

PREA AUDIT: AUDITOR'S SUMMARY REPORT

Adult Prisons and Jails

[Following information to be populated from pre-audit questionnaire]	
Auditor Information:	
Auditor Name: Rebecca Ehlers	
Address: Boonville Correctional Center, 1216 E. Morgan St. Boonville, MO 65233	
E-Mail: rebecca.ehlers@doc.mo.gov	
Telephone number: 660-882-6521 ext. 104	
Facility Information:	
Facility Name: California Medical Facility (CMF)	
Facility physical address: 1600 California Dr., Vacaville, CA 95696	
Facility mailing address: (if different from above)	
Facility telephone number: 707-448-6841	
Date of facility visit: March 7 - 9, 2017	
The facility is: <input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal XX State <input type="checkbox"/> Private not for profit	
Facility Type: <input checked="" type="checkbox"/> XPrison <input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Robert Fox	
Number of staff assigned to the facility in the last 12 months: 1566	
Designed facility capacity: 2744	
Facility security levels/inmates custody levels: Levels I and IV	
Age range of population: Adult 18+	
Name of PREA Compliance Manger: Jeff Nelson	Title: Associate Warden
E-Mail Address: Jeffrey.nelson@cdcr.ca.gov	Phone Number: 707-449-6545
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, Sacramento, CA 95811	
Mailing address: (if different from above) P.O. Box 942883, Sacramento, CA 94283	
Telephone Number: 916-985-2561	
Agency Chief Executive Officer	
Name: Scott Kernan	Title: CDCR Secretary
E-Mail Address: scott.kernan@cdcr.ca.gov	Telephone Number: 916-445-7688
Statewide PREA Coordinator	
Name: Shannon Stark	Title: Correctional Captain
E-Mail Address: Shannon.stark@cdcr.ca.gov	Telephone Number: 916-324-6688

AUDIT FINDINGS

NARRATIVE:

A PREA audit was conducted at the California Medical Facility (CMF) March 7 - 9, 2017. CMF is located in Vacaville, California, a small community located 35 miles southwest of Sacramento. Audit team consisted of Rebecca Ehlers, DOJ Certified Lead Auditor/Deputy Warden and two support staff Adam Albach, Assistant MODOC PREA Coordinator and Terrena Ballinger, Deputy Warden.

The Notice of Audit was posted throughout the facility 6 weeks prior to the scheduled onsite audit. The team received two letters from CMF offenders prior to the audit and one letter was received via email on March 7, 2017. All three offenders were contacted during the onsite audit. The audit team received the Pre Audit Questionnaire (PAQ) in early February 2017, which provided the audit team with ample time to conduct a thorough review of the documentation provided. The lead auditor corresponded with both the PREA Coordinator as well as the facility's PREA Compliance Manager prior to the audit. A detailed agenda was provided to the PREA Compliance Manager and PREA Coordinator prior to the audit.

The audit chair divided the standards, by subject matter, and assigned specific standards to each member of the team. This allowed for an in-depth document review prior to the audit and for additional record review while on site.

The team arrived at CMF at 9:00 AM on March 7, 2017, where we met with the facility's executive staff as well as representatives from CDRC PREA Unit. The meeting allowed for introductions, time to answer questions and outline the agenda for next 3 days. Following the meeting, the audit team began their tour of the facility which included offender housing units, Segregated Housing Unit, Food Service, Recreation, Maintenance areas, Chronic Care Units, Hospice Unit, Support Services areas, Firehouse, Minimum Support Offender Housing and programming areas.

Due to the size of the facility, the auditors toured as a group in the morning and split up in the afternoon in order to cover all areas of the facility. During the tour the auditors spoke briefly with both staff and offenders.

Following the tour, the auditors were provided with offender rosters by housing unit, staff rosters which included shift and title; and, lists of specialized staff and offenders. Random offenders from each housing unit area and staff from all shift where selected to interview. The team began interviews following the tour and completed interviews on March 9th. The audit team interviewed a total of 36 staff which included 12 random staff, 24 specialized staff and volunteers. The agency head, PREA Coordinator and the agency contract administrator were interviewed during the previous audit. In addition the team interviewed a total of 22 offenders which included 9 random offenders and 13 specialized offenders. CMF does not house youthful offenders. At the time of the audit the facility identified no LBGTI offenders, however the audit team was provided a list of 7 offenders who identified themselves as transgender and 5 of these offenders were interviewed. There had been no offenders

housed in segregated housing due to risk of sexual victimization. During the onsite audit the team also reviewed randomly selected personnel files, investigative files and mental health records.

