody levels:	Type II/pre-sentence & sentenced	
Number of inmates admitted to facility during the past 12 months:	7351	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2426	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	3455	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	120	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	30
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	25
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	75
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	280
<b>Physical Plant</b>	
<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	6 dorm housing units (pods)
Number of single cell housing units:	58
Number of multiple occupancy cell housing units:	164
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	28
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: Kaiser Permanente Vallejo)	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

# Audit Findings

## Audit Narrative

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

A Prison Rape Elimination Act (PREA) Audit was initially scheduled to be conducted at the Marin County Detention Facility during the week of 3/21/2020 by Eric Woodford a US Department of Justice (USDOJ) certified PREA Auditor. Due to the Coronavirus National Emergency, the onsite audit was rescheduled to the week of 4/20/2020. This is the second PREA audit for the Marin County Jail Sheriff's Department. The first PREA audit was completed in 2017.

On 2/21/2020, the Marin County Sheriff's Office and auditor signed a PREA audit agreement to conduct a PREA audit for the Marin County Detention Facility. Term of the contract is from 1/27/2020 to 3/6/2021.

On 1/27/2020 auditor provided the agency PREA Manager with pre-audit documentation such as the pre-audit questionnaire, audit process map, audit documentation checklist and audit tour instructions. The auditor submitted an additional document request on 2/5/2020 for staff, contractor, volunteer and inmate listing in order to conduct a random selection for document review.

On 1/30/2020 the auditor provided agency with Notice of Auditor poster language in both English and Spanish. Instructions on posting, date of posting deadline and proof of posting verification to be provided to the auditor on 2/10/2020. Agency provided verification of posting by the deadline which was six weeks prior to the onsite audit. The Notices of Auditor were posted in all inmate living areas, hallways where inmates and staff travel throughout the facility, doorways that lead to each part of the facility for both staff and inmates, multi-purpose rooms, visiting, property storage, kitchen, laundry, Restricted-Housing, medical and program rooms. On 3/17/2020, Agency and auditor agreed to a new onsite audit date to be the week of 4/20/2020 due to the Coronavirus quarantine. Auditor rewrote the Notice of Auditor poster language and provided to the PREA Coordinator with posting instructions. The new onsite audit to be conducted during the week of 4/20/2020.

The facility completed the Pre-Audit Questionnaire (PAQ) on 2/3/2020. On 2/5/2020, the auditor visited the Marin County Jail to participate in a initial PREA conference with the PREA Coordinator, PREA Manager and facility administration on 2/5/20 to make introductions, establish the PREA Coordinator to be the point of contact (POC), discuss processes and expectations with the auditor and conduct a walkthrough of the facility. Mail process of correspondence between inmate and auditor was also discussed.

On 2/10/2020, the auditor contacted Just Detention International (JDI) via e-mail. The Operations Director responded and indicated there has been no record of calls, but only one report regarding allegations of sexual abuse from the Marin County Detention Facility over the past 12 months which occurred during the summer of 2019. Agency had previously provided auditor with that specific sexual abuse investigation which was criminal in matter and pending prosecution. On 2/11/2020, Agency provided auditor with copy of facility schematics which outlined all areas of the Marin County Jail.

Agency provided auditor's 2/18/2020 requested lists for document review on 2/14/2020. Auditor made selections based upon hire date, gender, job positions and shifts. Auditor presented agency with random selections for document review on 2/20/2020. Documentation request included investigation

records, grievances, training records, inmate records and personnel records pulled from the random selections made by auditor. Agency had previously provided sexual abuse and sexual harassment investigative documentation. Agency reported that there have been no PREA related grievances submitted by inmates over the past 12 months, agency does not house youthful inmates, there are no inmates in Segregated Housing for risk of sexual victimization and no 3<sup>rd</sup> party reports made over the past 12 months. The agency provided the documents by 3/17/20 for auditor to complete the document review worksheets for verification of compliance.

During the pre-audit phase, the auditor reviewed the number of documents to assist in the triangulation of data and documentation to support the findings for the individual provisions. These documents included:

- Complete inmate roster\*
- Inmates with disabilities
- Inmates who are LEP
- LGBTI Inmates
- Inmates in segregated housing
- Inmates/residents who reported sexual abuse
- Inmates/residents who reported sexual victimization during risk screening
- Complete staff roster
- Specialized staff
- Contractors who have contact with inmates
- Volunteers who have contact with inmates
- Grievances made in the 12 months preceding the audit
- Incident reports from the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the onsite audit. – 6 investigations were reviewed, (5 allegations of sexual harassment and 1 allegations of sexual abuse)
- Hotline calls made during the 12 months preceding the audit
- 22 staff files were reviewed
- 7 Contractors & 10 Volunteer files were reviewed
- 23 Inmate screening files were reviewed.

On 2/24/2020, facility staff responded to the pre-audit issue log with a number of documents including policies, and other resources as requested.

The PAQ noted that in the past 3 years, the Marin County Correctional Facility (MCCF) has been accredited through the California Board of State and Community Corrections (BSCC) . During the course of the audit the auditor exchanged numerous emails and phone conversations with the PREA Coordinator relative to document requests for the auditor to conduct document reviews and PAQ support documentation. The agency complied with all requests.

Auditor received one correspondence letter from a MCCF inmate on 2/24/2020. The inmate claimed to have been sexually abuse by staff while incarcerated at Marin CJ (no incident date provided in the letter). This inmate was released from Marin CJ on 2/21/2020. On 2/26/2020, auditor conducted a telephonic interview with the inmate. The inmate stated that the incident occurred in either 2004 or 2005 (prior to creation of the PREA Standards). It was explained to the inmate that the current PREA audit could not include auditing an allegation of sexual abuse that occurred in 2004 or 2005.

On 2/5/20, auditor requested agency complete the Specialized listing of staff and provide a listing of staff, contractors and volunteers which provides for their duty shifts and titles or designations for onsite



interviews. Listing for inmates to identify their housing units, gender, and earliest possible release date for formal interviews. Agency provided the requested lists three days later and auditor made random selections of staff based upon shifts and titles. The selections equaled five custody staff members per shift. Seven contractors and 10 volunteers were selected at random based upon their job titles. Inmates were selected based upon gender and housing unit, where the female inmates were oversampled. Auditor selected one inmate per page to a total of 23 random inmates. These selections were utilized for the document review worksheets for Personnel, Training and Inmate Screening worksheets.

In order to conduct random selections for interviews to be conducted on first day of the onsite audit, auditor selected the following:

- 23 – Specialized staff
- 15 - Randomly selected custody staff
- 2 – Contractors
- 2 – Volunteers
- 22 – Randomly selected inmates
- 9 - Targeted inmates

On date of selection, agency did not house the following:

- Inmates who reported sexual abuse
- Inmates in segregated housing for risk of sexual victimization
- Youthful inmates
- Cognitive inmates

Auditor will make selections from the targeted inmate and random inmate listings to meet the Targeted Inmate interview requirements based upon population size.

On 4/14/20, auditor conducted a conference call with the PREA Manager. The PREA Manager indicated that the Agency requests a delay in the scheduled onsite audit. Due to the national Coronavirus situation, Agency requests onsite audit be rescheduled for 6/1/20 through 6/4/20. Auditor wrote a schedule plan to include interim report due date, Corrective action deadline and Final report due date and provided to the Agency. The PREA Manager provided auditor with photos of posting verification on 4/20/2020 via e-mail. PRC was notified of the requested schedule update through the Online Audit Information system. Prior to the rescheduled onsite audit, auditor requested additional listings in order to conduct random selections of random and targeted inmates for interview lists.

Prior to the onsite audit, agency provided auditor with random selections of inmate and staff, identified by the auditor, to conduct the document reviews for 23 inmate screenings, Personnel reviews for 22 custody staff and seven contractors, training reviews for 22 custody staff, seven contractors and 10 volunteers, one sexual abuse and five sexual harassment allegations that had been investigated over the past 12 months.

The on-site review began on 8/3/2020 with an entry briefing. Attendees included the Agency-Wide PREA Coordinator, Administrative Services Technician and PREA Manager. During the briefing, conduct of the audit was discussed including the audit timeline during the week. Auditor opened the floor for questions and provided responses for any questions asked. Following the in briefing, the physical plant review was conducted with the PREA Coordinator, Jail Commander and shift staff. The inmate population on the first day of the onsite audit was 147 and houses both male and female inmates. Marin County Jail is one building 10 multiple occupancy housing units, 10 open bay/dorm

housing units, three segregation cells, Administration, Maintenance, medical clinic and others as noted in the following summary.

Informal inmate interviews were not conducted by the auditor during the site review due to COVID-19. The site review was conducted as follows:

### **Housing Units:**

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

PREA Information Posted: On shower doors –Limits of confidentiality, hotline number and monitoring narrative provided in both English and Spanish. Notice of Auditor posters in housing unit in Yellow

Opposite Sex Viewing: All housing cells have one large window in front wall and one small window in middle of door which provides cross-gender viewing during toileting.

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: Locked Grievance Box in housing unit. Grievance forms provided on the box.

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 18 inmates – direct supervision. Housing capacity - 71

#### **Living Unit: B-POD – GENERAL POPULATION (MALES)**

PREA Information Posted: On shower doors –Limits of confidentiality, hotline number and monitoring narrative provided in both English and Spanish. Notice of Auditor posters in housing unit in Yellow

Opposite Sex Viewing: All housing cells have one large window in front wall and one small window in middle of door which provides cross-gender viewing during toileting.

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: Locked Grievance Box in housing unit. Grievance forms provided on the box.

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 15 inmates – Direct Supervision. Housing capacity - 71

#### **Living Unit: C-POD – GENERAL POPULATION (MALES)**

PREA Information Posted: On shower doors –Limits of confidentiality, hotline number and monitoring narrative provided in both English and Spanish. Notice of Auditor posters in housing unit in Yellow.

Opposite Sex Viewing: All housing cells have one large window in front wall and one small window in middle of door which provides cross-gender viewing during toileting.

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: Locked Grievance Box in housing unit. Grievance forms provided on the box.

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 31 inmates – Direct Supervision. Housing capacity 71

**Living Unit: SPECIAL HOUSING – (MALES)- MENTAL HEALTH, PC, MEDICAL NEEDS**

PREA Information Posted: On shower doors –Limits of confidentiality, hotline number and monitoring narrative provided in both English and Spanish. Notice of Auditor posters in housing unit in Yellow.

Opposite Sex Viewing: All housing cells have one large window in front wall and one small window in middle of door which provides cross-gender viewing during toileting.

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: Locked Grievance Box in housing unit. Grievance forms provided on the box.

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 36 inmates – Direct Supervision. Capacity 70

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

PREA Information Posted: On shower doors –Limits of confidentiality, hotline number and monitoring narrative provided in both English and Spanish. Notice of Auditor posters in housing unit in Yellow.

Opposite Sex Viewing: All housing cells have one large window in front wall and one small window in middle of door which provides cross-gender viewing during toileting.

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: Locked Grievance Box in housing unit. Grievance forms provided on the box.

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 10 inmates – Direct Supervision. Capacity 69

NOTE: Medical nursing office located inside the housing unit.

**Living Unit: R-1 - RESTRICTIVE HOUSING (MALES)**

PREA Information Posted: On shower doors –Limits of confidentiality, hotline number and monitoring narrative provided in both English and Spanish. Notice of Auditor posters in housing unit in Yellow.

Opposite Sex Viewing: All housing cells have one large window in front wall and one small window in middle of door which provides cross-gender viewing during toileting.

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: Locked Grievance Box in housing unit. Grievance forms provided on the box.

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 12 inmates in PODs R-1 – Direct Supervision. Capacity 17

### **Living Unit: R-2 – RESTRICTIVE HOUSING (MALES)**

PREA Information Posted: On shower doors –Limits of confidentiality, hotline number and monitoring narrative provided in both English and Spanish. Notice of Auditor posters in housing unit in Yellow.

Opposite Sex Viewing: All housing cells have one large window in front wall and one small window in middle of door which provides cross-gender viewing during toileting.

