Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Report January 8, 2018

Auditor Information

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Company Name: Hawaii Department of Public Safety	
Mailing Address: 919 Ala Moana Blvd., Suite #406	**City, State, Zip:** Honolulu, Hawaii 96814
Telephone: 808-587-1336	**Date of Facility Visit:** April 21 to April 25, 2017

Agency Information

Name of Agency: California Department of Corrections and Rehabilitation		**Governing Authority or Parent Agency** *(If Applicable)*: State of California	
Physical Address: 1515 "S" Street		**City, State, Zip:** Sacramento, California 95811	
Mailing Address: P.O. Box 942883		**City, State, Zip:** Sacramento, California 94283	
Telephone: 916-985-2561		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

Agency mission: We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.

Agency Website with PREA Information: http://www.cdcr.ca.gov/PREA

Agency Chief Executive Officer

Name: Scott Kernan	**Title:** CDCR Secretary
Email: scott.kernan@cdcr.ca.gov	**Telephone:** 916-323-6001

Agency-Wide PREA Coordinator

Name: Shannon Stark	**Title:** Captain, PREA Coordinator
Email: Shannon.stark@cdcr.ca.gov	**Telephone:** 916-324-0688
PREA Coordinator Reports to: Amy Miller, Associate Director, Female Offender Programs	**Number of Compliance Managers who report to the PREA Coordinator** 36

Facility Information

Name of Facility: Centinela State Prison			
Physical Address: 2302 Brown Road, Imperial, California 92251			
Mailing Address (if different than above): P.O. Box 731, Imperial, California 92251			
Telephone Number: 760-337-7900			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	

Facility Mission: The mission of Centinela State Prison (CEN) is to provide long-term confinement to men who have been convicted of felonious crimes and remanded to the State of California for incarceration. Inmate productivity and self-improvement are considered integral components to Centinela's overall objective to reduce recidivism among those inmates incarcerated at our institution. CEN provides for the confinement of Medium security (Level III/IV) general population and sensitive needs inmates. Our inmate population consists of Level III and IV 270 degree designed yards. Our Facility D, was converted to a Sensitive Needs Yard (SNY) in April 2013.

Facility Website with PREA Information: http://www.cdcr.ca.gov/Facilities_Locator/CEN.html

Warden/Superintendent

Name: Raymond Madden	**Title:** Warden
Email: Raymond.Madden@cdcr.ca.gov	**Telephone:** 760-337-7900 ext. 5002

Facility PREA Compliance Manager

Name: Prior and during site visit: Jose Salcido. From May1, 2017, Dexter Bell	**Title:** Captain
Email: Jose.Salcido@cdcr.ca.gov, Dexter.Bell@cdcr.ca.gov	**Telephone:** 760-337-7000 ext. 6400

Facility Health Service Administrator

Name: Kevin Reilly	**Title:** Chief Executive Officer

Email: Kevin.Reilly@cdcr.ca.gov	**Telephone:** 760-337-7900 ext. 5461

Facility Characteristics

Designated Facility Capacity: 2308	**Current Population of Facility:** 3599

Number of inmates admitted to facility during the past 12 months	1988
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1633
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1940
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	14

Age Range of Population:	**Youthful Inmates Under 18:** 0	**Adults:** 18+

Are youthful inmates housed separately from the adult population?	☐ Yes	☐ No	☒ NA

Number of youthful inmates housed at this facility during the past 12 months:	0
Average length of stay or time under supervision:	N/A
Facility security level/inmate custody levels:	Level I, Level III, & Level IV
Number of staff currently employed by the facility who may have contact with inmates:	1209
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	105
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1

Physical Plant

Number of Buildings: 110	**Number of Single Cell Housing Units:** 1 – CTC – 16 cells

Number of Multiple Occupancy Cell Housing Units:	21
Number of Open Bay/Dorm Housing Units:	3
Number of Segregation Cells (Administrative and Disciplinary:	100

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Visiting Rooms – 90-days retention. GP Rec Yards, ASU Yards, MSF Yards – 45-days retention.

Medical

Type of Medical Facility:	Basic Care Facility (CTC)
Forensic sexual assault medical exams are conducted at:	Pioneers Memorial Hospital, Brawley, CA

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	268

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	4 LDI

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 Department of Justice (DOJ) Certified PREA audit site visit was conducted for Centinela State Prison (CEN) located in Imperial, California based on the Western State Consortium Agreement. The Memorandum of Understanding (MOU) and Scope of Work was drafted in November 2016 and finalized between California and Hawaii on December 12, 2016. The Pre-Audit Questionnaire (PAQ) and support documents on a Compact Disc (CD) was received in February 2017 via postal delivery mail. The information on the CD was saved on a secured main frame. The posting of the DOJ Auditor's contact information was distributed and posted at various locations visible to inmates, visitors, staff, contractors and volunteers at CEN by March 13, 2017. These postings were verified as sufficiently accessible to all required individuals through observation by the audit team during the onsite audit. The onsite audit was scheduled for April 21, 2017 to April 25, 2017.

The PREA Audit team consisted of DOJ Certified PREA Auditor, Heather Kimura with support staff Joanna White, Allan Octavio, and Kuulei Manzano all employed by the State of Hawaii's Public Safety Department (assistants referred to as assistant auditors, and collectively referred to as audit team in this report). The PAQ and attached documentation were reviewed prior to the physical audit.

The site visit began by the assistant auditors separately touring Facilities A through D, and all its corresponding areas or sections consisting of chapel, kitchen, education, laundry, gym, work change building, vocational education, and housing units. Due to the similarity of CEN's layout with its neighbor facility Calipatria State Prison, which was audited days earlier by the same audit team, each assistant auditor was assigned different areas or facilities to tour separately. Included in the tour was the Administrative Segregation Building. The medical unit, and outside perimeter along with its associated buildings were toured on later days of the site visit. There were signs and posting up and visible throughout the facility in both English and Spanish that contained information on the PREA audit site visit, PREA information, support helpline information as well as information on how to report PREA incidents.

There were areas of blind spots throughout all of the Facilities A through D, specifically in the dry storage areas, kitchen bathrooms, work change buildings, libraries, canteens, and warehouses. Mirrors, privacy strips, were put up, removed, or placed in ways to ameliorate all blind spots, and/or breach of privacy areas identified during the tour. These ameliorative steps were all completed by the time the site visit concluded on April 25, 2017.

The use of security cameras are limited to Visiting, GP Recreation Yards, Administrative Segregation Unit (camera coverage of their recreation cells), and the Minimum Security Facility (camera coverage of the perimeter and limited view of their recreation yard). Although their staffing plan seems to be

adequate in inmate monitoring, consensus from various levels of staff indicated that more cameras would be useful and helpful in the facility's efforts to keep inmates and staff safe. This auditor agrees.

Random staff and inmates across the facility were interviewed by the audit team members. The audit team was able to interview staff from each shift. Overall, these are the numbers and types of general interviews conducted: 42 Random Inmate, 36 Random Staff, 37 First Responder, and 5 Intermediate or Higher Level Staff. Aside from the specialized staff interviews, one Disabled and Limited English Proficient inmate interview and one Gay, Lesbian, and Bisexual Inmate interview was conducted. The Gay inmate that was interviewed stated that he felt safe and that his friends inside the facility helped him feel that way. This particular inmate was the subject of a correspondence the lead auditor received prior to the onsite portion of the audit. During a follow up interview, this inmate's situation had been addressed by the facility and the staff member involved. However, the inmate reported another incident that had occurred but not yet reported. The auditor facilitated a verbal report made to the PCM during the interview and was witness to the verbal report being made. The PCM stated that he accepted this as a start to the PREA investigative process.

The facility reported that they did not have any transgender inmates. Many transgender inmates are prescribed Mental Health medications considered "Heat Risk Medications". These types of medications do not allow for safe housing at facilities with desert environments. The audit team's observations during touring and interviewing also confirmed facility's report. Refer to narrative in section 115.42 (c).

On April 25, 2017 during the exit meeting, the preliminary determination was that the facility had met all but two PREA standards. CEN did not meet two standards with regard to the lack of an objective screening tool, and one standard did not apply to this facility. The auditor also made a couple of suggestions and one reminder to staff. With regard to suggestions, one was to have in inmate sign when he receives notification, and the other was regarding gender announcements - that they be logged in the book. The reminder regarded the fact that any inmate may make a verbal PREA report and that this verbal report begins the PREA investigative process.

Post onsite audit, the review process continued beginning September 2017. A newly designated PCM was assigned at CEN from May 1, 2017, approximately one week after the onsite audit concluded. There was extensive communication with the newly assigned PCM for continued clarification, additional documentation, for education and correction on certain items, as well as obtaining documentation with regard to the corrective action required in Standards 115.41 and 115.42.

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.

Centinela (CEN) is located in Imperial County, California, approximately 20 miles from Imperial and El Centro. The facility was named for Mount Signal, the mountain located on the US Mexico International line once used to watch over the state's borders to prevent unauthorized passage into the US.

Centinela is the Spanish word for “Sentinel” or signal. Imperial County is a desert habitat with an economy predominately based on agriculture. The largest employment sector is based on public workers.

CEN is situated on 2,000 acres and has a Lethal Electrified fence containing the main parts or secured buildings of the facility. Within the electrified perimeter, the facility consists of four sub-facilities A, B, C, and D. Each sub-facility has five separate two-tier buildings which contain 100 cells that are normally double celled. CEN’s staffing plan allows for double-celling up to 190% of the single-cell capacity. Each sub-facility is nearly identically designed, with each one having their own kitchen, vocational building, chapel, and programs buildings. CEN provides for the confinement of General Population, Level I, Level III, Level III Sensitive Needs, and Level IV (maximum security) inmates.

Facilities A and D are comprised of Level III, and at times Level IV General Population inmates. Building A1 within Facility A is used as a pipeline for inmates transitioning to Level I housing or work. Facility D houses mainly Level III inmates that have a protective custody status and is termed the Sensitive Needs Yard or SNY. Facilities B and C house Level IV General Population inmates. Substance Abuse Programs are provided in Facility B for Level IV inmates. A separate building housing the Administrative Segregation population is located within Facility C’s perimeter. Administrative Segregation has 100 cells and can house up to two inmates per cell at a time. At times, Level IV facilities will convert to a Level III facility when requested by CDCR Headquarters, and in line with the facility mission.

There are separate single buildings that do not repeat in every facility. They include Medical Records, Central Health, and Administrative Segregation.