DESCRIPTION OF FACILITY CHARACTERISTICS

CMF was established in 1955 by the California Legislature to provide a centrally located facility to meet the medical and mental health needs of adult males incarcerated within the California Department of Corrections and Rehabilitation (CDCR). CMF covers 250 acres and is located in the city of Vacaville, Solano County. Vacaville is located 37 miles southwest of Sacramento and 65 miles northeast of San Francisco.

CMF is known as the California prison System's health care "flagship". CMF provides health care services to include primary care, chronic care, specialty care clinics, occupational and physical therapy, mental health treatment, end of life/palliative care services, services for visually and hearing impaired and services for those with developmental disabilities.

In addition, the facility operates a 79 bed, level I Minimum Support Facility (MSF). The MSF houses non-violent offenders and is located outside the security fence along with the Fire house/Ranch. At the time of the audit 56 offenders were assigned to this area.

The facility is designed to house 2744 offenders. On the first day of the audit, March 7, 2017, CMF housed 2,565. The PAQ showed CMF having 48 buildings with 11 multiple occupancy cell housing units, 22 open bay/dorm housing units, 19 single cell housing units and 200 segregation cells. CMF has very minimal video monitoring capabilities. Cameras are positioned to provide surveillance in elevators, the main recreation yard, visiting areas and in main corridors.

SUMMARY OF AUDIT FINDINGS:

The audit team was impressed with the cleanliness and overall appearance and upkeep of the facility. Staff conducted themselves in a professional manner and appeared to take great pride in their positions. It was evident staff took their jobs seriously and viewed offender safety as very important. Staff, throughout the facility, were cooperative and assisted the audit team during the three day audit process.

An exit meeting was held on March 9, 2017 with Warden Fox, Jeffrey Nelson, Associate Warden/Site PREA Coordinator, Shannon Stark, CDCR PREA Coordinator and select administrative staff from CMF and the state PREA Unit for an overall review of the audit initial findings and recommendations. Staff appeared receptive to the recommended changes and had already begun to plan for necessary changes to meet reach compliance standards.

The following standards required corrective action:

- 115.15 Limits to cross-gender viewing and searches
- 115.33 Inmate education
- 115.35 Specialized training: Medical and mental health care
- 115.41 Screening for risk of victimization and abusiveness
- 115.42 Use of screening information
- 115.51 Inmate reporting
- 115.72 Evidentiary standard for administrative investigations
- 115.87 Data collection

The PREA Auditors worked with the PREA Coordinator and the facility to develop corrective action plans for each deficient standard. Following the receipt of the initial audit report, CMF began their corrective action period during which they provided documentation to demonstrate compliance with the standards noted above. Please see the following report for specific action the facility and the state agency took to reach compliance.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards that do not apply: 1

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply Auditor comments, including corrective actions needed if does not meet standard	
<p>Department Operations Manual (DOM), Chapter 5, Article 44, section 54040 establishes the agency's zero tolerance for sexual violence, staff sexual misconduct and sexual harassment. This policy also dictates the agency will provide guidelines for prevention, detection, response, investigation and tracking of sexual abuse and harassment.</p> <p>The agency has a designated employee appointed as the PREA Coordinator who indicates that she has sufficient time and authority to oversee the implementation and ongoing compliance of PREA standards with the agency's facilities. The PREA Coordinator reports to the Associate Director of Female Institutions. The agency has designated PREA Compliance Managers at each of its 35 institutions. The PREA Compliance Managers are responsible to ensure PREA compliance at their respective facility. CMF's PREA Compliance Manager indicated he has sufficient time and authority to oversee the facility's efforts towards compliance. The PREA Compliance Manager also oversees the Investigative Services Unit and reports directly to the Warden.</p>	

115.12	Contracting with other entities for the confinement of inmates
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply Auditor comments, including corrective actions needed if does not meet standard	
<p>CDCR has 9 contracted prisons: Tallahatchie County Correctional Facility, La Palma Correctional Center; Golden State Modified Community Correctional Facility; Desert View Modified Community Correctional Facility; Central Valley Modified Community Correctional Facility; McFarland Female Community Reentry Facility; Shafter Modified Community Correctional Facility; Delano Community Correctional Facility and Taft Modified Community Correctional Facility. Contracts provided to the auditor include the contracted facility's obligation to adopt and comply with PREA standards. The Contracted Bed Unit provides oversight and contract monitoring to all of the above contracts. All contracted facilities have been audited by a DOJ certified PREA auditor. Of the 9 contracted facilities, seven are in full compliance and the final PREA audit reports have been posted on the contracted agency's website. The other two facilities are in corrective action.</p>	

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

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

CMF's staffing pattern considers all components required by this standard. When determining how staff will be deployed the facility considers the following: physical plant structure, mission of the facility, composition of offender population, along with substantiated and unsubstantiated incidents of sexual abuse. The facility has not had any findings of inadequacy made by federal investigative agencies or internal or external oversight bodies.