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: Locked Grievance Box in housing unit. Grievance forms provided on the box.

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 13 inmates in each PODs R-2 – Direct Supervision Capacity 19

### **Laundry – FEMALE INMATE WORKERS ONLY**

Hidden areas: NONE

Camera Placement: 3 Cameras & 1 mirror

Supervision: 1 staff to 4 inmates

### **RECEIVING AND DISCHARGE (INTAKE)**

Strip Areas (Private): 3 Strip shower cubicles are behind door with window to booking area. Staff can conduct safety checks during strip search. Inmate is inside shower cubicle during strip search to dissuade cross-gender viewing. 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 limits of confidentiality, monitoring information and contact number to Rape Crisis Hotline.

Cameras: 4 cameras & 1 mirror.

Phones: 6

Ask for Information Provided to Offenders: . PREA education material currently provided to inmates which requires inmate signature. Inmate is provided a copy of the PREA education material.

### **Booking Area**

Sobering cells? Detox (DT1 & DT2) both PREA compliant

Holding cells? HC1 & HC2 both PREA compliant

Safety cells? SC1 & SC2 both compliant. Camera in cell over toilet in floor and is shaded to dissuade cross-gender viewing during toileting.

Inmate Bathroom adjacent to nursing station is PREA compliant. Staff & inmates are unable to 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: 3<sup>rd</sup> 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, 3<sup>rd</sup> 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 – Escort deputy supervises

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

Following the physical plant review, the auditor conducted formal interviews of a random selection of 14 line staff selected from each shift, 23 Specialized Staff and Agency management interviews. On

8/5/2020, the auditor conducted inmate interviews comprised of a sampling of 17 random inmates from each housing unit, seven targeted inmates to include four random inmates (for a total of 11 targeted inmates), due to lack of three youthful offenders, one LEP or disabled inmate, one LGBTI/Transgender or Intersex inmate and one inmate in Segregated Housing for risk of sexual victimization. During inmate interviews, Mental Health staff was available for emotional support if needed. No referrals for advocacy occurred during the interview process.

Marin County Detention Facility provides 3<sup>rd</sup> party reporting of allegations of sexual abuse via the Sheriff's website. The information is listed under their OPTIONS tab and includes citation of the Prison Rape Elimination act, their zero-tolerance policy and contact information for reporting allegations of sexual abuse.

The onsite audit was completed on 8/6/2020 with a closeout briefing comprised of administrative staff. Attendees were the PREA Coordinator, Facility Commander, Custody Lieutenant and Operations Lieutenant. Auditor discussed the strengths and weaknesses discovered during the onsite audit phase. Auditor provided administrative staff with the post-audit schedule which included providing agency with the Interim Summary Audit Report within 45 days after the completion of the onsite audit. The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. Agency will have 180-days to correct the non-compliant issues after which, the auditor has 30-days to submit the Final PREA Audit Report. Once in receipt of the Final PREA Report, the Agency will have 90-days to upload the Final Report to the agency website for public access.

The agency was informed that if necessary, auditor may need to return to the Marin County Detention Facility during the 180-day Corrective Action period to verify compliance with the PREA standards that were found non-compliant during the Interim Audit Phase.

The auditor remained in constant contact with PREA Manager, PREA Coordinator and administrative assistant throughout the Corrective Action period. Auditor returned to the facility on 9/6/20 for Corrective Action Issue Log review, tour of housing units regarding cell privacy barriers and conduct interviews with PREA Manager and staff regarding adjustments to privacy film on cell windows and doors. On 3/9/21, auditor returned to the facility to discuss completion of the verify cell privacy barriers were installed throughout the facility housing units in addition to Intake/Booking and the Kitchen.

On 3/25/21, the auditor interviewed the Professional Standards Unit Administrative Lieutenant regarding hiring custody staff, contractors and volunteers since 2020 in support of corrective action documentation for Standard provisions 115.17(d) and 115.32(a), (b) and (c). The Lieutenant informed the auditor that no hires have been enacted since April or May of 2020 and last hire was for a promotion a few weeks ago. Promotional background was completed which included the 3 required questions prior to the promotion being enacted. All hires and promotions go through the Chief Administrators Office of Marin County prior to backgrounds for both hire and promotion process. As of this date, there are no pending hires or promotions pending.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special*

*housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

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.

Prior to COVID-19, Marin County Jail possessed 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 Interim Report Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

Number of Standards Exceeded: 0  
List of Standards Exceeded: NONE

### Standards Met

Number of Standards Met: 29

### Standards Not Met

Number of Standards Not Met: 16  
List of Standards Not Met: 115.13, 115.15, 115.16, 115.17, 115.21, 115.31, 115.32, 115.33, 115.35, 115.41, 115.51, 115.53, 115.61, 115.66, 115.81, 115.88.

## Summary of Final Report Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

Number of Standards Exceeded: 1  
List of Standards Exceeded: 115.61

### Standards Met

Number of Standards Met: 44

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met: NONE



## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☒ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☒ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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. All incidents of inmate sexual abuse that occur in the Marin County Jail shall be investigated, documented and reported in accordance with the mandates set forth in the 2003 Prison Rape Elimination Act (PREA) and the Department of Justice National PREA Standards. The Marin County Sheriff's Office is committed to maintaining a program of education, prevention, detection, investigation, criminal and administrative sanctions against perpetrators, data collection, treatment and support for any inmate who is a victim of sexual abuse. Those contracted with, employed by or volunteering for the Marin County Sheriff's Office are subject to punitive sanctions for any violation of this policy.

115.11(b) – Agency provided auditor with copy of the 2/24/2020 Organizational Chart. The Organizational Chart does not provide names to the positions. 2 Lieutenants are assigned in the Jail Division under the Detention Services Bureau Captain. Agency provided auditor with a copy of the Inter-Office Memorandum from the Undersheriff which outlines staff assignments for each Lieutenant in the Agency. The Custody Bureau Lieutenant is identified with one of his duties is to serve as the PREA Coordinator. Duty description is outlined in Policy GO 5-27 PREA. The Agency PREA Coordinator is positioned 3rd in line in the Organizational Chart from the Agency Head.

115.11(c) - N/A – Standard provision 115.11(c) does not apply as Agency has only one facility.

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

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

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

### **115.12 (a)**

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

## 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  
☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.12(a) & 115.12(b) – N/A – Marin CJ does not contract with private agencies or other entities for confinement of inmates. Agency houses inmates under contract for the US Marshall's officer for the confinement of their inmates. Agency provided auditor with a copy of the latest signed Intergovernmental Service Agreement for Marin CJ to house federal prisoners with effective date of 4/1/99. Agreement shall be in effect indefinitely until terminated in writing by either party.

Agency provided an Intergovernmental Agreement (IGA) amendment for Marin CJ effective 1/1/15 which modifies the original agreement effective 4/1/99, which adds PREA and the Affordable Care Act to the current IGA. The modification is posted in each housing unit of the facility.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.12.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.13(a) – Policy GO 05-27 PREA (revised 2/2/17), mandates that the Marin County Sheriff's Office shall be responsible for developing, documenting and making its best effort to comply with a staffing plan that provides adequate levels of staffing and video monitoring in order to protect inmates from sexual abuse. Further responsibility rests in ensuring adequate documentation and justification for all deviations from the staffing plan. In calculating adequate staffing levels and determining the need for video monitoring, the following shall be considered.

1. Generally accepted detention and correctional practices
2. Any judicial findings of inadequacy
3. Any findings of inadequacy from Federal investigative agencies
4. Any findings of inadequacy from internal or external oversight bodies
5. All components of the jail's physical plant including blind-spots or areas where staff or inmates may be isolated
6. Composition of inmate population
7. The number and placement of supervisory staff
8. Institution programs occurring on a particular shift
9. Any/all applicable State or local laws, regulations or standards
10. The prevalence of substantiated and unsubstantiated incidents of inmate sexual abuse.

At least once per year, or whenever otherwise deemed necessary, Jail command staff and the PREA Coordinator shall conduct a review to assess, determine and document any needed adjustments to the staffing plan, the video monitoring systems and /or other monitoring technologies. The review shall also identify the resources the agency has available to commit to ensure adherence to the staffing plan.

Agency provided Auditor with Staffing Plan Development memorandum and Staffing Plan for 2020. All criteria required under Standard provision 115.13(a) was identified within the Staffing Plan except blind-spots or areas where staff or inmates may be isolated. Staffing Plan was predicated on the average daily number of inmates, 298. Interview with Facility Commander designee & PREA Compliance Manager indicate Facility has not deviated from the Staffing Plan and maintains adequate staffing. In the case of Staffing Plan deviations, they are documented and provided to the Shift Lieutenant. 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 – PAQ indicates there has been no deviation from the staffing plan. Policy GO 5-27 mandates that "At least once per year, or whenever otherwise deemed necessary, jail command staff and the PREA Coordinator shall conduct a review to assess, determine and document any needed adjustments to the staffing plan, the video monitoring systems and/or other monitoring technologies. The review shall also identify the resources the agency has available to commit to ensure adherence to the staffing plan. Agency provided auditor with copy of the 2020 Staffing Plan. Interview with Facility Commander designee indicates Facility has not deviated from the Staffing Plan and Agency maintains adequate staffing. This statement was included in the Staffing Plan on 10/6/20.

115.13(c) – PAQ indicates there have been previous Staffing Plan annual reviews, however, the Agency/Facility has not provided auditor with reviews for years 2017, 2018, 2019 and 2020. Interview with PREA Coordinator indicates both he and the Captain review staffing issues annually, which includes 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 9/13/2016 which included Detention Services Commander and PREA Coordinator 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, facility layout, PREA statistics.

- 115.13(d) - Agency indicates intermediate-level or higher-level staff conduct unannounced rounds to identify & deter staff sexual abuse/harassment. There is no policy which mandates intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment as mandated by the Prison and Jails Standards Documentation Requirements. 2020 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.

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

**Corrective Action Recommendation:**

Agency has not provided auditor with written verification that yearly Staffing Plan reviews have been conducted since 2016. Agency has only provided the Staffing Plan for year 2020.

1. Agency to amend the 2020 Staffing Plan to identify the "blind spots" indicated in the report and provide narrative which discusses the Agency's action(s) to eliminate said blind spots.
2. Agency to provide Auditor with a Staffing Plan or review memorandum for the years 2019 and 2020.
3. Agency to implement a Policy and have into practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds.
4. Such Policy and practice shall be implemented for night shifts as well as day shifts.
5. Policy language to include a mandate which prohibits staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.
6. Agency to provide documentation which verifies supervisory or upper-level staff unannounced rounds are conducted on each shift over the past 12 months.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be

implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 2/16/21:**

1. On 2/16/21, the PREA Coordinator provided the auditor with a copy of the updated 2020 Staffing Plan dated 2/24/2020, which included an amended narrative which addresses blind spots, which was incorrectly described in the original 2020 Staffing Plan. The amended Plan states the following: "The Marin County Jail is a direct supervision facility. All of the hallways and sallyports have video monitoring. Due to direct supervision and the positioning of the cameras in these areas, "blind spots" are eliminated. Great consideration was given during the planning process in order to address inmate and custodial staff safety which includes the prevention of sexual assault."
2. On 10/26/20, the PREA Manager provided the auditor with a Marin CJ Memorandum dated 10/8/20 addressed to the Facility Commander from the PREA Coordinator. The memorandum indicates that there has been no deviations from the Staffing Plan for years 2016, 2017, 2018 and 2019. Further review details that staffing leadership met weekly regarding staffing to ensure each shift is staffed accordingly. The staffing number has not been changed in the past four years.
3. Marin CJ staff work 12-hour shifts. The documentation randomly identified two days each month per shift per POD. On 1/25/21, Agency provided auditor with copy of Lexipol Policy 606.4(m) PREA which mandates the "PREA Coordinator implement protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when inspections are to occur, unless it is necessary for operational considerations."
4. Marin CJ staff work 12-hour shifts. The documentation randomly identified two days each month per shift per POD. On 1/25/21, Agency provided auditor with copy of Lexipol Policy 606.4(m) PREA which mandates the "PREA Coordinator implement protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when inspections are to occur, unless it is necessary for operational considerations."
5. 10/6/20 – Onsite Corrective Action Review indicates management conducts unannounced checks of housing units each shift, however, this action is not currently noted in the housing log books. Agency to ensure this action is noted in the housing log books as unannounced rounds each shift and supervisor who conducts each unannounced round is identified. On 1/12/21, PREA Manager provided auditor with copies of unannounced rounds by both shift Sergeants and supervisory staff from September 2020 to December 2020. Unannounced rounds were conducted on each shift and documented in the TIBURON electronic beat book. Marin CJ staff work 12-hour shifts. The documentation randomly identified two days each month per shift per POD. On 1/25/21, Agency provided auditor with copy of Lexipol Policy 606.4(m) PREA



which mandates the "PREA Coordinator implement protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when inspections are to occur, unless it is necessary for operational considerations."