The programs offered for Level III and Level IV inmates are: Substance Abuse Programs, Cognitive Skills, Long-Term Offender Program, Various worklines to include Firehouse, Vocational Programs (Auto Body, Auto Mechanics, Building Maintenance, Office Services/Related Technologies, Electrical, Electronics, and Computer Literacy, Roofing, Small Engine Repair, Welding), Academic Programs (ABE and GED), Arts-In-Corrections, General Education, Voluntary Education, Office Services, Physical Education, Recreational activities, Law Library, and Recreational Library services.

The following are buildings or plants located outside the secured perimeter and are also the areas where only Level I inmates can work or live:

- Level I Minimum Support Facility consisting of two buildings with a secure chain link fence perimeter. The buildings are open dormitories with a maximum capacity of 200 inmates each.
- Central Administration
- Warehouses, mailroom, water treatment plant, and various maintenance ponds/stations
- Firehouse can house up to eight inmates
- Family Visiting

CEN employs 1209 staff, and has 268 volunteers and individual contractors who may have contact with inmates.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 45

Click or tap here to enter text.

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

Standard 115.41, Screening for risk of victimization and abusiveness: The Interim Report identified corrective action to develop an objective screening instrument, as CDCR and CAL did not utilize an objective screening instrument. The development, training, and implementation of an objective screening instrument was achieved. This standard impacted Standard 115.42.

Standard 115.42, Use of screening information: Due to Standard 115.41 not being met preliminarily, as well, it could not properly inform housing, bed, work, education, and program assignments required in Standard 115.42. The Interim Report identified corrective action to develop an objective screening instrument, as CDCR and CEN did not utilize an objective screening instrument. The development, training, and implementation of an objective screening instrument was achieved, and thus, properly informed the criteria set in Standard 115.42.

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.

(a)-CDCR has a written policy in regards to zero tolerance for sexual violence. The Department Operations Manual (DOM) Article 44 section 54040.1 states that; CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation cap, or parole. DOM Section 54040.2 covers the purpose of this PREA policy and providing guidelines for the prevention, detection, response, investigation, and tracking of sexual violence, staff sexual misconduct and sexual harassment against CDCR offenders. Policy also informs staff of their responsibility and liability as specified in the law.

(b)-The agency employs an upper-level, agency-wide PREA Coordinator, whose position functions as a Captain under the direct supervision of Mission Correctional Administrator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all of its facilities. The CDCR PREA Coordinator revealed in her interview that although the responsibility is huge, she relies and trusts her staff to be her eyes and ears, and to assist in the communication and training processes throughout the agency's facilities. If certain facilities have more of a need for help with PREA, she will send her staff to the facilities to assist with PREA efforts. During the audit process from pre-visit, to site-visit, to post-visit, this auditor witnessed a PREA Coordinator that was knowledgeable and accessible to the facility's PCM as well as this auditor.

(c)-CEN has most currently designated a Captain as the facility PREA Compliance Manager (PCM). Although the new PCM has incurred a steep learning curve in his new role, he stated that he is confident that in time, he will have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as relayed by the PCM. Like the PREA Coordinator, this auditor had immediate access to the PCM and the PCM would respond knowledgably and timely during the site visit. Post visit, this auditor had constant, frequent communication with CEN's newly appointed PCM. He was open to learning and made every effort to provide all additional information requested by the auditor. He had an open, positive attitude in doing what was needed to comply with all PREA standards. If the PCM needed guidance on an issue, he had/has ready access to the PREA Coordinator or others in the PREA Corporate Office as well as his fellow colleagues at CEN.

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 OR the response to 115.12(a)-1 is "NO".) ☒ 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.

The Contract Beds Unit (CBU) oversees all contracts for California Inmates that are placed in contracted beds. CBU maintains, provides oversight, and monitors all of these contracts and a Captain is in charge of this unit. CDCR has contracts with CoreCivic, City of Delano, City of Shafter, City of Taft, and the GEO Group, Inc. In total, there are nine contracted facilities in which the agency oversees.

(a) to (b)-CDCR, DOM Article 13-Contracts state that the Contracts Management Branch (CMB) shall administer all contracts through execution into by the Department in a manner which ensures compliance with applicable laws, rules, and regulations of the department. All contracts for the confinement of inmates entered into (or renewed) after August 20, 2012 contains language in Exhibit D that CDCR expects contracting agencies to adopt and comply with PREA standards.

Contract language also contains provisions for contract monitoring to monitor Contractor's performance under each agreement or contract. CDCR's CBU Captain stated that his unit will go to each contracted facility and periodically check to see if they are abiding by the contract terms. As well, each contracted facility undergoes DOJ PREA audits. As of February 2017, all nine facilities were DOJ PREA audited, with three under corrective action. Captain stated that the Agency PREA Coordinator keeps a database or record of which facilities have been PREA audited, which facilities are scheduled next for audit, etc.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ 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.

(a)-CDRC has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate staffing levels, video monitoring, and considers the factors identified in section a. 1-11. In 2012, CDCR implemented Standardized Staffing Model which took into categorized and housed inmates into four levels based on risk. Staffing levels were then appropriated based on this risk. The facility provided auditor with their most recent staffing plan analysis that covered all points in the standard. Interview with CEN's Warden and PCM also corroborated compliance with this standard. Both individuals referenced the agency's creation and implementation of standardized staffing in 2012. This is where the agency determined what the best staffing levels were, given the inmates' level of risk. These levels were based on their own analysis across all CDCR facilities, plus taking into consideration industry best practices (Generally accepted detention and correctional practices).

(b)-CEN captures any deviation from the staffing plan through the Telestaff Program and Daily Activities Report and submitted by the Watch Commanders where this program documents and justifies all deviations from the plan. The Warden explained that an example of a staffing plan deviation would mainly be redirections for emergency transportation situations. He also mentioned that there are times where it snows between San Diego to Centinela whereas staff are unable to make the commute to work. Certain adjustments are made to accommodate that shortage in staff. These deviations are not ongoing, and usually do not last for more than one shift. During the audit period, CEN did not have any staffing deviations.

(c)-DOM section 54040.17.1 states that, whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan. CDCR PREA Coordinator stated that if CEN requested an adjustment to their staffing plan, it would go up to PREA headquarters and be reviewed with the Program Support Unit. All other avenues or options would have to be thought of and/or utilized in ameliorating the situation prior to the addition of staff. CDCR PREA Coordinator will reach out to all the facilities annually to assess the staffing plan and whether adjustments are needed taking into consideration the PREA standards.

(d)-DOM section 54040.4 addresses security rounds; A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff

sexual misconduct and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time and location the security check was conducted. CEN provided evidence of unannounced rounds by an intermediate or high-level supervisor pre-audit. In addition, during the audit team's tour through each of CEN's facilities, each auditor reviewed log books at the housings and again confirmed these types of entries. Intermediate- or higher-level facility staff relayed that they do unannounced rounds, that they prevent staff from tipping other staff off by verbally telling them not to do so, and they will randomly do their rounds – don't do their rounds in the same order, or at the same time.

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.

CEN does not house youthful inmates (under the age of 18 years), therefore this Standard is not applicable to CEN.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☐ 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 here for facilities with less than 50 inmates before August 20, 2017.) ☐ 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?
  ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice 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.

CEN does not house female inmates.

(a)-CDCR Operation Manual section 52050.16.5 unclothed body search of inmates; Correctional personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. There were no cross-gender strip searches or cross-gender visual body cavity searches in the past 12 months. All CEN staff during interviews was well aware of this policy.

(b)-Operation Manual section 52050.16.4 state that clothed body searches of female inmates shall be conducted by female correctional staff only, except in emergency situations and under no circumstances shall male correctional staff perform non-emergency clothed body searches of female inmates. This sub-standard does not apply to CEN as the facility does not house female offenders.

(c)-Operation Manual section 54040.5 state; Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM section 52050.16.5, and shall document all cross-gender pat-down searches of female inmates in accordance with DOM section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU). Completed NOU forms shall be reviewed by the supervisor and routed to the institutional PCM to retain for audit purposes. If the search is incidental to an emergency or crime that constitutes a CDCR Form 837, Crime Incident Report, the search shall also be documented within the incident report. This sub-standard does not apply to CEN as the facility does not house female offenders.

(d)-CDCR Operations Manual section 54040.4 Preventative Measures section state; Each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Except in circumstances where there would be an impact to safety & security, modesty screens shall be placed strategically in areas that prevent incidental viewing. In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes. This practice was observed during the tour and mostly verified during inmate interviews, however, there were no written documentation to substantiate previous compliance with announcements. As such, the auditor suggested that CEN log announcements in each housing's log book. Additionally, as was seen with their neighboring facility Calipatria State Prison, CEN stenciled in paint and in caps on all housing units the reminder, "OPPOSITE GENDER ANNOUNCEMENT REQUIRED PER DOM". The majority of inmates interviewed stated that the announcements were made and that they were never in full naked view of staff (to exclude medical staff). This practice was observed during housing tours. Housing showers were individual stalls with constructed solid barriers to conceal private areas of the inmates. Inmate cells also had a strip of metal across the bars that gave privacy to an inmate using the toilet. Random staff interviews affirmed that all staff announced their presence when entering a housing unit if they were of the opposite gender, and that all staff felt that inmates were able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

(e)-CDCR Operations Manual section 52050.16.7 state; In the event that there is an individual going through Receiving and Release who self-identifies as transgender or with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the

inmate to be searched. In the event that an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate's records. If staff are unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation, for his/her safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate. Most of CEN's staff interviewed was aware of this policy. Of 36 random staff interviewed, two did not know the answer to question four of their questionnaire. These staff members were given information and educated on this sub-standard.

(f)-DOM sections 52050.16.4-Clothed Body Search of Female Inmates and Section 52050.16.7-Unclothed and Clothed Body Searches of Transgender or Intersex Inmates addresses policy for this standard. CDCR Office of Training and Professional Development has step by step training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. Section 54040.4 states, Employees shall also be trained in how to conduct cross-gender pat-down searches, transgender pat-down searches, and unclothed body cavity searches. When conducting these types of searches, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs. Searches shall be conducted in accordance with policy, procedure and training as per CCR, Title 15, Section 3287(b). CEN staff has been trained to do cross-gender pat downs and searches. Staff was able to articulate how to do this type of search. This type of training occurs during their beginning training in the Academy. A copy of the training module was provided that covered the points of professional and respectful cross-gender pat-down searches, and searches of transgender and intersex inmates.

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*)

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(a)-Through (b)-California Code of Regulations Title 15 defines effective communication as; providing the inmate, to the extent possible, the means to understand and participate in disciplinary process to the best of their ability. This may be accomplished through reasonable accommodation or assignment of a staff assistant. If the inmate's Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. For contacts involving due process, employees shall give priority to the inmate's primary means of communication, which may include but is not limited to; auxiliary communication aids, sign language interpreter, and bilingual interpreter.