CMF has not deviated from their standardized staffing pattern. CDCR has a computer based program called Telestaff. This program is designed to show the Watch Commander any discrepancies and variations to the staffing pattern. For example, if an officer calls in sick or is on vacation that information is entered into the Telestaff system. The Watch Commanders can then run a report that shows where the vacancies are on a particular shift, which allows the Watch Commander to quickly locate where necessary adjustments should be made for proper supervision.

DOM Chapter 5, Article 44, section 5040.17.1, states the staffing pattern will be reviewed whenever necessary but no less frequently than once a year, in consultation with the Department PREA Coordinator. The staffing plan analysis submitted by CMF considers all components of subsection (a) of this standard.

CMF's intermediate and higher level security staff conduct and document unannounced rounds, as outlined in section 54040.4 of the DOM. The security personnel who conduct the rounds do not alert other staff to when these rounds are occurring. All unannounced rounds are documented in the unit log book. This practice was verified on site by reviewing unit log books. Also, staff interviews supported that security supervisors make frequent unscheduled visits.

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

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

CMF does not house youthful offenders.

115.15 Limits to cross-gender viewing and searches

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

DOM Chapter 5, Article 19, Section 52050.16.5 prohibits cross gender visual body cavity searches and states that correctional personnel shall not conduct visual body cavity searches on opposite sex offenders except in exigent circumstances. In addition, should a cross gender visual body search be required during an exigent circumstance, DOM Chapter 5, Article 44, section 54040.5 Searches shows the search must be documented using a Notice of Unusual Occurrence document and reviewed by the staff member's supervisor then routed to the PREA Compliance Manager. The PAQ indicates the facility has not conducted any opposite gender strip searches in the past 12 months. This was supported by interviews with both staff and offenders.

The facility does not house female offenders therefore, 115.15 (b) and (c) does not apply.

In addition, DOM Chapter 5, Article 44, Section 54040.4 Preventative Measures, require staff of the opposite biological gender to announce their presence when entering a housing unit. This announcement is required at the beginning of the shift and/or when the status quo within the housing unit changes. It was observed during the tour and noted that female staff were announcing their presence upon entry into the unit.

DOM Chapter 5, Article 19, Section 52050.16.7 outlines the agency's procedure if the offender's genital status is unknown. If staff is unable to determine the genital status of an offender through medical records or an interview with offender, then a standard medical evaluation shall be conducted. Once information is collected and documented, the Institution Classification Committee will determine appropriate classification and housing placement for the offender.

Searches and Inmate Property, Section 5 of the training curriculum, outlines how staff members are to conduct pat searches on transgender offenders. Male offenders who identify as female will be searched with the female search method on the upper body which requires staff to use the back of their hands when searching the chest of the offender. A random review of training records indicated staff received this training.

Below were noted as cross gender viewing issues which were corrected while on-site:

- Segregation Unit- additional material was added to cover a portion of the windows on the shower doors.
- Y Dorm- a moveable partition was added for the offenders to use while toileting.
 - Vinyl curtain was added in the shower area.
 - Partition was installed for offender urinal.
 - Mirror was adjusted so offenders could not be viewed while toileting.
- R&R- Vinyl curtains were installed for offenders to use while toileting.
- Gym- Partition added on the bottom portion of door.
- Carpet Shop Bathroom- Additional material added to top of half door.
- S1- Frosted bottom windows on cell doors.
- S2- Frosted bottom windows on cell doors.
- Visiting Room Bathroom- Security mirror adjusted.
- Clothing Distribution- Partition installed in offender bathroom.
- O Wing- Partition added in bathroom and Security mirror adjusted.

During the tour of the Minimum Support Facility (MSF) it was noted that Housing Unit 1 had recently been renovated to provide privacy in the bathroom area to allow privacy when toileting and showering. Housing Units 2 and 4 were currently under renovation and will mirror Housing Unit 1 upon completion. Housing Units 3, 5, 6 and 7 were closed at the time of the audit.