6. 10/6/20 – Onsite Corrective Action Review indicates management conducts unannounced checks of housing units each shift, however, this action is not currently noted in the housing log books. Agency to ensure this action is noted in the housing log books as unannounced rounds each shift and supervisor who conducts each unannounced round is identified. On 1/12/21, PREA Manager provided auditor with copies of unannounced rounds by both shift Sergeants and supervisory staff from September 2020 to December 2020. Unannounced rounds were conducted on each shift and documented in the TIBURON electronic beat book.

The agency/facility has met the requirements of Standard provision(s) 115.13(a), 115.13(c) and 115.13(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.13.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.14(a) through 115.14(c) – N/A – Standard 115.14 does not apply to Agency as they do not house youthful inmates. Policy GO 5-13 Operations mandates the Marin County Sheriff's Office to comply with all California statutes regarding the detention, arrest, booking and releasing of juveniles pursuant to Welfare and Institutions Codes 601 and 602 which mandates the housing of juveniles at the Marin County Sheriff's Office Juvenile Facility. Policy CUS 4-1 Classification mandates that The Marin County Sheriff's Office does not house persons less than 18 years of age in its facilities. Juveniles being adjudicated in adult court are housed at the Marin County Juvenile Hall under mutual agreement.

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

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

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

#### **Instructions for Overall Compliance Determination Narrative**

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

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. PAQ indicates that in the past 12 months, there has been no cross-gender strip searches of inmates, no cross-gender visual body cavity searches of inmates and no cross-gender strip or visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff.

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 or when performed by medical practitioners. Exigent circumstances must be documented in a memorandum to the facility commander, via the chain of command. Interview with random sample of 14 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 17 inmates and 7 targeted 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 document 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. In the event exigent circumstances require that a person of the opposite sex participate in a strip search, all reasonable actions shall be taken to prevent the person of the opposite sex from viewing the body cavities, breasts, buttocks, genitalia of the person being searched. Facility searches shall be approved by the Housing Sergeant, and documented in a CMS Incident Report.

- 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. During the onsite physical plant review, auditor observed Staff conduct cross-gender announcements when entering each housing units. This included medical staff when they entered also. There were times where the housing unit staff also announced when custody or medical staff entered the housing unit. Interview with random sample of 17 inmates, 7 targeted inmates and 14 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 the cell door window and cell wall windows of each cell in every housing unit. Interview with random sample of inmates and targeted inmates indicate they are sometimes naked in full view of staff of the opposite gender during toileting and/or changing clothes.
- 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 14 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 PAQ reports 90% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmate in a professional and respectful manner, consistent with security needs. Agency provided auditor with copy of the PREA Sworn Staff Training power-point. The aforementioned power-point meets the PREA Standards for sworn staff PREA training. Interview with random sample of 14 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(d) is non-compliant.

**Corrective Action Recommendation:**

1. Agency to provide a means to where all inmates can toilet and change clothing without viewing of the opposite gender except during count or welfare checks in each housing unit per the Standard.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 10/6/20:**

1. 10/6/20 – auditor conducted onsite corrective action review where privacy film has been placed on both windows of one cell was completed for auditor's review. The film installed on the entry door was insufficient by 2" on the bottom half. Agency will make this correction and use this as a template for all housing unit windows and doors to dissuade cross gender viewing during toileting. Auditor to conduct another review prior to the 180-day Corrective Action period deadline.

On 3/9/21, auditor conducted a second onsite corrective action review in order to verify compliance with Standard provision 115.15(d). Auditor physically reviewed the facility in the company of the PREA Manager. The auditor visited the following housing units which possessed toilets, showers and areas where inmate genitalia could be viewed:

- A- Pod –Male General Population
- B- Pod - Male General Population
- C- Pod – Male General Population (10-day quarantine for new bookings)
- F- Pod – Female all Populations
- Male Special Housing– Ad-Seg/PC overflow
- Male - Lockdown & Restrictive Housing 1 & 2
- Intake & Booking area
- Kitchen
- Health Services

Agency/facility ensured all areas that enabled inmates to shower, performing bodily functions, or changing 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 by placing film covering on all windows which restricts viewing of inmate privates while performing the above identified bodily functions and activities.

The agency/facility has met the requirements of Standard provision(s) 115.15(c) & 115.15(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.15.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



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 secured the interpretive services of Language Line. Agency provided auditor with copies of invoices as there is a continued provision of Language Line services between Marin County Sheriff's Office dating back to 3/25/2004 per letter between the Language Line executive and Marin County Sheriff. Language Line is compensated through an invoice payment system, three of which were provided to auditor as verification of compliance in 2017. There is no current MOU, agreement or attempt to enter into an agreement provided by Agency to verify continued use of Language Line for interpreter services. No current information provided which would verify agency provides effective communication for inmates who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, to have an equal opportunity to participate from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Interview with Agency Head designee indicates the updated Zero Tolerance and Inmate Rights materials are provided to inmates at intake. They need to sign for the information and provided a copy of the PREA Education material. Blind and low vision inmates are read PREA information. Interpretive Service is contracted and provided for Limited English Proficient inmates.

Interview with random sample of 17 inmates and 7 Targeted inmates indicated four inmates not receive PREA orientation or comprehensive PREA education during Booking or Classification. Auditor obtained the inmate screening forms and found they had signed for the PREA information provided to them at intake. Auditor observed booking area during on-site physical plant review and questioned booking staff. Auditor was provided flash cards for limited English Proficient and developmentally disabled inmates. Auditor also observed TTY machines in both booking and the housing units. Inmates were provided the PREA Inmate Education form which provides the zero-tolerance policy, inmate rights, reporting contact information to Community Violence Solutions, how to make a report of sexual abuse or sexual harassment, actions the Agency takes in response to sexual abuse and sexual harassment reporting verbally, in writing or through 3<sup>rd</sup> party. It is explained that inmates have the right to receive free emergency medical care and counseling, confidential mental health services at no cost whether or not the inmate reports the abuse or name the abuser. Each inmate receives a copy of the form.

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. Agency provided auditor with copies of both English and Spanish Language PREA pamphlet. Interpreter service, Language Line, is available for LEP inmates through Agency invoice payment system. Interview with random sample of 17 inmates and 7 Targeted inmates indicated four inmates not receive PREA orientation or comprehensive PREA education during Booking or Classification. Auditor obtained the inmate screening forms and found they had signed for the PREA information provided to them at intake. One Zero-Tolerance poster is on the wall leading to the strip-search area in intake.

115.16(c) – PREA Policy GO 05-27 mandates 1<sup>st</sup> 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. Per PAQ, over the past 12 months Agency reports that there have been no circumstances or instances where inmate interpreters were used. Interview with random sample of 14 staff indicates Agency prohibits the use of inmate interpreters except in exigent circumstances.

Auditor has determined agency does not meet standard 115.16 as provisions 115.16(a) is non-compliant.

**Corrective Action Recommendation:**

1. Agency to provide auditor with written verification of valid contract or written agreement with Language Line which provides inmate interpreter services.
2. If no valid contract, provide auditor with copies of interpreter services compensation through an invoice payment system.
3. Agency to provide auditor with different methods used to provide effective communication inmates who are blind or have low vision, intellectual, psychiatric or speech disabilities to provide them with an equal opportunity to participate from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 10/12/20 :**

1. On 10/12/20, Agency provided auditor with copies of interpreter services compensation invoices from 6/30/20 to 9/30/20 to verify continued usage of Language Line through the invoice payment system.
2. On 10/12/20, Agency provided auditor with copies of interpreter services compensation invoices from 6/30/20 to 9/30/20 to verify continued usage of Language Line through the invoice payment system.
3. On 10/6/20, auditor conducted onsite corrective action review indicates Agency provided the FLASH CARDS to communicate with disabled inmates and verified through interview that Classification Staff verbally instructs inmates their rights under PREA prior to them signing the PREA Inmate Education form and providing each inmate a copy prior to them being housed after intake.

The agency/facility has met the requirements of Standard provision(s) 115.16(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.16.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

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

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

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

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Policy also states that “upon hiring any employee, staff, contractor or volunteers, they will be asked during the hiring process about any previous misconduct described in paragraph (A) of this section.”

During on-site review, Auditor reviewed a random sample of 20 custody staff, 6 contractors hire applications and two promotional staff. 16 custody staff were missing the three required questions to be completed prior to being hired. Both promotional staff were missing the three required questions prior to being promoted.

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 2 promotional staff, 20 randomly selected custody staff, and seven contractors' personnel files were reviewed during on-site audit. Criminal Records Background Checks are conducted on

all employees and contractors. Six employees and contractors hired prior to year 2000 had only CA DOJ Criminal Records Background checks conducted. The remaining Background records checks included FBI, DOJ, NCIC, DMV checks. Two 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 hires any new employees, contractors and contractors who may have contact with inmates, it conducts criminal background record checks. There was 1 employee and four contractors hired over the past 12 months. Document review verified that all five completed national Criminal Records Background Checks prior to hire date. Interview with Human Resources Director and review of personnel files indicate Agency performs background checks on all employees Contractors before hiring.

115.17(e) – PREA Policy GO 05-27 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. On 5/5/2020, Agency provided a letter from the Legal Process Manager/Custodian of Records from the Marin County Sheriff's office which state, "State and Federal background checks, via Livescan fingerprints, are conducted on all employees of the Marin County Sheriff's Office, employees of other County Departments working within or having access to any Marin County Sheriff's Office facilities, and contract employees working within Marin County Sheriff's Office facilities on special projects. Subsequent arrest notifications are received on above listed persons."

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. On 5/5/2020, Agency provided a letter from the Legal Process Manager/Custodian of Records from the Marin County Sheriff's office which state, "State and Federal background checks, via Live-scan fingerprints, are conducted on all employees of the Marin County Sheriff's Office, employees of other County Departments working within or having access to any Marin County Sheriff's Office facilities, and contract employees working within Marin County Sheriff's Office facilities on special projects. Subsequent arrest notifications are received on above listed persons." Interview with the Custodian of Records indicates that during a background clearance, the Agency requests out of state notifications for any employee and contractor, including volunteers who have access to the Marin County Jail.

115.17(f) – PREA Policy GO 05-27 mandates Agency to ask any employee, staff, contractor or volunteer, during the hiring process about any previous misconduct described in paragraph (A) of this section. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Policy GO 5-27 mandates "Upon hiring any employee, staff, contractor or volunteers, they will be asked during the hiring process about any previous misconduct described in paragraph (A) of this section."

During on-site review, Auditor reviewed a random sample of 20 custody staff, 6 contractors hire applications and two promotional staff. 16 custody staff were missing the three required questions to be completed prior to being hired. Both promotional staff were missing the three required questions prior to being promoted.

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 possesses narrative which mandates the Marin County Sheriff's Office to provide information regarding all substantiated allegations of sexual abuse or sexual harassment involving a former employee while they were employed by the Marin County Sheriff's Office. 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(a), 115.17(c), & 115.17(f) are non-compliant.