The Agency Head Designee during her interview confirmed compliance with this standard that most of the PREA materials and training in English and Spanish. Also there are special literacy brochures provided for developmentally disabled. At certain institutions where there is a proportionately high number of developmentally disabled inmates, there are officers assigned specifically to assist with this specific population. CEN had brochures available in Spanish, English, and ones available in large print if requested. Committee staff at CEN must notate whenever Effective Communication is being utilized to ensure that the inmate has received and is aware of information whether it deals with PREA, housing, safety, and his classification status. CEN provided examples of Effective Communication needed and being utilized via documentation on their SOMS system in the Classification Committee Chrono. The inmate who was limited English proficient interviewed at CEN was generally aware of PREA standards and knew what his rights were and what to do in the event of a PREA incident. He also stated that there was always someone to translate at the facility.

CDCR has current contracts in place for communication assistance: LifeSigns Now contract period from July 1, 2014 through June 30, 2017 to assist with hearing impaired or deaf inmates and Global Interpreting Network, Inc. contract period from July 1, 2016 through June 30, 2018 to assist with

interpreter services for 140 languages. The facility also has some staff members who are bilingual certified and receive compensation for providing translation services.

(c)-CDCR Operation Manual Section 54040.12 states that, “Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations.” Random staff interviews yielded positive responses on this sub-standard.

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, or 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

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(a)-1-2, CDCR DOM section 31060.3 addresses this standard by prohibiting the hiring and promoting of anyone, or utilizing the services of any contractor or volunteer, who:

- Has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- 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 described above.

Interview with CEN's Staff Services Manager (SSM) and the Personnel Supervisor II confirmed compliance with this sub-standard. In addition, file reviews supported the facility's compliance with this standard as well.

(b)-At CEN, a Personnel Information Bulletin issued on September 16, 2016 outlines revisions to the Supplemental application for all CDCR Employees, CDCR 1951 form. One of the revisions included the addition of an additional question in Section (C) which asks, "Have you ever had a substantiated finding of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility or other institution?" Interview with CEN's SSM also confirmed compliance with this sub-standard.

(c)-1-2, CDCR Operation Manual section 31060.16 states that a criminal records check is a requirement for employment with the Department and explains the process of their checks using CI&I SSCH, Live scan finger printing, USINS Form I-9, Physical examination report and CDCR Form 1951, Supplemental Application for all CDCR employees, used for internal and external candidates. SSM confirmed compliance with this sub-standard via interview question and auditor file review.

(d)-CDCR Bid/Agreement document lists "Security Clearance/Fingerprinting" as one of the special terms and conditions which states, The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or

Contractor's employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined. Further the Bid/Agreement stipulates that the contractor shall conduct a criminal background records check for each contract employee who will have contact with CDCR inmates and provide a written certification that it was done. Contract employees, who have contact with inmates, shall be provided training to learn their responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies and procedures. All Contractors must be cleared via the California Law Enforcement Tracking System (CLETS) to obtain Criminal Information and Index information. Once cleared, Contractors are issued a Gate Clearance via a Personnel Identification Card with a colored border that indicates expiration term. Interview with SSM confirmed compliance with this sub-standard. Examples of Contractor Clearance forms were provided.

(e)-California Code of Regulations (CCR), Title 15, section 3411 states; if an employee is arrested or convicted of any violations of law; the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. Memorandum dated February 26, 2016 for Personnel Identification Card Issuance state procedure for issuance of identification cards. Pre-employment procedures found in DOM 31060.16 for all employees, contractor or volunteer are as follows:

- CDCR Employees that carry a red (Managers and Confidential Employees), Blue (Supervisors), No Border (White) (Non-Supervisory) and Gold (Retired) identification card an expiration of (5) years will be the normal. The department is notified by the Department of Justice, of arrests as an ongoing process of live scan.
- Contractors identification card expires upon completion of project or no longer than (5) years of date of issue. Prior to the issuance of new identification cards (ID), the aforementioned contractors will complete a background check according to DOM section 31060.16.
- Volunteer identification cards expire annually. Prior to issuance of new identification cards, volunteers complete a background check according to DOM section 31060.16.

CEN's SSM stated that background checks are completed every five years for employees and Contractors. Background checks are prompted by the expiration on the ID cards. The expiration triggers staff and Contractors to obtain a renewal on their ID, which included in this process is the performance of a background check. Personnel, to include Contractors, must possess a current ID in order to enter the secured portion of the facility. CEN's Personnel staff stated that they are in the process of obtaining a new system that can run reports based on ID expirations.

(f) to (h)-CDRC form 1951, supplemental application, background and PREA misconduct questions for all CDCR employees. CDCR also uses information from CLETS that access confidential criminal records through the Department of Motor Vehicle or other criminal justice information. Title 15, section 3401.5 describes employee sexual misconduct and penalties, that all allegations of sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution. SSM attested to compliance with sub-standards (f) – (h). Specifically, in relation to sub-standard (h), the SSM will disclose information available to her from the former employee's personnel file to a potential institutional employer. However, if the former employee had resigned under unfavorable circumstances, she will refer the inquiry to the Employee Relations Officer who will then relay pertinent information to the potential employer. As well, auditor review of CDCR form 1951 substantiates adequate coverage of these sub-standards.

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*)

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Instructions for Overall Compliance Determination Narrative

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CDCR dedicated California Health Care Facility (CHCF) in Stockton, their flagship health care facility in June 2013. During the 2017 DOJ PREA audit of CHCF, it was verified that the facility is equipped with modern technology inclusive of an extensive CCTV system and inventory system.

(a) to (b)-A Design and Construction Policy Guidelines change was made as of January 4, 2017 that includes language mirroring this sub-standard, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such

technology may enhance the department's ability to protect inmates from sexual abuse." Interviews with Agency Head Designee and CAL's Warden substantiated the alliance with this standard.

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? ☒ Yes ☐ No

- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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(a) to (b)-CDCR Correctional staff/Peace Officers are under the California Penal Code and are authorized and trained to conduct both administrative and criminal investigations. Staff within the Investigative Services Unit (ISU) receives specialized training to solely conduct investigation, including sexual abuse allegations. CEN utilizes Locally Designated Investigators (LDI) and other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff misconduct. According to DOM, chapter 5, page 474 and 475, Crime Scene Preservation, Evidence and section 54040.9 Forensic Medical Examination, the designated supervisor and investigators follow a uniform evidence protocol and procedure when conducting sexual abuse investigations. The process addresses assault examinations appropriate for adult/adolescent and child/adolescent. The majority of all Random Staff interviews at CEN showed that all staff knew to notify their supervisor and to contact ISU in the event an inmate alleges sexual abuse. Staff was aware that ISU handles all evidence collection and storage. CEN provided the training curriculum for LDI that included their uniform evidence protocol for obtaining usable physical evidence. CEN provides to its staff pocket-sized pink cards outlining steps to take in the event of a sexual abuse incident. These cards are given to medical staff and custody staff however, anyone who wants a card can obtain one for their reference and use.

(c)-According to CDCR Health Care Services Policy, Chapter 10 and CHCF-Supplemental DOM, Article 44, section 54040.1, all inmates are offered treatment services relating to sexual abuse or assault to include forensic medical examinations without financial cost to the victim. Although there were no instances of forensic medical exams during the past 12 months, CEN has a designated SANE/SAFE to utilize in the instance of sexual abuse available 24/7. In interview with the SANE, she stated that she could be at the designated hospital with 20 minutes. Examinations follow CALEMA protocol.

(d) to (e)-DOM section 54040.8.1 Custody Supervisor Responsibilities requires the Watch Commander to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated, trained staff from the facility will be dispatched or called in to act as the Victim Advocate as defined in Section 54040.3. CDCR/CEN provided MOU with Sure Helpline Crisis Center (SHCC) that runs until June 30, 2019. A telephone conversation with staff from Sure Helpline Crisis Center staff prior to site visit confirmed the breadth of their victim services to CEN as covered in the MOU. SHCC staff stated that they do a yearly review with the facility and is excited about a new project SHCC and CEN PCM was working on. Interview with SANE/SAFE contact indicated that she would contact victim advocate. CEN PCM stated that the facility currently has a list of ten counselors that have been background checked and are clear to enter the facility.

(f) to (h)-These substandards do not apply as CDCR/CAL is responsible for administrative and criminal investigations.

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 such publication 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.

(a) to (b)-CDCR, DOM, Section 54040.12-Investigations state that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. CDCR CEN ISU has the legal authority to conduct criminal investigations as they are all considered Peace Officers. Any allegation of sexual abuse or sexual harassment that involves potentially criminal behavior will be referred to the Office of Internal Affairs and/or the Office of Inspector General. These referrals also include any potential staff misconduct and, is also applicable to contractors and volunteers. Agency Head Designee and interview with CEN's lead investigator confirmed compliance with this standard during their interviews. The Agency's website also publishes this policy. CEN provided their PREA allegation logs covering the audit period. Four of the five investigations were completed as one investigation was still ongoing. Three of the four completed investigations were unfounded and one was unsubstantiated. None were referred for criminal investigation.

(c) to (e)-Not applicable as all CDCR CAL's investigations are completed through the ISU.

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

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(a)-CDCR, DOM, section 54040.4 Education and Prevention states that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet. PREA training curriculum and DOM 54040.4 addresses (a) 1-10 and (b). Random staff interviews confirmed that they received comprehensive PREA training and refreshers. Interview with Training Sergeant confirmed that all employees receive PREA training that covers (a) 1-10 during their first training within employment at the facility.

(b) to (d)-CDCR CEN Training department provides staff two types of training related to PREA; first is a two-hour formal classroom training on PREA (BET CODE: 11054378) and the second is provided as on-the-job training in an OJT Annual Module Training Packet for one hour (BET CODE: 11053499). Per Training Sergeant, the two-hour formal training as well as the OJT PREA Training module occurs annually. CEN's Training Sergeant stated that for those employees returning from extended leave, he will run a training report to see what types of training the individual is deficient on so that the individual can receive needed training. Training records/lists were provided verifying compliance with standard.

CDCR documents through CDCR 844 Training Participation Sign-in Sheet and a signed PREA OJT Acknowledgement form that the employees understand the training they have received. CEN provided list of all employees who are current with training. A list of employees who are not current with PREA training was also provided. All employees on this list were either out on Workman's Compensation or Long Term Leave.

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

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(a) to (c)-CDCR, DOM, section 54040.4 Education and Prevention states that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual bloc, training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet. Every year, all volunteers and contractors go to a mandatory annual training that covers the basic PREA tenets. Volunteers are offered the yearly PREA two-hour training that is given to employees. This is optional for volunteers. Four CEN volunteers were

interviewed and all stated that they have received PREA training and understand what their responsibilities are in terms of PREA.