The following two dorms still need corrected:

C Dorm Restroom- The barrier that surrounds the showers does not come up high enough to provide adequate privacy. The two end toilets on each side of the restroom can be viewed from multiple angles. Also, the handicap toilet does not have a privacy barrier to obstruct view of offender performing bodily functions.

D Dorm Restroom- The barrier that surrounds the showers does not come up high enough to provide adequate privacy. The two end toilets on each side of the restroom can be viewed from multiple angles. Also, the handicap toilet does not have a privacy barrier to obstruct view of offender performing bodily functions.

Corrective Action:

- Additional material needs to be added on the shower barrier to provide additional privacy. Privacy barriers should be installed for the two end toilets and the handicap toilet.
- Provide documentation which demonstrates renovations were completed in MSF Housing Units 2 and 4.
- Provide documentation which demonstrates renovations have been completed prior to reopening/assigning offenders to MSH Housing Units 3, 5, 6 and 7.

Recommendation: Additional security mirrors are recommended for the Canteen and Warehouse to assist staff in monitoring blind spots.

Corrective Action Period:

During the corrective action period, the facility addressed each cross gender viewing issue noted during the tour and provided pictures to the auditors to demonstrate compliance. Noted below are the actions taken to prevent cross gender viewing at CMF:

- **C and D Dorm Restrooms** – Auditors were provided several pictures which demonstrated renovations had been made which included privacy barriers to obstruct the view of offenders performing bodily functions in toilet areas and showers.
- **Minimum Support Facility (MSF)** – Auditors were provided pictures which demonstrated renovations had been made to Units 2, 3, 4, 5 and 6 located in the MSF. Offenders have been shifted from unit to unit as renovations took place. Offenders are not housed in units which have not been renovated.

115.16 Inmates with disabilities and inmates who are limited English proficient

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

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

The facility has taken the steps necessary to ensure offenders with disabilities have equal opportunity to participate in and benefit from all aspects of the CDCR’s efforts. The agency has a standard agreement with Interpreters Unlimited, Inc. to provide interpreter services to non-English speaking and otherwise developmentally disabled offenders. During the site tour the auditors noted that PREA postings in both English and Spanish throughout the facility CMF offers the offender handbook in both English and Spanish and PREA Education video in both English and Spanish is played on the facility’s closed circuit network. Agency policy, Title 15 requires assistance to offenders whose, “Test of Basic Education (TABE) score is 4.0 or lower.” Employees are required to query the offender to determine whether or not assistance is needed to achieve effective communication.

DOM Chapter 5, Article 44, Section 54040.7 states, “The department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first response duties, or the investigation of the offenders allegations.” Interviews show CMF does not use offender interpreters for PREA event reporting. Offender interviews indicated staff take appropriate measures to assist offenders when needed.

115.17 Hiring and promotion decisions

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

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

DOM Chapter 3, Article 6, Section 31060 Appointments supports (a) of this standard and outlines the agency's protocol for hiring and promotions. Section 31060.3 mandates the hiring authority not hire or promote anyone who may have contact with offenders, who: has engaged in sexual violence or staff sexual misconduct, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over 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 any of the activity mention above.

Part of the agencies pre-employment process is for the applicant to complete form CDCR 1951. This form directly asks the applicant about past encounters of sexual abuse and sexual harassment. Policy also shows the agency will provide information on substantiated allegations of sexual abuse and harassment involving a former employee upon request.

CDCR requires a criminal records check prior to employment. The agency utilizes a method known as Live Scan to obtain the criminal history potential employees. Each applicant is required to consent to a fingerprint to be submitted to Live Scan, which reveals the applicant's previous criminal history and then continues to monitors the employee throughout that employment with CDCR. Should an employee be involved in any criminal matters the Live Scan will immediately alert the appropriate personnel. The agency requires contractors to conduct criminal background checks for each contract employee who have contact with offenders, and submit written certification that the criminal background check was conducted.

CDCR requires a criminal records check prior to employment. The agency utilizes a method known as Live Scan to obtain the criminal history for potential employees. Each applicant is required to consent to a fingerprint to be submitted to Live Scan, which provides the applicant's previous criminal history and then continues to monitors the employee throughout their employment with CDCR. Should an employee be involved in any criminal matter, Live Scan will immediately alert the appropriate personnel. The agency requires contractors to conduct criminal background checks for each contract employee who will have contact with offenders, and submit written certification that the criminal background check was conducted.