**Corrective Action Recommendation:**

1. Agency to provide written verification of 20 custody staff responses to the above 3 required questions prior to hire date. This applies to employees who may have contact with inmates, hired between 7/20/20 and 11/1/2020.
2. Agency to provide auditor with 20 custody staff members and 10 contractors, randomly selected by the auditor, who were hired between 7/20/20 and 3/19/2021, to determine compliance with Standard provision 115.17(c)-1 regarding completion of background check.
3. Agency to provide written verification of 20 custody staff responses to the above 3 required questions prior to hire date. This applies to employees who may have contact with inmates, hired between 7/20/20 and 11/1/2020.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 3/1/21:**

1. On 1/6/21, the PREA Manager provided auditor with copies of the completed 3 Required Questions and FBI clearances for four custody staff hired since August 2020. All actions were completed prior to their hire dates. Agency also provided the 3 Required Questions for three custody staff promoted in September of 2020. Agency has not hired any custody staff or contractors since the onsite audit which was completed on 6/4/20.
2. On 3/1/21, the PREA Manager provided auditor with copy of a formal letter authored by the Administrative Lieutenant of the Professional Standards Unit and signed by Sheriff Robert Doyle dated 3/1/21, which states the following:

“Due to Covid-19 restrictions, the hiring of contractors and volunteers for the County of Marin and Sheriff’s Office has been suspended. The only hiring currently being conducted within the Marin County Sheriff’s Office are for job classifications deemed as essential employees. Positions within the Sheriff’s Office deemed essential are communications dispatchers, deputy sheriffs, coroners and any other position that is approved through the Chief Administrator’s Office of Marin County. The suspension of hiring non-essential personnel has been on-going since May 2020 and is still in effect with no end date as of this letter.”

3/25/21 Auditor interviewed the Professional Standards Unit Administrative Lieutenant regarding hiring custody staff, contractors and volunteers since 2020. The Lieutenant informed the auditor that no hires have been enacted since April or May of 2020 and last hire was for a promotion a few weeks ago. Promotional background was completed which included the 3 required questions prior to the promotion being enacted. All hires and promotions go through the Chief Administrators Office of Marin County prior to backgrounds for both hire and promotion process. As of this date, there is no pending hires or promotions pending.

3. On 1/6/21, the PREA Manager provided auditor with copies of the completed 3 Required Questions and FBI clearances for four custody staff hired since August 2020. All actions were completed prior to their hire dates. Agency has not hired any custody staff or contractors since the onsite audit which was completed on 6/4/20.

The agency/facility has met the requirements of Standard provision(s) 115.17(a), 115.17(c), & 115.17(f), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 1115.17.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☒ No ☐ NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☒ No ☐ NA



### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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. This information was verified through interview with the PREA Coordinator and during the onsite audit physical plant review.

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

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes ☐ No ☐ NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes ☐ No ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☐ Yes ☒ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

- 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 and Inmate Handbook published August 2010, mandates Agency to offer all inmates who experience sexual abuse access to forensic medical examinations at no cost to the victim. The inmate handbook indicates that "Inmates have the right to receive free emergency medical care and counseling. Medical services may include a medical forensic exam to collect evidence and to provide you with care, treatment for any injuries you may have, and medication to prevent pregnancy and sexually transmitted infections, including HIV."

Agency provided auditor with a copy of the recent Marin County SART Protocol which outlines the steps taken to provide forensic examination for victims of sexual abuse in Marin County, which includes Marin CJ. Auditor also provided auditor a copy of the Marin CJ inmate handbook and addendum which is provided during the intake process. The handbook and addendum provides information regarding zero-tolerance, inmate PREA rights, local rape crisis center (Community Violence Solutions) hotline number with a statement that any discussions are confidential and not recorded or monitored in any way. The PREA Inmate Education Form which was provided to auditor in both English and Spanish is read and signed by inmates and provides information regarding agency's Zero-Tolerance policy towards any form of sexual abuse or sexual harassment, inmate PREA rights, how to make a report of sexual abuse or sexual harassment, contact number and hotline number for Community Violence Solutions Crisis Line (with monitoring information and confidentiality statement) and statement to inform inmates that they have the right to receive free emergency medical care, mental health care and counseling to include medical forensic exam, treatment for any injuries, medication to prevent pregnancy, STD and HIV.

Forensic examinations are not conducted at the facility. SAFE/SANE forensic examinations are provided at Vallejo Medical Center. PAQ indicates that over the past 12 months, 1 forensic examination was conducted. No documentation provided by Agency which verifies this statement. Interview with SAFE/SANE Nurse 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/SANE nurse will be dispatched to conduct the forensic exam there. Nurses are available 24/7 to conduct the forensic exams. They provide pregnancy tests, STD prophylaxis etc. Kaiser Hospital does not provide an advocate for the victim. If the 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. If an advocate is not present at the time victim arrives for the SART exam, the SART/SANE nurse will request an advocate from Community Violence Solutions. Agency has provided auditor with copy of the March 2015

Marin County SART Protocol and the Community Violence Solutions/Rape Crisis Center and the Marin County Sheriff's Office Operational Agreement which is effective from 10/1/2019 through 9/30/2022. On 9/24/20, auditor interviewed the Community Violence Solutions director, who indicated that advocates are not Mandatory Reporters and are not required to provide the Agency with the name and discussion content provided by the victim to the Agency. Community Violence Solutions advocates provide emotional support crisis intervention services, accompaniment services and advocacy to Marin County Jail inmates. If a call is received from an inmate who has been sexually abused, advocates ask inmates if they can provide their information to the Agency, however, if the inmate wishes to be anonymous, the advocate honors their wishes.

- 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. As outlined in the Marin County SART Protocol provided by the Agency, 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. 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. Staff and trained volunteers are on call to provide support both by phone and in-person, 24 hours a day, 7 days a week. Child and adult victims receive immediate help through their 24-hour Crisis Line Counseling. 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. Agency provided auditor with a copy of the Operational Agreement between Community Violence Solutions Rape Crisis Center and Marin County Sheriff's Office. The agreement provides for Community Violence Solutions project staff to be available for accompaniment and advocacy services, follow-up services and consultation related to sexual assault. Marin County Sheriff's Office agrees to refer sexual assault victims to the Rape Crisis Center for services. Operational Agreement is effective from 10/1/19 through 9/30/22. Interview with PREA Coordinator 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 and have Victim Advocates available 24/7 as defined in the March 2015 Marin County SART protocol. On 9/24/20, auditor interviewed the Community Violence Solutions director, who indicated that advocates are not Mandatory Reporters and are not required to provide the Agency with the name and discussion content provided by the victim to the Agency. Community Violence Solutions advocates provide emotional support crisis intervention services, accompaniment services and advocacy to Marin County Jail inmates. If a call is received from an inmate who has been sexually abused, advocates ask inmates if they can provide their information to the Agency, however, if the inmate wishes to be anonymous, the advocate honors their wishes. Prior to COVID-19, the advocates reported in person to hospitals to provide emotional support during forensic examinations. They currently do not provide this service during COVID. The community SART team is meeting during the first week of November 2020 to discuss alternatives to providing face-to-face emotional support during forensic examinations such as video chat. Once a solution has been agreed to and approved, an addendum to the current MOU will be provided to the Marin County Sheriff's Department.

- 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 to provide emotional support, crisis intervention, information, and referrals. Interview with PREA Coordinator 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(c) and 115.21(d) is non-compliant.

**Corrective Action Recommendation:**

1. Agency to provide auditor with written investigative documentation and steps taken which outlines the actions taken by the Agency during the 1 forensic examination process mentioned in the PAQ.
2. Was a victim advocate offered and provided to the victim of sexual abuse? Please provide steps taken to provide a victim advocate for emotional support and written documentation which outlines these steps.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 11/5/20:**

1. 10/12/20 – Agency provided auditor with copy of the Marin County Sheriff's Office Administrative Information report which outlines the forensic examination procedures taken by the Sheriff's Department on an inmate who's name is confidential due to him being a victim of forcible oral copulation. Agency had previously provided auditor with a copy of the investigative report on this case. Once the Agency enacted the 1<sup>st</sup> Responder and Marin County SART protocol, two Special Investigators, certified to investigate Sex Abuse in a Confinement Setting, took charge of the case and had the victim transported to Kaiser Hospital Vallejo to undergo the SART examination by a SART nurse. One of the investigators was a Sgt who acted as an interpreter. The interview portion of the examination was recorded which was subsequently entered into evidence. The forensic examination was conducted and evidence was collected and submitted into evidence by the investigator. Following the examination, the victim was

transported back to the Marin County Jail and reclassified as a “protective custody no-mix” inmate for his protection.

2. Upon arrival at the Kaiser Hospital in Vallejo, the Investigators and victim were met with the Community Violence Solutions advocate for emotional support and SART nurse.
3. On 11/5/20, the PREA Manager provided auditor with copy of the e-mail correspondence between himself, and Director of Community Violence Solutions regarding outcome of the SART meeting which occurred on 10/5/2020 where face to face emotional support during forensic exams are to be conducted. The outcome of the meeting determined that the SART protocol remains the same and there is no alternative plan and Community Violence Solutions response to the hospital for forensic examinations remains the same at this point. Advocates continue to respond to the hospital and any police station.

The agency/facility has met the requirements of Standard provision(s) 115.21(c) and 115.21(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.21.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  
☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### **115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 6 allegations of sexual abuse and sexual harassment received. (5) Five cases were administratively investigated and (1) one case was investigated criminally. This case was forwarded to the District Attorney's Office and is currently pending court proceedings. 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 and inmate handbook 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 5 sexual harassment investigations that occurred over the past 12 months indicate all had been investigated and documented. The 1 sexual abuse allegation was investigated by 2 investigative staff who both



possess certification to conduct Sexual Abuse investigations in a Confinement Setting.  
Training certificate was provided to the auditor for verification.

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

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.22.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not*

*meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

- 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 PPT. Agency failed to provide auditor with signed and dated acknowledgement forms for 21 of the 20 randomly selected staff members to verify receipt of the PREA training and understanding of 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 initial and bi-annual 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 verifies compliance with this Standard provision.
- 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 on current inmate sexual abuse and sexual harassment policies. Agency reports 120 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 21 randomly selected training records provided by Agency indicates only 1 staff member was trained in PREA prior to their initial hire date. Agency indicated they currently only maintain records on the most recently completed PREA training.
- 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 has not provided auditor with copies of the signed training acknowledgements for initial staff PREA training and bi-annual refresher training/information to verify they understood the training they received and were provided the chance to ask questions.

Auditor has determined agency does not meet standard 115.32 as provision 115.31(a), 115.31(c) and 115.31(d) is non-compliant.

**Corrective Action Recommendation:**

1. Agency to provide Auditor with signed and dated acknowledgement forms for 20 custody staff, randomly selected by auditor, who were hired between 7/20/20 and 11/1/2020. Documentation is required to verify staff completed initial PREA education prior to their hire date.
2. Agency to provide auditor with signed and dated documented or electronic verification that custody staff received bi-annual refresher training.
3. Agency to maintain training documentation through employee signature or electronic verification that employees understand the training that they have received.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 2/17/21:**

1 thru 3: On 10/6/20 the auditor conducted onsite corrective action review. Interview with PREA Manager indicated that custody staff initial hires, goes through the Peace Officer Academy. PREA Orientation is conducted where they complete their PREA training & sign verification of that training which identifies their understanding of that training, after which they are assigned to work in the facility where they have contact with inmates. The PAQ indicates that 120 custody staff is assigned to the Marin County Jail. On 2/16/21, the Administrative Services Technician provided auditor with copies of 20 randomly selected custody staff who completed the PREA bi-annual refresher training which was conducted between 6/19/19 and 11/21/19. Agency utilized the initial PREA training platform for their bi-annual training. The signed and dated PREA Training Verification Form was utilized to verify that attendees understand and discussed the PREA power-point questions with the PREA Coordinator, who was the presenter during the training. Agency also provided auditor with copies of the PREA training signed verification forms for four additional custody staff hired between 9/21/20 and 12/21/20.

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

**Standard 115.32: Volunteer and contractor training**

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

**115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

**115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 280 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. Agency indicated they only have seven contractors and eight volunteers that work in the facility. Review of PREA training response from Agency on the seven contractors indicates all received PREA training. One contractor only meets with staff and has not contact with inmates. Information indicates that one contractor received initial PREA training after their hire/clearance date. Agency indicates that they maintain only the most recent PREA training verification. Agency has not provided auditor with training documentation to verify PREA training has been completed prior to their hire date.