CDCR CEN requires that all volunteers and contractors must read and acknowledge understanding of the PREA Volunteer/Contractor Information Sheet which contains information relating to PREA, professional behavior, preventative measures, detection and responsibility on reporting. Samples of signed PREA Information Sheets were provided for both volunteers and contractors.

CDCR, DOM, section 32010.8.3 explains record keeping and documentation through CDC form 843 Training Record and Instruction Sheet and CDCR 844 Training Participation Sign-in Sheet. Samples of sign-in sheets were provided.

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 such education? ☒ 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.

(a) and (f)-CDCR, DOM, Section 54040.4 Education and Prevention for offenders states that verbal and written information shall be provided to offenders which will address: Prevention/Intervention,

Reporting, Treatment and Counseling. Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. PREA brochures entitled "Sexual Abuse/Assault Prevention & Intervention" are available during intake and in housing units through Correctional Counselors. These brochures are available in English and Spanish. During intake at CEN's Receiving & Release (R&R), all inmates are provided information on PREA via posters, Inmate orientation handbooks (all inmates must sign-off on CDCR 128-B form acknowledging that they received this handbook as well as receiving information about the appeals process), PREA video, and interview with staff. Samples of inmate acknowledgments were provided. Most inmates responded affirmatively to substantiate facility compliance with this substandard. Interview with R&R staff and observation of posters as well as provided information (brochures) in English and Spanish during tour confirmed this practice.

(b)-Approved PREA posters which contains departmental policy and sexual violence, staff sexual misconduct, and harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. The PREA video plays in all housing units all day long on channel five, and every time between movies no matter what channel is on.

(c)-CEN began their practice of educating inmates at R&R in November 2015. For the already existing inmate population who did not receive PREA education at their intake, CEN's PCM stated that they have been educated via the PREA video played in every housing unit, PREA brochures available in every unit, posters, and through their annual review process.

(d)-DOM Chapter 5, Article 44, Section 54040.4 states, "Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider using offender peer educations to enhance the offender's population's knowledge and understanding of PREA." Effective communication is ensured through the Intake Officer as well as through the Medical Intake process that occurs in R&R per CEN's PCM.

(e)-Offender education on PREA are documented on CDC form 128 that is signed by the offender indicating that they received the training and is forwarded to the inmate's records for scanning into the Electronic Records Management System (ERMS). Samples of signed form 128 were provided to auditor prior to site visit.

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 have received 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*)

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

Instructions for Overall Compliance Determination Narrative

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(a)-CDCR DOM, Article 44-Prison Rape Elimination Act Policy, Section 54040.1 has Locally Designated Investigators (LDI) who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. Section 54040.4 also states that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the institutions PCM shall ensure employees investigating these incidents are properly trained. Interview with Investigative Services Unit Lieutenant confirmed that investigators receive specialized training in conducting sexual abuse investigations in confinement settings.

(b)-Curriculum for LDI specialized training covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Again interview with Lieutenant confirmed that the training covered all points required by this substandard.

(c)-CEN provided a list of all their LDI's (four) who have received specialized training in conducting sexual abuse investigations.

(d)-N/A

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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

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.) ☒ 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? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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(a)-CDCR, DOM, section 54040.4 Education and Prevention states that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet. Interview with Health Service Administrator confirmed that medical and mental health staff receive PREA training annually through block training and through California Correctional Health Care Services (CCHCS) – receivership. All part- and full-time medical and mental health employees who work regularly at CEN have been trained in PREA evidenced through CEN's negative and positive PREA training report. There are 199 part- and/or full-time medical and mental health employees. Of the 199, 189 employees have received specialized PREA training. The ten that have not had training do not have inmate contact, are out on long-term leave, or are limited-term intermittent employees that have not been working since June/July 2017 (three). Should

any of the three intermittent employees return, they will be provided with the specialized PREA training prior to having patient contact.

Additionally, California Correctional Health Care Services (CCHCS) Memorandum dated August 9, 2017 ensures that Medical and Mental Health staff practitioners receive the PREA training specified in this standard. An eLearning module was developed, located on the CCHCS Learning Management System (LMS) to be completed by each Medical and Mental Health staff practitioner who has contact with inmates. It is a one-time training to be provided to current and new staff practitioners as they begin work at any CDCR institution. CEN was given 60 days from the date of the memorandum to complete this new training.

(b)-DOM, section 54040.3 states that, In the CDCR, unless an institution has been previously authorized for contracted on-site SART exams, they will utilize the resources available via contract at the local community hospital for SART examination of the victim and offender-suspect. As CEN contracts with a local SANE/SAFE to perform SART exams, this substandard is not applicable to CEN.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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, when 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, when 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, when 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 a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: 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

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☐ **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)-CCR, Title 15, Section 3269 Inmate Housing Assignments states that (a) Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment and must evaluate all factors to be considered when completing the Initial Housing Review, including but not limited to:

- Factors such as race, date of birth, age, weight, height, birth place, and whether the inmate is foreign national, length of sentence, enemies and victimization history, criminal influence demonstrated over other inmates, previous housing status, reasons for prior segregation, history of in-cell assaults and/or violence, security threat group, documented victim of sexual assault, adjudicated cases of being a perpetrator in an act of physical abuse, sexual abuse, sodomy, or other act of force against a cell mate.
- Restrictions are any case factors which may limit the inmate's housing placement options such as security issues, request for protective custody, medical or mental health issues.

At the time of the site visit, Memorandum dated September 17, 2015 states PREA standard 115.31 was under development by CDCR. PREA standard 115.41 was partially addressed and still under development. Memorandum notification to Reception Centers (RC) stated that the PCM or designee will maintain a list of inmates who have received documentation showing victimization or abusiveness concerns within 21 days of arrival to include inmates who has filed complaints, appeals or involved in a battery incident and be followed up on within 30 days of arrival.

Interview with Intake Officer confirmed CEN's practice of the above. The majority of inmates recalled being asked the questions assessing risk of sexual abuse or being sexually abusive.

(b)-During the site visit, CEN's Intake Officer stated that he screens incoming inmates within 72 hours of intake. With the implementation of CEN's new PREA Screening form, all screenings asked for by the auditor (which was part of the corrective action) was completed on the day of intake except for one (explained to be a mistake by the facility and part of their learning curve during initial implementation), well within 72 hours required by this standard.

(c) to (d)-CEN did not have an objective screening instrument to assess inmates for risk of sexual victimization based on the criteria 1-10 at the time of the site visit which put the facility into corrective action and was reported in the interim report. At the time, the agency was already aware of the non-compliance, and was working on an objective screening tool, as well as training and implementation plan.

Subsequent to the site visit, CDCR issued a memorandum dated August 28, 2017 with information, direction, and instructions to their new PREA Screening form covering all the elements of the standard's requirements. CEN began utilizing its new screening process at intake the week of August 28, 2017. Training curriculum was provided to auditor showing the steps and line items that appear in

SOMS with drop down menu selections covering all criteria required by the standard. CEN also provided a documentation sampling covering a 30-day period on specific days requested by auditor confirming the timely use of the objective screening tool.

CDCR intends to add information about their new PREA Screening form in the DOM or policy manual.

(e)-Title 15, Section 3269 Inmate Housing Assignments cover the consideration of an inmate's prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing inmates for risk of being sexually abusive and assigning proper housing. Interview with Intake Officer confirmed that CEN practices this as well during intake. Also shared was the facility will lean towards conservative measure if they are not sure about an inmate and single-cell him until further information may dictate otherwise. With the implementation of the new screening tool, this practice has now been formalized via specific questions posed in the tool.

(f)-CDCR Director's Memo dated September 17, 2015 directed the implementation of a process to address and cover substandard. Specifically, after intake, when an inmate is seen during the initial Unit Classification Committee, he/she shall be asked if they have any new, relevant information related to PREA which has come to light since their intake interview. This discussion and/or findings shall be documented in the Classification Chrono. Intake Officer verified the facility's practice of this standard – she stated it happens within 14 days. As well, inmate interviews yielded affirmative responses. Documentation was provided and reviewed by auditor substantiating practice of this reassessment.

(g)-Title 15, Section 3269.1 Integrated Housing (b) reads, "Based on a review of an inmate's individual case factors and a personal interview with an inmate, an IHC (Initial Housing Code) will be assigned. The appropriateness of an inmate's IHC will be assessed at least at an inmate's Annual Review, or as case factors may change, and adjusted as necessary." After intake, the review is done no later than 14 days during Classification Committee. Documentation of this process provided by facility.

(h)-DOM, section 54040.6 Offender Housing covers this substandard in the Single Cell Status paragraph, "Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to their sexual orientation or sexual violence history." In addition, Intake Officer confirmed facility's practice of this substandard.

(i)-The Agency PREA Coordinator and the CEN PCM both stated that only certain personnel within the facility have access to the screening information and that access is given on a need to know basis. For instance, Case Managers, most supervisors, managers, and anyone involved with classification and housing would have access to this information, however, the housing officers do not. Subsequent to the onsite audit, and as well, with the implementation of the new PREA Screening form, its access parameters are restricted to ensure that sensitive information is provided on a "need to know" basis as required by the standard.

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? ☒ Yes ☐ No

- 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? ☒ Yes ☐ No

- 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? ☒ 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.

Due to CEN not having met standard 115.41 at the time of the interim report, this standard as well could not be fully met. Corrective action was met via the development, training, and implementation of

the objective screening tool in Standard 115.41, and therefore, Standard 115.42 as well prior to the closure of the corrective action period.

(a)-Prior to the site visit, the Intake staff responsible for risk screening stated that the facility uses information from initial screening to inform housing. The PCM also stated the same and elaborated on the process and how the facility considers all information from the initial screening to make informed decisions on housing, bed, work, education, and program assignments with inmate safety as the priority. Since the new PREA Screening form was implemented, instruction on the August 28, 2017 memo directs the assigning staff to review the inmate precaution screen to determine if the inmate(s) are identified as being "at risk as a victim" or "at risk as an abuser". If either precaution exists, the custody supervisor is required to review the potential cellmate's precaution screen(s) and case factors to ensure potential victims and potential abusers are not housed together in a cell. In addition, inmates in a dormitory setting identified as "at risk as a victim" are assigned to a cell close to the staff office/podium.

(b)-CDCR Title 15, section 3269-Inmate Housing Assignments process is used in keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive and, make individualized determinations in how to ensure the safety of each inmate. This section does take into consideration of predatory behaviors, repeated attempts to physically or sexually abuse another inmate, documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate, documented sexual harassment, threatened, forced sexual acts. CDCR Title 15, section 3375.2-Adminstrative Determinants states, An inmate with a history of sex crimes designated in section 3377.1 (b) shall be housed in accordance with their placement score and shall not be assigned outside the security perimeter. CEN's Intake Officer stated that the initial screening information is used to make determinations to ensure the safety of each inmate at intake. And, again during classification committee, information is used to determine safe housing and programming.

(c)-CDCR Title 15 makes no mention of the PREA standard 115.42(c) to f) that states the agency/facility makes housing and program assignments for transgender or intersex inmates in a facility on a case-by-case basis, reassessments of transgender or intersex inmates twice a year for any threats to safety, consideration on a transgender or intersex inmate's views with respect to his or her own safety, their given opportunities to shower separately, and prohibiting placement of LGBTI inmates in dedicated facilities, units, or wings based on their identification or status. DOM section 54040.6 gives a generalization of offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing. DOM section 62080.14 Transgendered Inmates references that Inmate who have been diagnosed as transgendered shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment. It also lists nine CDCR institutions where Transgendered Inmates (male to female) may be housed to the maximum extent practical to ensure inmate-patients receive the necessary medical care/mental health treatment. CEN's PCM stated that when a transgender or intersex inmate arrives at CEN, the inmate is interviewed to see if he has any concerns specifically regarding safety. CEN would house a transgender or intersex inmate at CEN if the inmate believed it was safe, if the facility felt it was safe, and if he was not on certain Mental Health medication considered "Heat Risk Medications" (inmates who take "Heat Risk Medications" cannot be

safely housed at CAL or any hot, desert facilities with temperatures above 90 degrees because of their potential to impair thermoregulation). There were no transgender or intersex inmates at CEN during site visit.

(d)-CEN PCM stated that should a transgender or intersex inmate be housed at CEN, he would be reassessed at least twice each year to review any threats to safety experienced by inmate. Per CDCR PREA Headquarters, this substandard will soon be included in the DOM and is currently a pending change.

(e)-Interview with PCM affirmed that the facility would comply with this standard should a transgender or intersex inmate be housed there.

(f)-CEN's PCM stated that should a transgender inmate be housed at CAL, and he requested to shower separately, arrangements would be made to accommodate his request.

(g)-CDCR PREA Coordinator stated that the agency and facility does not house inmates based solely on LGBTI status. Per CEN's PCM, CEN is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

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.

(a)-DOM section 54040.6 states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing. CEN Warden reiterated this as practice within the facility. There were no inmates at high risk for sexual victimization placed in involuntary segregated housing in the last 12 months at CEN.

(b) to (e)-CCR Title 15, section 3335. Administrative Segregation amendment effective October 20, 2016 now reads: Non Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include but are not limited to: (d) Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident, 1. If the placement in NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044-Inmate Work Groups and subsection 3190 (b)(5)(c), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days, if so, a review by assigned supervisor shall be completed to determine whether there is a continuing need for separation. All reasoning shall be documented using form CDC 128-G. Warden and Segregated Housing Officer verified facility's practice of following substandards (b) to (e).

Although there were no inmates at risk of sexual victimization housed in involuntary segregation in the past 12 months, the Warden articulated that the facility's primary responsibility is to protect the offender, so involuntary segregated housing may be used if warranted and if this is the last resort to keep the inmate safe. In these instances, the inmate would not normally be housed for more than 30 to 60 days based on investigation and appropriate determination. Warden stated that he would be working closely with PREA Corporate in situations like these and especially if segregated housing is running past 30 days. Possible reassignment to another facility may be in order. A review would be conducted every 30 days while inmate is involuntarily housed in segregation.

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? ☒ Yes ☐ No

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*)

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(a) to (b)-According to DOM, section 54040.7-Detection, Notification and Reporting, an offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member, volunteer, contractor, Office of Internal Affairs, Office of the Inspector General, the Inmate Appeals Process, the sexual assault hotline or through a third party. These reports can be verbally or in writing. In addition, offenders being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security. During the tour, all audit team members observed posters up all around the facility in both English and Spanish informing inmates of the various ways of reporting – to staff, Internal Affairs, Inspector General, or via third party through a family member. The Inmate Orientation Handbook provided to every inmate at intake likewise lists the above. In addition, both staff and inmates were aware of the various ways to report. Specifically, CEN's PCM during his interview confirmed all of the above.

(c)-CCR, Title 15, section 3401.5 (c)-Reporting requirements state that any employee who observes, or who receives information from any source concerning sexual misconduct, shall immediately report the information or incident directly to the institution head, unit supervisor, or highest ranking official on duty, who shall then immediately notify the Office of Internal Affairs. Interviews with staff confirmed the awareness that they knew to accept all reports made in different methods and to verbally document any verbal reports. Interviews with inmates revealed that they too had awareness that they could make reports to staff or through third parties.

(d)-Staff interviews confirmed that staff knew how to report privately. Staff stated that they would report upwards to their supervisor, via the hotline, to the Warden, and to medical personnel.

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 ☐ NA

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

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

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(a)-The agency is not exempt from this standard as it has an appeals process to address inmate grievances regarding sexual abuse. Title 15 Appeals subsection 3084.9(a)(5) relays that inmates who file appeals to report sexual violence or staff sexual misconduct shall be processed as an emergency appeal, which means the appeal goes directly to level two. During the audit's period of review, of the five allegations received, four were received via an appeal.

(b)-CCR Title 15, Section 3084.8(b)(4) states there shall be no time limits for allegations of sexual violence or staff sexual misconduct. Subsection 3084.9(a) (5) through 3084.9(a) (5) (A) (7) states, A grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal and shall be immediately reviewed by the Hiring Authority or designee and processed directly at the second level of review. While the department maintains the right to defend against an inmate lawsuit on the grounds of the applicable statute of limitations, a time limit shall not be imposed upon when an appellant may file such a grievance.

Subsection 3084.8 (c) (2) & (3)-Appeal time limits shows first and second level responses have a time limit of 30 days, third level responses have 60 days. Letter (e)-states, except for the third level, if an exceptional delay prevents completion of the review within specified time limits, the appellant, within the time limits provided in subsection 3084.8 (c). Offender shall be provided an explanation of the reasons for the delay and the estimated completion date. Letter (f)-states, An appeal accepted as an emergency appeal shall be processed within the time frames set forth in subsections 3084.9(a) (4), completion is five working days.

Subsection 3084.6(c) (5) was amended and effective October 20, 2016. It reads as, An appeal may be cancelled for any of the following reasons, which include, but are not limited to: (5) The appeal is submitted on behalf of another person, unless it contains allegations of sexual violence, staff sexual misconduct, or sexual harassment of another inmate.

DOM section 54090.4.1 states that CDCR Form 22, Inmate/Parolee Request for Interview, Item or Service, is readily available to inmates and parolees. Forms available in all general and segregated areas. Section 54090.4.2 states that the inmate or parolee shall complete the CDCR Form 22 and deliver or mail via institutional mail to any staff member who is able to respond to the issue. Section 54040.15.1 limits the agency's 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.

The Sexual Abuse/Assault Prevention & Intervention handbook provided to inmates during intake state that Offenders may file an Inmate/Parolee appeal, CDCR Form 602 in order to report sexual abuse. It goes on to state that appeals relating to the reporting of employee sexual misconduct will go directly to the Warden or Superintendent for immediate review and action.

(c)-Excerpt from CCR Title 15, subsections 3084.9(a)(5) through 3084.9(a)(5)(A)(7) states, "…A grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be

processed as an emergency appeal. The appeal shall be immediately reviewed by the Hiring Authority or designee and processed directly at the Second Level of Review." Also, subsection 3084.7. Levels of Appeal Review and Disposition, states in part, "…(1) Appeal responses shall not be reviewed and approved by a staff person who: (A) Participated in the event or decision being appealed." The same information is mirrored in the Sexual Abuse/Assault Prevention & Intervention pamphlet given to inmates at intake, and also available to inmates at their housing units.

(d)-Title 15 subsections 3084.9(a)(5) through 3084.9(a)(5)(A)(7) and 3084.9(a)(5)(B) through 3084.9(a)(5)(B)(7) were amended effective October 15, 2016. Specifically, the amendments call for an appeal process to response period of no more than a total of 160 days. Whenever there's an allegation of sexual abuse, the facility's appeals process begins directly at the second level and the facility will follow the time parameters associated with each step to include the extension period.

(e)-DOM 54040.7.2 discusses how a third party can file a complaint on behalf of the inmate and it is to be submitted to the hiring authority of the alleged perpetrator. The agency/facility does not require as a condition of processing the request that the alleged victim agree to have the request filed on his behalf.

(f)-Title 15 3084.9 and its proposed regulations cover the requirements of this substandard. An inmate is allowed to file an emergency grievance should he be subject to a substantial risk of imminent sexual abuse, with an initial response within 48 hours, and a final decision within 5 calendar days. There were no emergency grievances filed within the past 12 months.

(g)-DOM 54040.15.1 states, "Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action." CEN did not have an incident of false or bad faith reporting.

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? ☒ Yes ☐ No

- 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.

(a) and (c)-CDCR DOM 54040.8.2-Victim Advocate and Victim Support Person states, "Victims of rape, unlawful sexual intercourse with person under 18, rape of spouse, sodomy, oral copulation, forcible acts of sexual penetration have a right under PC 264.2 and PC 679.04 to victim advocate and victim support person for both the medical examination and investigatory interview." CDCR/CEN has a MOU with Sure Helpline Crisis Center, an agency that provides emotional support services related to sexual abuse and victim advocate services. The term of the contract provided runs through June 30, 2019. Contact information for Sure Helpline Crisis Center is displayed on posters throughout the facility, listed in the Inmate Orientation Handbook, and in the Sexual Violence Awareness brochures provided to inmates. Telephone access is free. The majority of inmates during interview knew about the services available. For those that were not aware, the auditors educated inmates on what was available and explained how they could access the information for help if they needed it.

(b)-The Orientation Handbook advised inmates that the telephone calls from the inmate telephone system are recorded and if PREA allegations are identified on this system, it will be referred to appropriate staff for inquiry and investigation. Inmates were generally aware of the extent of confidentiality with regards to communication with Sure Helpline. Most assumed that the information

they shared would be confidential. Auditor had to inform and educate inmates on the extent of the confidentiality at times.

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

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CDCR website: http://www.cdcr.ca.gov/PREA provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The website outlines ways that visitors, inmate family members or associates, and other community members can privately report sexual abuse or sexual harassment.

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

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(a) to (b)-CDCR DOM 54040.7 requires that staff immediately and confidentially report any PREA violation by staff or inmates whether witnessed or reported, to the appropriate supervisor. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Volunteers/Contractors are also required to report incidents of sexual violence, harassment and staff sexual misconduct to appropriate staff. Staff interviews confirmed the awareness and compliance of this standard.