Review of 10 volunteer information indicates two volunteers no longer volunteer at the Agency and their documentation has been shredded. The remaining eight volunteers who currently work at the facility have received PREA training on or prior to their hire dates. Agency has not provided auditor with copy of signed and dated training acknowledgement forms verifying volunteers and contractors attended and understand the PREA training.

Interview with random sample of two volunteers and two contractors indicate they have been trained in PREA based upon their contact with inmates. They have been made aware of the zero-tolerance policy, reporting and 1<sup>st</sup> Responder procedures for non-custody staff.

115.32(b) – Agency provided Auditor with the PREA power-point presentation for civilian staff, volunteers and contractors. The training power-point outlines Agency's Zero Tolerance policy and how to report allegations of sexual abuse/harassment. Topics also include:

- Overview of the PREA Law and Your Role
- Inmate rights to be free from sexual abuse and harassment; staff and inmate rights to be free from retaliation for reporting
- Prevention and Detection
- Response and Reporting
- Professional Boundaries and False Allegations
- Effective and Professional Communication with inmates

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.

Review of PREA training response from Agency on the seven contractors indicates all received PREA training except for the one contractor who only meets with staff and has no contact with inmates. Information indicates that two contractors received initial PREA training after their hire/clearance date. Agency indicates that they maintain only the most recent PREA training verification. There is no training documentation to verify PREA training has been completed prior to their hire date.

Review of 10 volunteer information indicates all have received PREA training on or prior to their hire dates. Agency has not provided auditor with copy of signed and dated training acknowledgement forms verifying volunteers and contractors attended and understand the PREA training.

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. Review of PREA training response from Agency on the seven contractors indicates all received PREA training. One contractor only meets with staff and does not have contact with inmates. Information indicates that two contractors received initial PREA training after their hire/clearance date. Agency indicates that they maintain only the most recent PREA training verification. There is no training documentation to verify PREA training has been completed prior to their hire date.

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.

Review of 10 volunteer information indicates all have received PREA training on or prior to their hire dates. Agency has not provided auditor with copy of signed and dated training acknowledgement forms verifying volunteers and contractors attended and understood the PREA training.

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

**Corrective Action Recommended:**

Agency has not provided documented or electronic acknowledgment verification that volunteers and contractors attended and understand the PREA training received prior to their hire date.

1. Agency to provide a sample of 10 contractor and 10 volunteer PREA training acknowledgments or electronic training verification of attendance and understanding of the training for those hired 9/21/20 and 12/21/2020 for document review to determine compliance with the PREA education Standard provision.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 3/1/21:**

1. On 1/6/21, the PREA Manager informed the auditor that no Contractors have been hired or allowed into the facility since before the onsite audit of 6/1/20. Volunteers are not allowed in the facility due to COVID-19 restrictions. Documentation to be provided to auditor which verifies PREA training attendance and understanding of the training for both contractors and volunteers has been extended to those hired between 12/21/2020 and 3/19/21 to the end of the Corrective Action period.

On 3/1/21, the PREA Manager provided auditor with copy of a letter authored by the Administrative Lieutenant of the Professional Standards Unit and signed by Sheriff Robert Doyle dated 3/1/21, which states the following:

“Due to Covid-19 restrictions, the hiring of contractors and volunteers for the County of Marin and Sheriff’s Office has been suspended. The only hiring currently being conducted within the Marin County Sheriff’s Office are for job classifications deemed as essential employees. Positions within the Sheriff’s Office deemed essential are communications dispatchers, deputy sheriffs, coroners and any other position that is approved through the Chief Administrator’s Office of Marin County. The suspension of hiring non-essential personnel has been on-going since May 2020 and is still in effect with no end date as of this letter.”

On 3/25/21, Auditor interviewed the Professional Standards Unit Administrative Lieutenant regarding hiring custody staff, contractors and volunteers since 2020. The Lieutenant informed the auditor that no hires have been enacted since April or May of 2020 and last hire was for a promotion a few weeks ago. Promotional background was completed which included the 3 required questions prior to the promotion being enacted. All hires and promotions go through the Chief Administrators Office of Marin County prior to backgrounds for both hire and promotion process. As of this date, there is no pending hires or promotions pending.

The Agency/facility has met the requirements of Standard provision(s) 115.32(a), 115.32(c) & 115.32(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☐ Yes ☒ No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No



- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.33(a) – Policy CUS 4-3 mandates the POD Deputy to provide orientation to all inmates, explaining inmate rights, available programs, rules of conduct and disciplinary procedures to aid the inmate in his/her stay at the facility. Orientation will be conducted by the POD Deputy upon the inmate's arrival into the POD. Inmate education shall be provided to all housed inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the Sheriff's Office policy and procedures for responding to such incidents. The education will be accessible to all inmates including those who are limited in English proficiency, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The Marin County Custody Division shall maintain documentation of inmate attendance. In addition to providing such education, informational material such as posters and/or handouts shall be accessible and visible to inmates throughout the facility.

The Agency provided auditor with a blank copy of the PREA Inmate Education sheet which is provided to all inmates when attending orientation into the Marin County Jail. The form (both in English and Spanish), requires the inmate to read the information and check all boxes to acknowledge their understanding, sign and date the form. A copy is placed in their file and the inmate retains a copy. Orientation includes inmate rights, Zero Tolerance and sexual

abuse/harassment reporting methods for all including inmates who are deaf, visually impaired or otherwise disabled. Agency reports that 7351 inmates were admitted during the past 12 months who were given this information at intake.

Auditor reviewed a random selection of 23 inmate screening records. Auditor found that two inmate had not been provided or completed PREA initial or comprehensive education. Agency indicated to auditor that the PREA education verification documentation could not be located for these two inmates. Documented and signed PREA education acknowledgement verification for the 21 remaining inmates was provided to auditor which verifies inmates received their initial and comprehensive PREA education within 72 hours of intake.

Interview with Intake Staff indicates they provide inmates with Zero-Tolerance policy through the PREA Authorization form. Forms are provided to inmates in both English and Spanish as verified by auditor during the physical plant review and Intake visit. Staff personally goes through the form with each inmate and they receive a signed copy of the form. The form provides inmate's rights and how to report sexual abuse/harassment including hotline number to the Community Violence Solutions Crisis Line notification to inmates indicates that reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws, receipt of medical and mental health care at no cost to the inmate in the event of sexual abuse and definitions of sexual abuse, sexual harassment and voyeurism. Intake staff indicates the PREA poster on the wall inside booking which is posted throughout the facility, also provides the same information as is on the PREA Inmate Education sheet. Some information is also in the POD order sheet available on the wall in booking. Interview with random sample of 12 inmates indicate most of them recall receiving PREA orientation and are most aware of their inmate rights and the Zero-tolerance policy. Approximately 60% of inmates interviewed are 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 and PREA education 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 provides Language Line for inmates who are LEP, visually impaired or with limited reading skills. Inmates who are otherwise disabled are provided information using the Marin CJ Flash Cards (provided to auditor for review). Documentation of inmate attendance shall be maintained by Marin County Custody Division.33(f).

Agency reports that in the past 12 months 3455 inmates were admitted to the facility and length of stay was for 30 days or more. Out of that number all 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 provide inmates with Zero-Tolerance policy through the PREA Authorization form. Forms are provided to inmates in both English and Spanish as verified by auditor during the physical plant review and Intake visit. Staff personally goes through the form with each inmate and they receive a signed copy of the form. Review of sample of 23 inmate screening files indicate 21 of the inmates were provided PREA initial and comprehensive education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.

- 115.33(c) – Policy CUS 4-3 possesses mandates all inmates shall be provided PREA education when assigned to a housing unit by the POD Deputy. Upon review of the 23 inmate PREA screening records, three of the inmates were Spanish speaking and all three were provided acknowledgement forms in Spanish. All three forms were signed by the inmates. English & Spanish Zero-Tolerance and sexual abuse reporting posters are available throughout the facility in general areas. Agency has only one facility. The facility houses both male and female inmates. All staff are provided training to house both male and female inmates
- 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 provides PREA education to inmates following booking and intake, when they enter their housing unit. Deaf, visually impaired, inmates with limited reading skills or otherwise disabled inmates are not provided education in formats accessible to them. The PREA education acknowledgement forms are in both English and Spanish. Upon review of the 23 inmate PREA screening records, three of the inmates were Spanish speaking and all three were provided acknowledgement forms in Spanish. All three forms were signed by the inmates. 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 maintained by Agency indicate that 21 of them participated in PREA education sessions. No PREA education documentation was available for two of the selected inmates.
- 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 published August 2010. 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 a grievance alleging sexual abuse is received. The handbook informs inmates they can report to the Community Violence Solutions Crisis Line through regular phone number or via the hotline and the calls will be forwarded to the authorities in accordance with mandatory reporting laws. Calls are not monitored and are confidential.
- Agency provides inmate Handbook insert page which indicates that "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 of the rules, procedures or timeliness 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 possesses boxes in each housing unit where inmates can obtain complaint forms and submit via the complaint box without submitting the form to the housing deputy. The forms are picked up by shift Sergeant on each shift.

**RECOMMENDATION:** It is recommended that Agency amend Policy CUS 4-1 to indicate that the Agency “conduct an affirmative reassessment of each inmate no later than 30 days of intake to reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.”

Auditor has determined agency does not meet standard 115.33 as provisions 115.33(a), 115.33(b), and 115.33(e) are non-compliant.

**Corrective Action Recommendation:**

1. Agency to provide a sample of 20 inmate screening records, randomly selected by auditor, of inmates who have intake dates between 7/20/20 and 11/1/2020 for document review to determine compliance with the PREA education standard provision.
2. Agency to verify to auditor if an inmate reports sexual abuse to Community Violence Solutions is forwarded to Agency even if the inmate wishes to remain anonymous.
3. Is Community Violence Solutions mandatory reporters to the Agency as identified in the PREA Inmate Education Intake Education form?

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 10/6/20 :**

1. On 10/6/20, auditor conducted onsite corrective action review where 20 randomly selected inmate screening records were provided to auditor. Review of each screening record verifies Agency’s compliance with the PREA Standard provisions regarding inmate screening. On 11/4/20, PREA Coordinator provided auditor with the screening documentation for 22 inmates admitted to the Marin County Jail between 8/17/20 and 10/6/20. All inmates received their PREA training either upon intake date or screening date. 21 inmates received their 30-day reassessments within 30 days of intake. The following error was identified:  
One inmate did not receive his PREA education until 2 months after intake into the facility in violation of PREA Standard provision 115.33(a) & 115.33(b), based upon the lack of a signed PREA Training Acknowledgement form. The PREA Manager indicates that the training acknowledgement form could not be located in the inmate’s screening documentation. Classification staff retrained the inmate again and had him sign the PREA Training Acknowledgement form on 11/8/20. With one non-compliant PREA Education identified out of the 22 inmates selected, the Agency completed 95.45% PREA training of the selected inmates.
2. On 9/24/20, interview with Community Violence Solutions director indicates they are not Mandatory Reporters and are not required to provide Agency the name and discussion content provided by the victim to the Agency. Community Violence Solutions Advocates provide emotional support, crisis intervention services, accompaniment services and advocacy to Marin County Jail inmates. If call received from an inmate who has been sexually abused, advocates asks inmates if they can

provide their information to the Agency, however, if the inmate wishes to be anonymous the advocate honors their wishes.

3. On 9/24/20, Interview with Community Violence Solutions director indicates they are not Mandatory Reporters and are not required to provide Agency the name and discussion content provided by the victim to the Agency. Community Violence Solutions Advocates provide emotional support, crisis intervention services, accompaniment services and advocacy to Marin County Jail inmates. If call received from an inmate who has been sexually abused, advocates asks inmates if they can provide their information to the Agency, however, if the inmate wishes to be anonymous the advocate honors their wishes. Prior to COVID-19, the advocates reported in person to hospitals to provide emotional support during forensic examinations. They currently do not provide this services during COVID. The community SART team is meeting during the first week of November 2020 to discuss alternatives to providing face-to-face emotional support during forensic examinations such as video chat. Once a solution has been agreed to and approved, and addendum to the current MOU will be provided to the Marin County Jail.