(c)-CDCR Health Care Services policy, chapter 16, 1.16.1 states that providers are required to report allegations of sexual violence, staff sexual misconduct, and sexual harassment to include informing patients of the provider's duty to report, and the limitation of confidentiality, at the initiation of services. CEO of CEN's Health Care Program confirmed that his staff is trained and well aware of the duty to report sexual abuse amidst their duty with regard to protected health information. CEN's Suicide Prevention Coordinator sitting in on auditor's initial interview with Mental Health during interview was also able to confirm CEN's Mental Health staff's awareness and practice of this standard.

(d)-Interview with the agency PREA Coordinator confirmed that all facilities are well aware of their duty to report under the mandatory laws that apply and staff will work with ISU to ensure that its met. CEN does not house offenders under the age of 15.

(e)-According to CDCR DOM, section 54040.12-Investigations, all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing, it further states that allegations reported to the Hiring Authority, the allegation will be assigned to an LDI to conduct an investigation and utilizing standard investigatory procedures. CEN's Warden confirmed that all allegations of sexual abuse and harassment are reported to the LDI. There were six allegations that were investigated during the audit period. Of the six, CEN provided five completed PREA investigations that were referred to the LDI to investigate. The other had been referred to a higher internal investigative section (OIA) to investigate. Through the review process after the onsite audit, the facility provided the findings of this investigation as well.

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

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CDCR DOM 54040.7 Detection, Notification and Reporting states that CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. Further, DOM 54040.6 Offender Housing states that inmates at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. CEN had no instances in the past 12 months of determining that an inmate was at risk of imminent sexual abuse. Nonetheless, both the agency head/designee and CEN's Warden attested that in the instance where there is substantial risk of imminent sexual abuse, there would be immediate steps taken to protect the inmate. Some of those steps include separating the potential victim from the alleged abuser, interviewing the victim, and determining best housing placement for the victim. Staff interviews also yielded similar responses.

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

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(a) to (c)-CDCR DOM, section 54040.7.4-Notification from/to Other Confinement Facilities state that upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged incident occurred. The notification shall be made via telephone contact or electronic mail and will be followed up with a written summary. Notifications must be made as soon as possible but no later than 72 hours. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. This section further states that the Hiring Authority or agency office receiving the notification shall assign and ensure that the allegation is investigated and reported in accordance with DOM section 54040.12.

There was one instance where an inmate at another facility, California Correctional Institution (CCI) reported that he was allegedly sexually assaulted at CEN by another inmate. CCI's ISU Captain informed CEN's PCM within three and one-half hours. This information was documented via investigative memorandums from both facilities where dates and times were clearly reported.

There were no instances at CEN during the audit period where an inmate reported an allegation of sexual abuse or sexual harassment that occurred at another facility.

(d)-DOM 54040.7.4-Notification from/to Other Confinement Facilities ends with, “Upon completion, a closure report will be returned to the institution where the alleged incident was reported.” Interview with Agency Head or Designee confirmed that should the agency get information of a sexual abuse incident, the agency will notify the Warden of the facility immediately for immediate handling via phone call and/or email. If it is after hours, and a Watch Commander gets information of a sexual abuse incident occurring at another facility, he/she will forward that information to the Watch Commander of the other facility and it will be referred to the LDI for immediate attention and handling. CEN’s Warden stated that CEN would initiate an investigation immediately once they receive a report from another facility or agency that a sexual abuse incident occurred while housed at CEN. A proper and immediate investigation commenced after notification from CCI (mentioned in the above sub-section). This was evidenced through one of the investigative reports provided to auditor where an inmate at CCI reported an alleged sexual assault incident that occurred at CEN.

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*)

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(a) to (b)-CDCR DOM 54040.8-Response and 54040.8.1-Custody Supervisor Responsibilities require that all allegations of sexual violence or staff sexual misconduct be treated confidential and any disclosures only be made to employees who "need to know" and to other persons or entities as permitted or required by law. Initial contact will take the alleged victim to a private secure location and utilize the Initial Contact Guide to complete the tasks associated with the initial contact which includes preservation of evidence, requesting that the alleged victim not take any actions that could destroy physical evidence. The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area and keep a chronological log of all persons entering the crime scene area and purposes for doing so. A checklist for watch commanders to follow in these incidents was developed and currently in use. CEN provided the checklist titled, Custody Supervisor Checklist which covers items (1) through (4) in this substandard. CEN developed little, pink cardstock, guide sheets covering the standard requirements, that Custody Supervisor's first responders carry with them to have handy and use in the instance of learning of a sexual abuse incident. Security and Non-security staff were able to articulate the general points of what their responsibilities were should they become a first responder. There were no instances of sexual abuse incidents in the past 12 months.

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*)

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CDCR DOM 54040.8 Response goes over the expectations of staff (including first responders, Custody Supervisors, Watch Commander, ISU) when first interacting with a victim of sexual violence. In addition, CEN utilizes DOM Supplement, Chapter 5, Article 44, section 54040.1 RESPONSE. This section outlines the written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, as required by PREA standard 115.65. Attachments are included in this supplement that outline steps to take for First Responders, Custody Supervisors, Watch Commanders, and Transportation. CEN's Warden referenced the DOM supplement when asked about this standard. He also stated that this information is presented in training and stressed the importance of ongoing training, especially if these types of incidents don't happen often.

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

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CDCR Collective Bargaining Unit 6 contract effective July 3, 2015 through July 2, 2018 does not limit management'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. CEN provided a current copy of the contract. Agency Head/Designee reiterated that Wardens have the ability at any time to place an employee on Administrative Time Off or redirect the alleged abuser in another position to have no inmate contact.

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 residents 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

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(a) to (e)-CDCR DOM, section 54040.13 states, for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall assign a supervisory staff member to monitor the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation. The assigned supervisor shall notify the PCM of any changes and the PCM shall act promptly to remedy any such retaliation and ensure a CDCR form 2304 or 2305, Protection Against Retaliation (PAR) is initiated which includes; periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. This section also states that the monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need, the obligation to monitor shall terminate if the investigation determines that the allegation is unfounded or proven false.

CDCR DOM, Article 44-Prison Rape Elimination Policy, section 54040.1 states that retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.

CCR, Title 15, Section 3335-Administrative Segregation also addresses the agency's protection measures, such as housing changes or transfers for inmate victims or abusers.

Interview with Agency Head/Designee confirmed policy above via her stance in the matter as she shared there is zero tolerance for retaliation at CDCR and its facilities. There is a robust appeals process and inmates are able to submit staff complaints this way. The Warden is subject to investigate any allegations of retaliation and is supposed to treat a complaint of this nature like any other investigation. She also responded that anyone who fears for their safety oftentimes can be moved.

CEN Warden reiterated all the measures as stipulated in sub-standard (b) that he would immediately take in protecting inmates and staff from retaliation.

The facility records its retaliation monitoring via a Protection Against Retaliation (PAR) form either geared toward an inmate or a staff member. This form would be initiated upon an inmate reporting sexual violence or sexual misconduct, an inmate cooperating with a PREA investigation, and/or a staff member cooperating with a PREA investigation. The purpose of the form is to document monitoring check-ins (occurring once every two weeks) and actions taken as a result of any real or perceived retaliation. If the monitoring is extended past 90 days, the reason for extension is recorded on this form and a new form begins. CEN's PCM or member of the ISU is charged with monitoring retaliation. Audit review discovered spotty PAR reviews either subpar in content and/or in timeliness of review. CEN's current PCM (who was not the PCM prior to May 1, 2017) stated that he understands what is required in the process of monitoring retaliation and will go forward in ensuring PARs are correctly done. To assure that this process will be done correctly, he submitted a memo to the auditor dated December 1, 2017 outlining his plan as to what will be done to ensure the correct, timely monitoring of inmates and/or staff when needed. This review would include meeting with the inmate or staff that reported sexual violence or misconduct twice a month, and checking all elements outlined on CDCR's PAR form for up to 90 days or more if needed.

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*)

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

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DOM section 54040.6 states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing.

CCR Title 15, section 3335. Administrative Segregation amendment effective October 20, 2016 is now read as: Non-Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include but are not limited to: (d) Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident, 1. If the placement in NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044-Inmate Work Groups and subsection 3190 (c), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days, if so, a review by assigned supervisor shall be completed to determine whether there is a continuing need for separation. All reasoning shall be documented using form CDC 128-G.

During interview with CEN's Warden, there have been no instances of involuntary NDS to protect an inmate who is alleged to have suffered sexual abuse in the past 12 months. However, if the facility were to have an instance like this, it would follow this standard's direction as well as standard 115.43. The Warden stated that if NDS were utilized, this would be a last resort for safety purposes. In addition, the inmate would be seen immediately by Committee, and the safest, soonest placement would be determined. Interview with CEN's staff who supervises inmates in segregated housing also confirmed that NDS occurs only until an alternative means of separation from likely abusers can be arranged. He also stated that inmates placed in NDS will still have access to programs, privileges, education, but not work – and that the limitations are documented via Administrative Segregation Unit (ASU) Placement Notice that is recorded in SOMS. Although CEN did not have an alleged victim placed in ASU in the past 12 months, the facility provided an example of an ASU Placement Notice for a non-PREA placement.

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 (l)

- 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

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(a)-CDCR DOM, Article 44-Prison Rape Elimination Act Policy, Section 54040.1 has Locally Designated Investigators (LDI) who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct.

DOM Section 54040.8.1 requires immediate notification to the Hiring Authority which will assign an LDI to conduct inquiry work-until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. Information will be thoroughly documented on a Confidential Memorandum that shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion the alleged victim will be provided written notification of the findings as described in section 54040.12.4, this section states that all incidents shall be investigated and the findings documented in writing. Section 54040.8.1 further states that if it is believed by staff to constitute an emergency they shall report immediately to a supervisor where notifications to OIA, Regional Office, SAC or OIA can be made.

Interview with Investigative Staff confirmed that an investigation is immediately started when there is an allegation of sexual abuse or sexual harassment. Also when there is an anonymous or third-party report, Investigative Staff handles it similarly to how he would handle any other investigation. All five completed investigations of sexual abuse/sexual harassment completed during audit period were provided to auditor.

(b) to (c)-DOM, Section 54040.4 states that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the institutions PCM shall ensure employees investigating these incidents are properly trained. CDCR/CEN provided a copy of their LDI training curriculum and trainer notes which cover their specialized duties when investigating a possible sexual abuse case. Investigative Staff Specialized interview with the ISU Lieutenant (Lt.) yielded a response affirming that he received specialized training specific to PREA abuse investigations. The Lt. was able to articulate the overall points of the training. Auditor reviewed CENs investigative files and determined that the facility followed all components of this standard.