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

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  
☒ Yes ☐ No ☐ NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  
☒ Yes   ☐ No   ☐ NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes   ☐ No  
☐ NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 2 trained Special Investigators. Interview with Investigative staff indicates investigators are 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, obtained by auditor, 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

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.34.

## Standard 115.35: Specialized training: Medical and mental health care

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☐ Yes ☒ No ☐ NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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. The PAQ 11 full-time 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. Agency has not provided auditor with any documentation to verify this claim. It appears that 15% of Medical and Mental Health staff have not completed the PREA training.

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.



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) – PREA Policy GO 05-27 mandates that 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 this policy. Agency has not provided auditor with a copy of the documentation which verifies medical and mental health practitioners who work at the facility received the PREA training in accordance with the PREA Policy and PREA Standard provisions.

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. Agency provided auditor with a copy of the Sexual Abuse in Detention: Health Care Providers Response and PREA power-point (Medical/Mental Health Provider Training). This training, provided in conjunction with the PREA training for volunteers and contractors, includes:

- Non-Security First Responder Protocol
- Evidence Protocol and Forensic Medical Examinations
- PREA Standards for Ongoing Care
- Responding to victims and providing services
- Access to emergency medical and mental health services
- Ongoing care for victims & perpetrators
- Inmate access to outside confidential support services

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.35(a) & 115.35(c). Corrective action is required.

**Corrective Action Recommendation:**

1. Agency to provide auditor with PREA training excel spreadsheet used for electronic tracking for PREA training which verifies 85% of all medical and mental health practitioners who work at the facility have been trained in PREA.
2. Agency to provide auditor with an explanation as to why 15% of medical and mental health practitioners who work at the facility have not been trained in PREA.
3. Agency to provide PREA training by **11/1/2020** for the remaining 15% of full-time medical and mental health care practitioners who work at the facility in accordance with PREA Policy GO 05-27 and this PREA Standard.
4. Agency to provide auditor with written verification PREA training has been completed by full-time medical and mental health care practitioners through **signed acknowledgement** or electronic verification which verifies training completion and **states the attendees understand the PREA training they have been provided.**

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 2/9/21 :**

1. On 2/9/21, the PREA Manager indicated that the stated Medical and Mental Health staff number identified in the PAQ was incorrect.
2. On 2/9/21, the PREA Manager indicated that the stated Medical and Mental Health staff number identified in the PAQ was incorrect.
3. Marin CJ has maintained 18 Medical staff who completed PREA training between 1/22/21 and 2/10/21, and 8 Mental Health staff who were trained in PREA between 6/16/19 and 2/17/20 for a total of 26 full-time staff. Agency indicates there are no part-time Medical or Mental Health staffing.
4. Auditor was provided copies of the signed training acknowledgement for both Medical and Mental Health practitioners. The signed acknowledgements state that the staff has been trained on the PREA PPT presentation and understand and have discussed any questions/concerns with the PREA Trainer (the PREA Coordinator).

The agency/facility has met the requirements of Standard provision(s) 115.35(a) and 115.35(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.35

<p style="text-align: center;"><b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b></p>
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**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

**115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

**115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

- 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 prior to being housed in Marin CJ. 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 17 inmates and seven targeted inmates indicate the majority respond to have receiving the PREA questions. Four of the inmates, two who were LEP, indicated that they were not asked the PREA questions and do not recall the PREA questions being asked or signing the acknowledgement form. Review of the screening documentation for these inmates verifies they received the required screening information. The LEP inmates received documentation in their native language and provided a contract language interpreter for the inmate who spoke Mandarin.
- 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 in the way of the auditor's PREA Worksheet and observation of booking and intake procedures indicate the inmate screening is being conducted during the booking process. Review of a random selection of 23 inmates' screening documentation, who that have been received into the facility over the past 12 months and whose length of stay was for 72 hours of more, indicates that the initial screening has been conducted on all of the selected inmates. Agency provided auditor with a copy of the electronic screening documentation to verify that the screening has been conducted within 72 hours of intake.
- 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 provided auditor with a copy of the objective screening instrument from the Tiburon electronic database used to conduct inmate screening. During observation of initial screening process, Intake Staff utilized an electronic screening instrument (CMS). Auditor was provided a copy of the four-page electronic screening instrument which provides responses to the 10 PREA screening criteria as identified in the Standard provision to include comments section for additional information from the screener and/or classification officer.

- 115.41(d) – Interview with Risk Screening staff indicates the Correction Management System (CMS) - Tiburon database is utilized by Agency for screening inmates during booking. Agency provided auditor with a copy of the objective screening instrument for all 23 randomly selected inmates which verifies compliance with this Standard provision.
- 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 auditor with a copy of the objective screening instrument for compliance verification. The instrument identifies history of sexual abuse acts and prior institutional violence or sexual abuse.
- 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. The review also indicated that only 2 inmates were reassessed within 30-days of intake. The remaining 19 inmates were not reassessed as Classification staff indicates they do 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 2 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 Tiburon electronic screening database 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(f) & 115.41(g) are non-compliant.

#### **Corrective Action Recommendation:**

1. On 11/1/2020, Agency to provide auditor with list of inmates who were booked into the facility after 7/20/20 and housed in the facility for at least 30-days or more. Auditor to conduct a random selection of 20 inmates in order to conduct document review to verify each inmate has been reassessed within 30-days of intake per PREA Standards requirements.
2. Agency to amend Policy CUS 4-1 pg #3 to mandate that "Agency conduct an affirmative reassessment of each inmate no later than 30 days of intake to reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening." (see PRC FAQ 115.41(f) for narrative verification)

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 11/9/20:**

1. On 11/4/20, the PREA Coordinator provided auditor with randomly selected inmate screening documentation from the TIBURON electronic screening system for 22 inmates admitted to the Marin County Jail between 8/17/20 and 10/6/20. All inmates received their PREA training either upon intake date or screening date. 21 inmates received their 30-day reassessments within 30 days of intake. The following error was identified:  
One inmate did not receive his PREA education until 2 months after intake into the facility in violation of PREA Standard provision 115.41(f) & 115.41(g), based upon the lack of a signed PREA Training Acknowledgement form. The PREA Manager indicates that the training acknowledgement form could not be located in the inmate's screening documentation. Classification staff went over the training with the inmate again and had him sign the acknowledgement on 11/8/20. With one non-compliant PREA Education completed out of the 22 inmates selected, the Agency completed 95.45% PREA training and 100% screening and 30-day reassessments of the randomly selected inmates.
2. One inmate did not receive his PREA education until 2 months after intake into the facility in violation of PREA Standard provision 115.41(f) & 115.41(g), based upon the lack of a signed PREA Training Acknowledgement form. The PREA Manager indicates that the training acknowledgement form could not be located in the inmate's screening documentation. Classification staff went over the training with the inmate again and had him sign the acknowledgement on 11/8/20. With one non-compliant PREA Education completed out of the 22 inmates selected, the Agency completed 95.45% PREA training and 100% screening and 30-day reassessments of the randomly selected inmates.

The agency/facility has met the requirements of Standard provision(s) 115.41(f) & 115.41(g), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.41.

## **Standard 115.42: Use of screening information**

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

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)



- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
  
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 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 indicate housing and program assignments are assessed every 2 years. No transgender or intersex inmates housed at the facility during the onsite audit.
- 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. No transgender or intersex inmates housed at the facility during the onsite audit.
- 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 in each housing unit are single showers, located on each floor and possess doors with privacy shields.
- 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.42.

## Standard 115.43: Protective Custody

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

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  
☒ Yes ☐ No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  
☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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. Agency reports that 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. The deputy shall adequately, clearly, and completely document the following facts if/when an inmate is assigned to an involuntary segregation housing cell for the sole purpose of protective custody:

1. The basis for the facility's concern for the inmate's safety
2. The reason why no alternative means of separation could 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 restriction.

Interview with Segregated Housing staff indicate no inmates are currently housed in segregated housing units who are at risk of sexual victimization. Special Housing staff indicate that inmates housed in that unit have access to programs. Movement inside the facility is limited due to housing restrictions with regards to COVID-19. If POD is locked down due to an incident, the restriction is documented in the Unit B Book (Log). No transgender or intersex inmates housed at the facility during the onsite audit.

- 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 as soon as possible, not to exceed 72 hours.
- 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.43.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No  
☒ NA

#### 115.51 (c)

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

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 14 staff, 17 random selection of inmates and seven targeted 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. Inmates who do not speak English may request a translator upon contacting the Community Violence Solutions' Rape Crisis Center. Hearing impaired inmates shall be provided a TDD machine and may dial the Community Violence Solutions' Rape Crisis Center using the direct telephone number provided in the inmate handbook and PREA signage. Signage is posted in all facilities advising that the inmate calls to these numbers are confidential and not subject to monitoring, however, information will be forwarded to the authorities in accordance with mandatory reporting laws. Auditor tested the Community Violence Solutions hotline in one of the housing units during the onsite audit. Inmate is required to provide a PIN # prior to being connected to Community Violence Solutions advocate.

Agency provided copy of Policy CUS 2-26 Providing Consular Rights Warnings to Foreign Nationals. This document is provided to all foreign nationals at Booking and provides the mandatory notification circumstances, Failure to Warn and process regarding the mandatory notification placed on the Agency per California Penal Code 834c. Upon arrest and booking or detention for more than two hours of a known or suspected foreign national, every Peace Officer (per PC 834c) shall advise the foreign national, without unnecessary delay, that he or she has a right to communicate with an official from the consulate of his or her country. Policy GO 05-24 Immigration Status (TRUST Act Implementation 8/15/17) mandates that "No person shall be contacted, detained, or arrested solely on the basis of his or her immigration status." Agency reports that no inmates have been held past their release date for ICE to assume custody for that inmate for possible deportation proceedings.

Policy GO 5-28 mandates that the Marin County Sheriff's Office shall not use agency or department moneys or personnel to investigate, interrogate, detain, detect, or arrest persons for immigration enforcement purposes. The Marin County Sheriff's Office may provide ICE with notification that an inmate is being, or will be released on a certain date, only if the information is available to the public and in accordance with Government Code Section 7282.5, which lists the serious or violent predicate crimes triggering the discretion to provide the information.

Interview with PREA Compliance Manager, random sample of 17 inmates and 7 targeted inmates indicates Agency has provided inmate information how to make a report verbally, in writing or through third party via staff member, contractor, volunteer, medical and mental health staff and from a family member, friend or other person outside the facility who could make a report for the inmate through the Agency website.

- 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 14 randomly selected staff, 17 randomly selected inmate and 7 targeted 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 14 staff indicate they have been trained on methods to privately report sexual abuse and sexual harassment through the Rape Crisis Hotline, Human Resources 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 Recommendation:**

1. Agency to take steps to remove the requirement for inmates to provide their PIN# prior to being connected to Community Violence Solution Rape Crisis Center Hotline #72. **Auditor to return to the facility within 90-days since the onsite audit to verify compliance with the PREA Standard.**

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 10/6/20:**

1. 10/6/20 – auditor conducted onsite corrective action review where Auditor verified the Community Violence Solution Rape Crisis Center Hotline complies with the PREA Standard. Hotline number, used from the housing units, goes directly to a Community Violence Solution advocate without the inmate required to provide any identifying information.

The agency/facility has met the requirements of Standard provision(s) 115.51(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.51.

## **Standard 115.52: Exhaustion of administrative remedies**

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

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily



expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.

☒ Yes ☐ No

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also

require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

- 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. The inmate handbook informs inmates that they can report sexual abuse or sexual harassment to any staff member, contractor or volunteer, medical staff, mental health staff, or 3<sup>rd</sup> party. The inmate is required to check off reporting information to verify they have been notified of this information.
- 115.52(c) – Each housing unit possesses locked POD mailboxes which has available grievance forms which inmates can obtain without requesting the forms from staff and place the completed forms in the box without giving to staff for processing. The contents of the boxes are retrieved by shift Sergeants each shift. This process 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. During physical plant review, Auditor observed grievance boxes in every housing unit, located on the wall near the officer control station, accessible to inmates. All grievance boxes contained grievance forms available for inmates to anonymously obtain a form without asking POD Deputy for one.
- 115.52(d) – Agency reports no grievance alleging sexual abuse has been received over the past 12 months. PREA Policy GO-05-27 mandates that 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) – The inmate handbook informs inmates that they can report sexual abuse or sexual harassment to any staff member, contractor or volunteer, medical staff, mental health staff, or 3<sup>rd</sup> party. The inmate is required to check off reporting information to verify they have been notified of this information. PREA Policy GO-05-27 mandates contains 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 3rd 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) – Inmate Rule Book outlines Minor and Major rules violations. Inmates providing false information to staff (which includes any jail staff member, court staff and/or any deputy is in violation of a Major Rules #5 violation. Major Rule violations are subject to penalties which may require reclassification to a higher level of security should the violation be deemed a danger to staff or inmates. 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.52.

## **Standard 115.53: Inmate access to outside confidential support services**

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

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 in both English and Spanish, advising that inmate calls to the Rape Crisis Center is confidential, toll-free and not monitored. Posters do not provide contact numbers for immigrant services agencies for persons detained solely for civil immigration purposes as discussed in Policy GO 5-24 F1. Policy GO 05-25 mandates no person shall be contacted, detained or arrested solely on the basis of his or her immigration status. Policy GO 05-24 Operations indicates that "Requests to detain an inmate beyond his/her normal release date shall be declined unless ICE presents a judicial warrant supported by probable cause. Agency provided copy of Policy CUS 2-26 Providing Consular Rights Warnings to Foreign Nationals. This document is provided to all foreign nationals at Booking and provides the mandatory notification circumstances, Failure to Warn and process regarding the mandatory notification placed on the Agency per California Penal Code 834c. Upon arrest and booking or detention for more than two hours of a known

or suspected foreign national, every Peace Officer (per PC 834c) shall advise the foreign national, without unnecessary delay, that he or she has a right to communicate with an official from the consulate of his or her country. Policy GO 05-24 Immigration Status (TRUST Act Implementation 8/15/17) mandates that "No person shall be contacted, detained, or arrested solely on the basis of his or her immigration status." Agency reports that no inmates have been held past their release date for ICE to assume custody for that inmate for possible deportation proceedings.

Policy GO 5-28 mandates that the Marin County Sheriff's Office shall not use agency or department moneys or personnel to investigate, interrogate, detain, detect, or arrest persons for immigration enforcement purposes. The Marin County Sheriff's Office may provide ICE with notification that an inmate is being, or will be released on a certain date, only if the information is available to the public and in accordance with Government Code Section 7282.5, which lists the serious or violent predicate crimes triggering the discretion to provide the information. Interview with random sample of 17 inmates and 7 targeted inmates indicates 6 did not know how to contact outside victim advocates or who the contact agency may be, even though they had signed the PREA Inmate Education form in English and Spanish at intake and seen the posters affixed to each housing shower doors in each housing unit and in Intake, which provides the hotline number and states that calls are confidential and not monitored by the agency. A photocopy of the posters were provided to auditor for verification.

- 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 throughout the facility, advising that inmate calls to the Rape Crisis Center is confidential and not monitored by the agency. Contact hotline number is also included on the PREA Inmate Education form inmate signs at intake and provided a copy. The form does not mention if inmate has the opportunity to remain anonymous upon request if reporting a sexual abuse allegation. Auditor has made numerous attempts to contact the Community Violence Solutions Director and Victim Advocate to conduct an interview for this PREA Audit. Auditor's calls were not returned.
- 115.53(c) – Agency has provided operational agreement with Community Violence Solutions Rape Crisis Center which indicates the effective date of the agreement effective 10/1/19 through 9/30/2022.

Auditor has determined agency does not meet standard 115.53 as provisions 115.53(b) is non-compliant.

#### **Corrective Action Recommendation:**

1. PREA Inmate Education form provided to inmates at intake specifically identifies that any report of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws. **Does this entity allow for the inmate to remain anonymous upon request?**
2. Agency to contact Community Violence Solutions and schedule a date and time for the auditor to conduct a telephonic interview in order for the auditor to determine compliance with this Standard provision.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 11/5/20:**

1. 9/24/20 – Interview with Community Violence Solutions director indicates they are not Mandatory Reporters and are not required to provide Agency the name and discussion content provided by the victim to the Agency. Community Violence Solutions Advocates provide emotional support, crisis intervention services, accompaniment services and advocacy to Marin County Jail inmates. If call received from an inmate who has been sexually abused, advocates asks inmates if they can provide their information to the Agency, however, if the inmate wishes to be anonymous the advocate honors their wishes. Prior to COVID-19, the advocates reported in person to hospitals to provide emotional support during forensic examinations. They currently do not provide these services during COVID. The community SART team is meeting during the first week of November 2020 to discuss alternatives to providing face-to-face emotional support during forensic examinations such as video chat. Once a solution has been agreed to and approved, and addendum to the current MOU will be provided to the Marin County Jail and signed copy to auditor for compliance verification.
2. On 11/5/20, the PREA Manager provided auditor with copy of the e-mail correspondence between himself, and Director of Community Violence Solutions regarding outcome of the SART meeting which occurred on 10/5/2020 where face to face emotional support during forensic exams are to be conducted. The outcome of the meeting determined that the SART protocol remains the same and there is no alternative plan and Community Violence Solutions response to the hospital for forensic examinations remains the same at this point. Advocates continue to respond to the hospital and any police station.

The agency/facility has met the requirements of Standard provision(s) 115.53(b) & 115.53(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.53.

## **Standard 115.54: Third-party reporting**

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

#### **115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.54(a). 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. APREA related citizen's complaint form submitted anonymously will also be accepted. If an inmate declines third 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.

Agency provided auditor copies of both English and Spanish version of the Sexual Assault Awareness poster available in the jail entrance lobby and visiting level #2, accessible to visitors. The posters provide opportunities available for the public and visitors to report suspicion or knowledge of sexual harassment or sexual misconduct in the Marin County Jail. The poster indicates that staff members, volunteers, supervisors, administrators can accept reports related to sexual abuse, sexual harassment and sexual misconduct. The poster also provides phone number to the Marin CJ to report to a Sergeant or through the Sheriff's Office Website at [www.marinsheriff.org](http://www.marinsheriff.org).

During On-Site physical plant review, auditor observed 3<sup>rd</sup> party PREA signage with reporting information in the visitors waiting room. 3<sup>rd</sup> party reporting information is also provided in the 7 attorney visiting rooms and along the hallway leading to the visiting rooms.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.41(a).



## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

- 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 14 staff verify their knowledge and education as it relates to 1<sup>st</sup> 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 maintain a 1<sup>st</sup> 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 14 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 and shall obtain informed consent from inmates before reporting information about prior sexual victimization in the community. All inmates must be informed of Medical and Mental Health practitioners' 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 inform inmates of their duty to report and limitations of confidentiality during intake as part of the intake protocol. 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. 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. Agency has not provided auditor with written documentation which verifies this practice and compliance with this Standard provision.

- 115.61(d) – PREA Policy GO-05-27 possesses a narrative that states that if the alleged victim is considered a vulnerable adult under a State or local vulnerable persons 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. 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. Cases where victim is under the age of 18 years, Child Protective Services is notified. Cases where victim is a vulnerable adult, Elder Abuse Services or Adult Protective Services is notified. 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 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 the Marin County Jail. All staff is mandated to report all substantiated PREA incidents to the relevant licensing bodies. All staff, volunteers and contractors who have knowledge or suspect 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 shall immediately notify and supervisor. 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 the one sexual abuse investigation which occurred over the past 12 months found the case was investigated by special investigative staff who was 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). is non-compliant.

**Corrective Action Recommendation:**

1. Agency to provide auditor with copies of the signed medical screening questions which acknowledges inmates receiving medical and mental health staff duty to report and limitations of confidentiality for medical and mental health treatment at intake.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 2/16/21 :**

1. On 1/11/21, PREA Manager provided auditor a copy of the PREA Medical Screening Questions Draft to be used during Intake/Booking. The form meets the requirements of Standard

provision 115.61(c) as it includes a narrative which asks inmate if he/she agrees to treatment services, explains confidentiality conditions if Medical or Mental Health treatment is to be provided and acknowledges their Consent for Treatment when referred to Medical or Mental Health for treatment and services. The form also includes a narrative which states that the inmate's "communications during treatment and records are confidential unless the Practitioner is required by law to discuss their care with persons outside the health care system. Legal exceptions include serious threat of physical violence against reasonably identifiable victim or victims shall be reported to police or that person, reasonable suspicion of child abuse and reasonable suspicion or abuse of elder/dependent adult." On 2/16/21, PREA Manager provided auditor with copies of the PREA Medical Screening Questions for 22 inmates received in intake between 1/22/21 and 2/10/21. All 22 inmates signed the Medical Screening document. Of the 22 inmates, 3 inmates responded that they have a history of sexual abuse either in or out of custody. Only 1 inmate agreed to meet with a Mental Health practitioner for counseling. The inmate was referred to Mental Health same day as intake and was treated by a Mental Health practitioner on 2/14/21 in accordance with Standard 115.61(c).

The agency/facility has met the requirements of Standard provision(s) 115.61(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.61.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not*

meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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. 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. 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.62.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.63.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?

☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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. Identify & secure witnesses
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 for the victim is needed or whether witnesses to the incident need protection
6. Determine if alleged perpetrator should be administratively segregated or transferred during the investigation.

Agency reports that in the past 12 months, there was one allegation that an inmate was sexually abused. In response to this allegation, the first security staff member to respond to the report separated the alleged abuser. This incident provided a time period that allowed for the collection of physical evidence. Agency provided auditor with the Supervisor Duties Standard procedure protocol, which includes the 1<sup>st</sup> Responder protocol for custody and non-custody staff, to include the Coordinated Response Protocol. Interview with staff 1<sup>st</sup> Responders indicate they follow the 1<sup>st</sup> Responder protocol, cited responsibilities during the interview and produced their 1<sup>st</sup> Responder card when asked.

115.64(b) – PREA Policy GO-05-27 mandates if 1<sup>st</sup> responder is not a Deputy, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and immediately notify staff. Agency reports that in the past 12 months, there was one allegation that an inmate was sexually abused. Agency provided auditor with the Supervisor Duties Standard procedure protocol, which includes the 1<sup>st</sup> Responder protocol for custody and non-custody staff, to include the Coordinated Response Protocol. Interview with non-security staff members indicate they have been trained to respond when they receive allegations of sexual abuse/harassment.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.64.

## Standard 115.65: Coordinated response

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

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



☐ **Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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

115.65(a) – Agency provided auditor with a copy of the Marin County Sheriff's Office PREA Protocol. The Protocol provided coordinated actions taken in response to an incident of sexual abuse among security and non-security first responders, medical and mental health practitioners, victim advocacy, investigators and facility leadership.

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 that there is a facility Coordinated Response Plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse. Agency provided auditor with a copy of the Marin County Sheriff's Office PREA Protocol. The document outlines actions taken by 1<sup>st</sup> Responders (both security and non-security staff), Supervisory staff, medical and mental health, victim advocacy, PREA manager, Investigations Division, MCSO SART Protocol, Facility leadership and PREA Coordinator. Actions are also broken down to whether the case is criminal or non-criminal in nature and the medical facility to be used for the SART exam.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.65(a).

### Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

#### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

## 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 unsigned custody staff bargaining unit agreement (DSA) effective 8/14/16 to 6/30/19. This agreement effective date has expired. 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

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.66(a) and corrective action is required.