(d)-CDCR Title 15, section 3316-Referral for Criminal Prosecution states that Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged. The Lt. in interview stated that the agency has a DA liaison and investigator he works with in cases where there a prosecutable crime may have taken place. He also stated that compelled interviews are handled by Internal Affairs.

(e)-Lt. affirmed that during an investigation, he would base the credibility of an alleged victim, witness, or suspect on facts. He would not require an inmate victim to submit to a polygraph to proceed with investigation.

(f)-Assistant auditor interview with ISU Lt. confirmed that CEN's investigations include efforts to determine whether staff actions or failures to act contributed to abuse and is documented appropriately. He will look at all pertinent information in all investigations. Assistant auditor review of investigative files supported what the Lieutenant reported in interview.

(g)-Similarly with criminal investigations, the Lt. will document all pertinent information gathered during his investigation. This includes all statements, staff rosters, cell assignments, etc.

(h)-The Lt. confirmed that he would refer all substantiated cases for prosecution. CEN has not referred any cases for prosecution since August 20, 2012.

(i)-CDCR DOM, section 54040.20 states that CDCR shall ensure that all PREA data collected are securely retained and are maintained for 10 years after the date of the initial collection. The PREA instructions for records retention schedule (RRS) Update states that Investigatory file is to be retained in the ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.

(j)-Interview with Lt. revealed that investigations do not stop upon the departure of alleged abuser or victim. The investigation continues until completion despite departure.

(k)-Does not apply.

(l)-CDCR/CAL conducts their own investigations whether administrative or criminal so this substandard does not apply.

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

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

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CDCR, DOM, section 33030.13.1, Investigative Findings defined and the findings of each allegation shall be determined by the Hiring Authority in consultation with the Vertical Advocate for designated cases and the SAIG. In order for a case to be SUSTAINED or substantiated, this section states, "The

investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint. Also, CDCR, DOM, section 33030.17 states that sufficient evidence establishing a preponderance is necessary before any disciplinary action can be taken. The Employee Disciplinary Matrix shall be the foundation for all disciplinary action considered and imposed by the Department and shall be utilized by the Hiring Authority to determine the penalty to impose for misconduct. Auditor review of documentation of standard of proof used in investigative findings followed standard. The Lt. during interview reiterated the same level of standard in substantiating a sexual harassment or sexual abuse allegation.

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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ 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*)

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

Instructions for Overall Compliance Determination Narrative

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(a) to (d)-CDCR DOM 54040.12.5-Reporting to Offenders state for Staff on Offender that following an offender's allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. THE PCM or designee shall inform the offender, unless determined to be unfounded, whenever the alleged abuser is no longer posted within the inmate's unit, is no longer employed at the facility, has been indicted or convicted of the alleged sexual misconduct. This section further states that following an investigation into an offender's allegation of sexual violence by another offender, the

institution shall inform the alleged victim of the outcome of the investigation and whenever the alleged abuse has been indicted or convicted of the alleged sexual violence. The agency's obligation to report or inform the offender shall terminate if the offender is released from the agency's custody. In addition, DOM 54040.8.1 Custody Supervisor Responsibilities states, "Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.4. CEN informed all inmates at CEN who alleged sexual misconduct by staff, the outcome of their allegations – all four were unfounded. Documentation of the notifications to the inmates were provided. Both the Warden and LDI during interview confirmed that alleged victims are notified of investigative outcomes. Per CEN's Warden, the inmate is given a copy of a General Chrono (CDCR-128B) that has the investigative outcome on it. Because CEN does not have the inmate acknowledge receipt of investigative findings in any way, it was recommended during the exit meeting that the alleged victim sign off on chrono acknowledging receipt of the notification.

(e)-CDCR DOM 54040.12.5 Offender on Offender states that following an investigation that an inmate suffered from sexual violence by another offender, the institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been indicted on the alleged sexual violence or convicted of the charge.

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

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(a) to (d)-CDCR Title 15, section 3401.5 (a)-Employee Sexual Misconduct states that any sexual behavior between an inmate / parolee, departmental employee, volunteer, agent or individual working on behalf of CDCR shall subject the employee to disciplinary action and/or prosecution under the law.

DOM, section 33030.15 relates the types of adverse action penalties, there are five types of penalties for adverse actions; (15.1) Letter of Reprimand, (15.2) Salary Reduction, (15.3) Suspension without Pay, (15.4) Demotion to a Lower Class, (15.5) Dismissal from State Service. Section 33030.16 displays the Employee Disciplinary Matrix Penalty Levels, there are nine levels ranging from official reprimands, suspensions, salary reductions and dismissals. According to section 33030.19-Employee Disciplinary Matrix (EDM) number (18)-Over-familiarity with an inmate(s)/parolee(s) would follow a penalty of (6) which is, salary reduction of 10 for 13-24 months or suspension without pay for 26-48 work days. EDM number (19)-Sexual Misconduct with an inmate(s)/Parolee(s) would follow a penalty of (9) which is, Dismissal.

CDCR DOM, section 54040.12.3 and 12.4 state for all employees, contractor or volunteers that all terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.

During the audit period, there were no CEN staff, volunteer, agent or individual working on behalf of CDCR that violated agency sexual abuse or sexual harassment policies. CDCR/CEN's policies are clear in that staff that engages in sexual abuse or sexual harassment is subject to disciplinary sanctions commensurate with the actions up to termination. However, outside of the audit period, there was one staff member that violated the sexual harassment policies at CEN. This staff member was suspended

for six days. In addition, the victim in this case stated during the interview with auditor that this particular staff member apologized to him for his actions.

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

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

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(a)-CDCR DOM 54040.12.4 states, "Any contractor or volunteers who engages in staff sexual misconduct shall be prohibited from contact with the offenders and shall be reported to relevant licensing body by the hiring authority or designee."

CDCR contractor/volunteer Bid/Agreement provision number (5) explains that any contract employee who engages in sexual abuse of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal, and shall be subject to reporting to relevant licensing bodies. The agreement also states that by signing the contract they agree to all provisions and shall abide by the laws, rules and regulations governing conduct in associating with prison inmates or wards.

There was no contractor or volunteer within the past 12 months that engaged in sexual abuse.

(b)-CDCR DOM, section 101090.9-Termination states that the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation or threatens security and safety of the volunteer, employees, public, or inmates. Termination can be carried out in an expeditious manner if there is evidence of volunteer misconduct that includes acts of inappropriate familiarity with inmates, parolees, participating in behavior either on or off duty that is of such nature that it may cause discredit to CDCR or its services. Interview with CEN's Warden indicated similarly of the DOM excerpt. He would temporarily ban contractor/volunteer contact with inmates until the results of the investigation are clear. If not clear, the individual would be permanently banned and would be referred to the local law enforcement agency.

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)

- 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*)

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

Instructions for Overall Compliance Determination Narrative

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(a) to (b)-CDCR subjects inmates to a disciplinary process and sanctions for those who engage in sexual abuse and sexual misconduct. Sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history as described in CCR Title 15, section 3323m Disciplinary Credit Forfeiture Schedule which describes the level of rule violation and DOM, section 54040.15-Disciplinary process. DOM 54040.15 states, that upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegations of sexual violence warrants a disciplinary/criminal charge, a CDCR form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR, Title 15, sections 3316, 3320 for hearing procedures, time limitations and referral for criminal prosecution. CEN's Warden stated that the facility follows this process. There were no administrative and/or criminal findings of inmate-on-inmate sexual abuse at the facility within the past 12 months.

(c)-Warden's interview revealed that CEN considers an inmate's mental disabilities or mental illness when determining what type of sanction should be imposed. He stated that if the inmate in question has mental health issues, Mental Health will do an assessment and give a recommendation before the hearing takes place.

(d)-According to DOM 54040.7, an offender who during the initial intake screening reports that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, mental health referral chrono. Interview with CEN's Psychologist/Suicide Prevention Coordinator stated that the facility offers mental health services to offenders who have sexually abused another offender though would not require the offender to participate in services or interventions as a condition of access to programming or other benefits.

(e)-Title 15, 3323 Disciplinary Credit Forfeiture Schedule outlined that in inmate who commits Rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will shall be assessed credit forfeiture ranging from 181-360 days. There were no substantiated cases of inmate sexual contact with staff where the staff member did not consent to such contact.

(f)-DOM 54040.15.1, Alleged Victim-False Allegations states that CDCR and its facilities will not apply disciplinary action against an inmate for filing any report of sexual violence, or staff sexual misconduct, unless it is clearly demonstrated and documented that the inmate knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. CEN had no incidences of disciplining an inmate for false reporting.

(g)-CCR Title 15, section 3007- Sexual Behavior, inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults.

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? ☒ Yes ☐ No

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

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(a) to (c)-CDCR DOM, section 54040.7, referral for Mental Health Screening states that if it is reported by an offender during the initial intake screening, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the

community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, Mental Health Referral Chrono. Auditor during tour of intake area observed a medical/mental health satellite office where all new intakes are seen as part of the initial screening. The Intake Officer during interview stated that all inmates who disclose either previous sexual abuse or previously perpetrating sexual abuse, will be immediately be offered a follow-up meeting with a mental health practitioner. That inmate will be seen within 24 hours. Although the Mental Health Services Delivery System Program Guide Overview states that a mental health referral be seen immediately and maintained upon constant staff observation until seen (if deemed Emergent), 24 hours (if deemed Urgent), or 5 days (if deemed Routine), the Senior Psychologist stated that their practice is once a victim or perpetrator is referred to Mental Health, he will be seen within four hours.

This auditor reviewed documentation on two instances where inmates who disclosed victimization and/or harassment were seen within 14 days by Mental Health. This information is kept confidential and secure in the Mental Health trailer. Facility staff ensured confidentiality by redacting any identifying information if copies of documents were provided to auditor.

CDCR Health Care Services, volume 1-Governance and Administration, chapter 16 states that to ensure that medically necessary emergency and follow-up treatment is provided to patients who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment. There is no cost to the alleged victim regardless of whether they name the abuser or cooperate with any investigation arising from the incident.

Chapter 3, Health Care Transfer Process states that the reception Registered Nurse shall review all inmate-patients and determine if the acuity or complexity of their problems requires more urgent referral than (14) days (high risk inmate-patients). Referrals to Mental Health sections indicates that any inmate can be referred for mental health services at any time. Inmates who are not identified at Reception or upon arrival at an institution as needing mental health services may develop such needs later. Any staff member that have concerns about an inmate's mental stability are encouraged to refer that inmate for evaluation by a qualified mental health clinician. Under circumstances, referral to mental health may be mandatory. A referral to mental health should be made whenever an inmate has been identified as a possible victim per the Prison Rape Elimination Act and when an inmate demonstrates sexually inappropriate behavior as per the Exhibitionism policy. Referrals to mental health may be made on an Emergent, Urgent, or Routine Basis. Emergent referrals are seen immediately, Urgent referrals are seen within 24 hours and Routine referrals are seen within five working days. All referrals are made on the CDCR-MH5 Mental Health Referral Chrono and forwarded to the mental health office. Emergent and Urgent referrals should also be made by phone to facilitate a timely response.