#### Corrective Action Recommended:

1. Agency provided auditor with custody staff bargaining unit agreement effective 8/14/16 to 6/30/19. **This agreement effective date has expired.** Agency to provide auditor with copy of renewed Collective Bargaining Agreement between Marin County Deputy Sheriff's Association and County of Marin to include any renewed bargaining agreement with Sheriff's management.
2. Agency to provide auditor with copy of Personnel Management Regulation (PMR)47.7 discipline directives.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

**Corrective Action Completion 10/12/20:**

1. Agency provided copy of renewed Collective Bargaining Agreement between Marin County Deputy Sheriff's Association and County of Marin effective 9/8/19 and 6/30/22. Agreement indicates that disciplinary and movement procedures are covered in the Personnel Management Regulation PMR 47.7. PMR 47.7 was provided, however, the rules that would apply to this Standard provision is PMR 45. This new PMR rule has been requested from the Marin CJ PREA Manager for review.
2. On 10/12/20, Agency provided auditor with copy of Personnel Management Regulation (PMR)47.7 discipline directives. There was no narrative or section which restricts the Agency from moving or transferring staff pending investigation of inmate sexual abuse or sexual harassment to ensure the staff member has no contact with inmates pending the outcome of the investigation.

The agency/facility has met the requirements of Standard provision(s) 115.66(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.66.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and

emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

**115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

**115.67 (d)**

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

**115.67 (e)**

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

## 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

- 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 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). PAQ indicates there has been no incidence of retaliation occurring over the past 12 months.
- 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 investigates retaliation and the PREA Coordinator shall monitor the conduct and treatment of inmates or staff who reported the inmate sexual abuse and inmates who were reported to have suffered 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. 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.67.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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. 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. A review will be conducted every 30 days to determine if ongoing involuntary segregated housing is needed. No inmates alleging sexual abuse were held in involuntary segregated housing over the past 12 months.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.68.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No



**115.71 (d)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

**115.71 (g)**

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

**115.71 (h)**

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

**115.71 (i)**

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.



## 115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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 two 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. Agency provided auditor with copies of their NIC certificate to verify completion of the NIC Sexual Abuse in a Confinement Setting Investigations course. The 1 sexual abuse allegation received over the past 12 months was investigated by both Special Investigators from the Investigative Division who were trained in conducting sexual abuse investigations 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 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 and Investigative Staff indicate should an outside agency investigate sexual abuse, the facility cooperates with outside investigators and provides all documentation facility has collected & assist in any way to further the investigation.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.71.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  
☒ Yes   ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.72.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.73(a) – PREA Policy GO-05-27 mandates the PREA Coordinator to inform the inmate victim 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 6 investigations that were completed. Out of the 6 completed investigations, all of the inmate victims were notified verbally as to the outcome of the investigation and documented with memorandum to the Facility Commander to document the notification to the inmate. 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 six investigations determined that inmate victims were informed as to the outcome of the investigation and a memorandum was submitted to the Facility Commander to verify notification had been conducted and completed. Review of all 6 investigations that occurred over the past 12 months indicate that no allegations of sexual abuse or sexual harassment were made via grievance. None of the inmates who reported Sexual Abuse were housed at Marin County Jail during the onsite audit so no interviews of those targeted inmates were conducted.

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 possesses 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 that 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 6 sexual abuse/harassment investigations resulted in an indictment or conviction of the perpetrator. One criminal case is pending DA court proceedings.

115.73(e) – PREA Policy GO-05-27 mandates the PREA Coordinator to document all such notifications or attempted notifications. All 6 sexual abuse/sexual harassment investigations completed over the past 12 months culminated in the verbal notification of the outcome of the investigation to the alleged victim with follow-up memorandum to the Facility Commander. Auditor was provided copies of all notification memorandums with the investigative reports.

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

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.73.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.76.

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative



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

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. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.77.

## **Standard 115.78: Disciplinary sanctions for inmates**

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

#### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

#### **115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

#### **115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

#### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the

offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 criminal finding of inmate-on-inmate sexual abuse occurred in the facility. This case has been referred to the DA office and pending court proceedings.

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) – The Inmate Rulebook and 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.78.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
\* ☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.81(a)/(c) – PREA Policy GO-05-27 mandates all inmates at this facility who have disclosed any prior sexual victimization during the intake screening are offered an evaluation with a medical or mental health practitioner within 14 days of the intake screening at no cost. 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. Agency provided auditor with copies of referral tracking sheets from Intake/Booking to Mental Health from 1/24/19 to 3/30/2020. The sheets verify that a total of 89 inmates disclosed prior victimization during screening and were offered a follow-up meeting with a medical or mental health practitioner. All inmates were seen within 14 days of intake except for those who were released from custody prior to the 14-day deadline. Policy states that Medical and Mental Health staff maintain secondary materials documenting compliance with Standard provision 115.81. Interview with two inmates who disclosed sexual victimization at risk screening indicated the following:  
One inmate stated he was seen by a mental health professional within 24 hours of intake. There was no other follow-up as he declined additional meetings. The other inmate indicated that when she alleged a history of sexual abuse at intake screening, she was not referred to medical or mental health. She believed staff thought that she was hallucinating as she was in a safety cell during the time of intake booking. Auditor's review of mental health documentation verified that inmate was not referred to mental health as she answered no to all PREA intake questions when asked by Medical and Mental Health.

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 the documented method to refer inmates who disclose sexual victimization during risk screening to Mental Health is tracked through the PREA Mental Health referral sheet, which indicates that the inmate must be seen within 14 days from referral. Agency provided auditor with Mental Health referral sheets but did not provide verification that they obtain documented verification of informed consent from inmates before reporting information about prior sexual victimization in the community.

Auditor has determined Agency does not meet standard 115.81 as provision(s) 115.81(e) is non-compliant.

#### **Corrective Action Recommendation:**

1. Medical and mental health to provide auditor with copy of signed informed consent documentation used to verify inmates are provided practitioners limits of confidentiality and duty to report at the initiation of services for inmates who over the past 12 months, allege a history of

sexual abuse at Intake and referred to medical and mental health for services when they allege history of sexual abuse at screening and area offered a mental health follow-up.

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.

#### **Corrective Action Completion 2/14/21:**

1. On 1/11/21, PREA Manager provided auditor a copy of the PREA Medical Screening Questions Draft to be used during Intake/Booking. The form meets the requirements of Standard provision 115.81(e) as it includes a narrative which asks inmate if he/she agrees to treatment services, explains confidentiality conditions if Medical or Mental Health treatment is to be provided and acknowledges their Consent for Treatment when referred to Medical or Mental Health for treatment and services. The form also includes a narrative which states that the inmate's "communications during treatment and records are confidential unless the Practitioner is required by law to discuss their care with persons outside the health care system. Legal exceptions include serious threat of physical violence against reasonably identifiable victim or victims shall be reported to police or that person, reasonable suspicion of child abuse and reasonable suspicion or abuse of elder/dependent adult." On 2/16/21, PREA Manager provided auditor with copies of the PREA Medical Screening Questions for 22 inmates received in intake between 1/22/21 and 2/10/21. All 22 inmates signed the Medical Screening document. Of the 22 inmates, 3 inmates responded that they have a history of sexual abuse either in or out of custody. Only 1 inmate agreed to meet with a Mental Health practitioner for counseling. The inmate was referred to Mental Health same day as intake and was treated by a Mental Health practitioner on 2/14/21 in accordance with Standard 115.61(c).

The agency/facility has met the requirements of Standard provision(s) 115.81(e), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.81.

### **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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 received and employ as 1<sup>st</sup> 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with standard 115.82.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  
☒ Yes ☐ No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No



#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

- 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 make 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. Inmates 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 that if a female inmate becomes pregnant, as a result of an abusive act in custody, she shall receive timely and comprehensive information about access to all lawful pregnancy related medical services. Inmates who are sexually abused while in Sheriff's Office custody, shall be provided timely information about, and access to, emergency contraception, pregnancy tests and sexually transmitted infection prevention and testing as appropriate.
- 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 all treatment for inmates, who have been abused in custody, shall be at no cost to the inmate, regardless of their level of cooperation in the investigation.
- 115.83(h) – N/A – Standard provision 115.83(h) is not applicable as facility is a County Jail

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with standard 115.83

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

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

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

- 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 a sexual abuse 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 substantiated and referred to the DA office for prosecution.
- 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. The case was substantiated and referred to the DA office for prosecution.
- 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with standard 115.86

## **Standard 115.87: Data collection**

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

#### **115.87 (a)**

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

#### **115.87 (b)**

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

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### **115.87 (e)**

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

#### **115.87 (f)**

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

- 115.87(a) & (c) – PREA Policy GO-05-27 mandates the Sheriff's Office collect accurate, uniform data for every allegation of inmate sexual abuse at the jail.
- 115.87(b) – PREA Policy GO-05-27 mandates that all aggregated sexual abuse data shall be readily available to the public annually via the Sheriff's Office public website.
- 115.87(d) – PREA Policy GO-05-27 mandates the Sheriff's Office shall collect accurate, uniform data for every allegation of inmate sexual abuse at the jail. The PREA Coordinator or his/her designee maintains, shall compile all the incidents on an annual basis, using the most recent version of the Survey of Sexual Violence form from the Department of Justice. Upon request, the Sheriff's Office will provide all data from the previous calendar year to the Department of Justice. A copy of this data shall be maintained for no less than ten years.
- 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with standard 115.87.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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. Review of the Agency website indicates the PREA Annual reports for 2017, 2018 and 2019 have been uploaded to the Agency website. The report provides annual sexual abuse and sexual harassment statistics, investigation disposition language, comparison of the current year’s data and corrective actions with those from prior years and assessment of the Agency’s progress in addressing sexual abuse.

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.

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’s review of the Agency website found that 2017, 2018 and 2019 Annual Reports fail to include a statement outlining the reason for redacted material found in the report.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.88(d), and corrective action is required.

#### **Corrective Action Recommended:**

1. Agency to amend the 2019 Annual Report to include a statement that indicates that “Personal Identifying Information has been redacted from the Annual Report as it may present a clear and specific threat to the safety and security of the Marin County Jail”

Auditor will conduct a 90-day status review on 11/19/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 3/19/21.



**Corrective Action Completed 10/12/20 :**

1. On 10/12/20, Agency amended the 2019 Annual Report to include the narrative which states that personal identifying information has been redacted from the Annual Report as it may present a clear and specific threat to the safety and security of the Marin County Jail.

The agency/facility has met the requirements of Standard provision(s) 115.88(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.88(d).

**Standard 115.89: Data storage, publication, and destruction**

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

**115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
☒ Yes ☐ No

**115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

**115.89 (c)**

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

**115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

- 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 mandates that all aggregated sexual abuse data shall be readily available to the public annually via the Sheriff's Office public website. The auditor has verified that the 2017, 2018 and 2019 Annual Reports are currently available on the Agency website.
- 115.89(c) - PREA Policy GO-05-27 mandates that any and all personal identifiers shall be removed prior to posting the Annual Report. 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 that all documents pertaining to investigations shall be securely retained by the PREA Coordinator or designee for not less than 10 years.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.89.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

This is the first year of the current PREA audit cycle of the Marin County Detention Facility. Agency has only one correctional facility. In completing the PREA Audit contract, the agency agreed to allow auditor to review investigative records, grievance documentation, intake and classification screening records, background, training and personnel records, Medical and Mental health records. The agency provided requested documentation for auditor to complete the document review worksheets for verification of compliance. Auditor remained in contact with the PREA Manager throughout all phases of the PREA audit.

Inmates were allowed to contact the auditor via confidential mail. The method used and approved by the Agency was the same as if inmate was communicating with their attorney. Due to COVID-19, the two inmates who communicated with the auditor via mail were released from custody prior to the onsite audit.

Agency allowed auditor access to every area of the facility during the physical plant review and conduct interviews of Specialized staff, randomly selected inmates and staff to include targeted inmates. All interviews were conducted in a confidential setting. Recommended corrective actions are outlined at the end of each non-compliant standard.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

A copy of the Final PREA Report for the Marin County Correctional Facility PREA Audit which was conducted in 2017 is posted on the Agency website. The Marin County Sheriff's Department has only one correctional facility.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Eric Woodford

4/12/21

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.