(d)-Throughout audit, CDCR PREA corporate staff, upper-level facility staff, medical and mental health staff, and the PCM relayed that information related to sexual victimization or abusiveness is shared on a need-to-know basis.

(e)-CDCR utilizes Authorization for Release of Information (CDCR 7552) to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Information may be released to others including but not limited to authorized law enforcement agencies, authorized prosecutors and other appropriate agencies to include health care information. Form CDCR MH-7488, Informed Consent for Mental Health Care is utilized for mental health services while in CDCR. Assessments, treatment, testing and recording of treatment are kept electronically. Interview with the CEO of Healthcare and the Psychologist/Suicide Prevention Coordinator both confirmed the facility's adherence to this substandard with regard to informed consent.

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.

(a)-Health Care Services policy, volume 1, chapter 16 states that California Correctional Health Care Services (CCHCS) shall provide medically necessary emergency and follow-up treatment; follow-up plans; and necessary referrals to CCHCS patients who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties under CDCR PREA policy.

Health care staff are responsible to provide emergency care until the alleged victim or suspect can be sent to the county Sexual Assault Response Team (SART) facility for forensic clinical evaluation and treatment, and/or hospital for medical stabilization, determine if the injuries sustained by the alleged victim qualify as serious bodily injury as defined in the CCR and report the injuries. The policy further states that health care must ensure a follow-up testing for pregnancy, sexually transmitted infections/diseases (STI/STD), and HV, as indicated; and provide follow-up clinical care as indicated.

Health Care Services policy, volume 4, chapter 12 states that CCHCS, CDCR, and the Division of Correctional Health Care Services (DCHCS) shall ensure that medically necessary emergency medical response, treatment, and transportation is available, and provided twenty-four hours per day to patient-inmates, employees, contract staff, volunteers, and visitors. The policy also covers operating procedures in the event of an emergency and ensures that at least one Registered Nurse is available on-site at each institution twenty-four hours a day, seven days a week for emergency health care.

CEO of Healthcare confirmed that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. These victims would be treated like an ambulance emergency. They would be placed in the facility's trauma and triage area. CEN has two separate trauma and triage rooms with hard walls. CEN's medical staff would assess their medical condition, keeping in mind to preserve evidence. They would also be determining whether the victim/patient is medically safe for transport. During audit, CEO of Healthcare gave auditor visual access to electronic medical records of inmates that validates date, purpose and content of visit or treatment.

(b)-All security and non-security staff interviewed knew the preliminary steps to protect the victim and to report the incident to medical and mental health in the event a report of sexual abuse is made.

(c)-CDCR DOM, section 54040.10 states that upon return of the victim from the SART/SANE Exam one of the processes are that the offender, if appropriate, shall be given educational materials to provide information related to the medical and mental health conditions which may have resulted after a sexual violence/staff sexual misconduct incident. CEO of Healthcare stated that the SART Nurse will inform the victim about sexually transmitted infections prophylaxis.

(d)-According to Health Care Services policy Volume 1, chapter 10 and 16, there are no financial cost for the inmate in regards to treatment and services related to sexual abuse or assault, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

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.) ☒ 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.) ☐ 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.

CDCR Health Care Services policy, volume 1, chapter 10 and 16 and DOM, section 54040.10 addresses paragraphs (a) to (h) as medical and mental health evaluations, treatment, and follow up services are offered to all inmates who have been victimized by sexual abuse in any institution. CDCR provides follow-up medical and mental health services to include treatment plans and when necessary referrals for continued care when transferred or placed in other facilities. During interview, CEN's Psychologist/Suicide Prevention Coordinator outlined the evaluation and treatment of a victimized inmate to include forward treatment plans if needed. She also affirmed that the level of care at CEN mirrors community level of care and gets better every six months. Similarly, CEO of Healthcare stated that CEN's medical and mental health services offered are consistent with community level of care, and further that their staff might argue better than. This auditor reviewed a treatment plan and went over CEN's system of follow-up and treatment planning with the Chief of Mental Health. Materials shared and reviewed as well as explanations of their process reflected compliance with this standard.

Though PREA standard 115.83(d)-1 and PREA standard 115.83(e)-1 (pregnancy related) is not applicable to CEN, because the facility does not house female inmates, the policy states that victims of vaginal penetration are offered pregnancy tests among other STD testing, treatment and relevant information.

(g)-Further it is written that there is no financial responsibility for the inmate in regards to treatment and services related to sexual abuse or assault, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

(h)-Though there is nothing stating that mental health evaluation of all known inmate on inmate abusers within 60 days of learning of history are offered treatment, health care policy states that they see any inmate that is referred for mental health services at any time and seen immediately or within five calendar days dependent on the urgency level of the referral. CEO of Healthcare also stated that as soon as they get a mental health referral, whether in intake or from any other source, the inmate would be seen immediately or within 5 calendar days. This would apply to an inmate-on-inmate abuser once discovered.

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.

(a)-CDCR DOM 54040.17-Institutional PREA Review Committee (IPRC) states that each Hiring Authority is required to conduct an incident review at the conclusion of every sexual violence or staff sexual misconduct investigation, including allegations that have not been substantiated. Reviews are not required for allegations that have been determined to be unfounded. There were two substantiated or unsubstantiated sexual abuse cases during the audit period. CEN provided auditor with the two required reviews. Due to the delay in review, PCM submitted a memo to auditor outlining how he would ensure the timely review of a substantiated or unsubstantiated sexual abuse investigation once the investigation was complete.

(b)- DOM 54040.17 Institutional PREA Review Committee states that the PCM shall normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 60 days of the date of discovery. Although CDCR policy directs a review within 60 days of the start of a sexual abuse investigation, through discussion with this auditor, the PCM stated that he would follow DOJ PREA standards and schedule reviews with the IPRC within 30 days of the conclusion of the investigation. This practice was provided to auditor via a written memo dated November 22, 2017.

(c)-The IPRC includes upper-level management officials that includes input from line supervisors, investigators, and medical or mental health practitioners. Warden's interview confirmed this practice – he stated that the committee allows and encourages input from supervisors, investigators, medical or mental health or anyone who has knowledge or information pertaining to the case. He further stated that he would be present in the committee and if he is not in, the Chief would be part of the committee. Confirming this, the required reviews during audit period that were provided to the auditor reflected the compliance of this standard via the presence of the following team composition: Warden (or Chief Deputy Warden in the other review), PCM, Managerial employee who was also the ISU Supervisor, Sergeant from Training, and a Health Care Clinician.

(d) to (e)-Again taken from DOM 54040.17, IPRC considers:

- whether the allegation or investigation indicates a need to change policy, practice to better prevent, detect, or respond to sexual abuse;
- whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- examines the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse;
- if the staffing plan was not complied with, this fact shall be documented during this review and addressed in the corrective action plan;
- assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and,
- prepare a report of its findings and any recommendations for improvement;
- Determine a plan to correct findings and document in the report and implement of the action plan or reasons for not doing so.
- Submit the report to the Hiring Authority for final review with a copy to the Departmental PREA Coordinator.

Interviews with the Warden, PCM, and Incident Review Team all covered points required by standard. All relayed that reviews are important, all the factors are considered, and if there is an ameliorative point, it will be implemented where feasible.

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.

According to CDCR DOM, section 54040.19-Tracking-Data Collection and Monitoring, CDCR has a procedure to collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control. CDCR uses the SSV-IA form as a standardized instrument with a set of definitions for all allegations of sexual abuse and misconduct incidents.

Section 54040.19 further states that, the Office of Internal Affairs maintains records of investigations into allegations of staff/offender sexual misconduct, and will report by case number, the type of sexual misconduct, subcategory; whether the allegations were sustained; and whether a DA referral was made. CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30.

CDCR provided 2015 aggregated data submitted to DOJ via SSV-2. 2016 data is due to DOJ August 15, 2017.

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*)

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☐ **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)-CDCR DOM, section 54040.17 states that the agency is required to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices and training. On an annual basis the Department PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the institutional PREA committee. The departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. The final report will be routed through the chain of command to the agency Secretary for review and approval, once it is approved the report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website. Interviews with the Agency Head/Designee, the PREA Coordinator, and the PCM all revealed that they agency collects and uses aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training.

Completed SSV-IA forms were provided with the respective allegations/investigations they provided to auditor. As well, interviews with the Agency Head/Designee, the PREA Coordinator, and the facility's PCM all attested that the facility collects data, aggregates data, and analyzes the information to assist them in creating a safer environment for the inmates and staff. The Agency Head/Designee approves the agency's report annually which is provided on their website.

(b) to (d)-CDCR DOM, section 54040.19 states that CDCR shall aggregate the incident-based data at least annually, reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual violence and staff sexual misconduct. The report shall be approved the CDCR Secretary and made available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility; however, the report must indicate the nature of the material redacted. CDCR's Agency Head/Designee stated that she approves the annual reports. PREA Coordinator stated that personal identifiers are redacted from reports.

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*)

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

Instructions for Overall Compliance Determination Narrative

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(a) to (d)-According to CDCR DOM, Section 54040.20 CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. PREA Coordinator stated in interview that only the PREA Headquarters have the data on a share point (on one log) that is accessible only by people assigned to PREA.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) ☐ Yes ☒ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☒ No

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

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This standard is rated as a "meets standard" based on clarification received from the PRC. This new addition to the "Audit Report" format did not consider agencies who provided Governor Assurances in the First Cycle of PREA audits. The PRC staff and the DOJ Attorney indicated that agencies shall not be penalized for not fully participating or completing the first cycle of PREA audits. This clarification required that CDCR and CAL be judged pursuant to their progress for compliance in the Second Cycle of PREA audits. CDCR has in previous years submitted Governor Assurances and is currently working to ensure that one third of their facilities are audited in the first year of the Second Cycle of PREA audits. This commitment by CDCR was reiterated and confirmed during CHCF's auditor interviews with the Director and the PREA Coordinator.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ 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*)

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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.

CDCR has submitted Governor Assurances and California is working to ensure that one third of their facilities are audited in the first year of the Second Cycle of PREA audits. The completed CDCR PREA Audit reports are located the CDCR website at http://www.cdcr.ca.gov/PREA/Reports-Aduits.html.

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.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Heather D. Kimura January 9, 2018

Auditor Signature **Date**

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

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.