CMF has three hiring authorities to include CDCR (CMF), Department of State Hospitals (DSH) and the California Correctional Health Care Services (CHCS). All employees, regardless of the hiring authority, go through the same process. Interviews and file reviews confirmed this process is in place and being utilized. This process also covers all contracted staff who have contact with offenders.

115.18 Upgrades to facilities and technologies

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

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

The PREA Compliance Manager and the Warden indicated that when designing upgrades to existing facilities or electronic surveillance systems consideration is made to protect offenders from sexual abuse. As of January 12, 2017 CDCR has implemented within its Design Criteria Guidelines the following language, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consider and address how such technology may enhance the agency’s ability to protect inmates from sexual abuse.” There have also been communications in regard to an agency wide update and implementation of camera use/installation and how the use/installation will enhance the agency’s efforts in protecting offenders from sexual abuse. Currently the facility has not installed any additional video monitoring or made any designing modifications. The facility has recently made modifications to existing structures to enhance their medical units.

115.21 Evidence protocol and forensic medical examinations

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

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

DOM Chapter 5, Article 44, Section 54040.8 provides the requirement to preserve potential crime scenes and collect relevant physical evidence to the allegation. The facility has an institutional evidence protocol outlined in a supplemental amendment to the DOM; Chapter 50000, Subchapter 52000, Section 52051 that provides direction for the collection and storage of evidence. The collection of physical evidence from a forensic examination is dictated by the DOM, Section 54040.9; the California Correctional Health Care Services policy Volume 1, Chapter 16; and CA Penal Code 264.2 and 679.04.

Interviews with investigators revealed they were knowledgeable of the uniform evidence collection protocol and educated on evidence collection in their specialized training. Forensic examinations are conducted at Northbay Medical Center or Queen of the Valley Medical Center at no cost to the victim. California Health Care Services policy Chapter 10, Section 1.10 states that a victim will not be charged for treatment relating to sexual abuse or assault.

The facility entered into a memorandum of agreement with Safequest Solano to provide advocacy services for offenders. Investigators were also knowledgeable about advising offenders of their right to advocacy services.

115.22 Policies to ensure referrals of allegations for investigations

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

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

DOM Chapter 5, Article 44, Section 54040.12 requires an administrative or criminal investigation to be conducted on all allegations of offender sexual abuse and sexual harassment. Every allegation is referred to the Investigative Services Unit (ISU) for investigation who has legal authority to conduct criminal investigations. Investigations involving possible staff misconduct are referred to the Office of Internal Affairs (OIA) who reviews the allegation and determine if an internal investigation is warranted; if so, OIA conducts the investigation. Seventy-seven allegations were investigated in the last twelve months; with ten conducted by OIA. Sections (c) and (e) are not applicable as all investigations are conducted by ISU.

115.31 Employee training

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

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

DOM Chapter 5, Article 44, Section 54040.4 states "All staff, including employees, 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."

The agency provided their training curriculum for review and all of the 10 required components were covered. Staff, when questioned, seemed to have a very good grasp on the specifics of PREA. The training was tailored to the gender of the offenders at the facility (male). Also, the Training Officer indicated if a staff person transferred from a female facility they would be trained using the current

training for a male facility. Staff also receives a yearly online training. Documentation was provided demonstrating staff had received the required training.

115.32	Volunteer and contractor training
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p>XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p> <p><input type="checkbox"/> Does Not Apply</p>	
<p>Auditor comments, including corrective actions needed if does not meet standard</p>	
<p>DOM, Chapter 5, Article 44, Section 54040.4 states, “All staff, including employees, 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.”</p> <p>A review of the volunteers and contractor training showed it covered the department’s zero–tolerance policy regarding sexual abuse and harassment. The agency provided documentation, signed by the volunteers and contractors, which verified they had been trained on PREA and understood the training received. Two volunteers were interviewed on site and both volunteers had adequate knowledge of the training they received.</p>	

115.33	Inmate Education
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p>XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p> <p><input type="checkbox"/> Does Not Apply</p>	
<p>Auditor comments, including corrective actions needed if does not meet standard</p>	
<p>DOM Chapter 5, Article, 44, Section 54040.4 states offenders shall be provided both verbal and written information which will address prevention/intervention, reporting, and 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. Approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be</p>	

posted in designated locations throughout the institution and parole offices. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas. The PREA brochure entitled "Sexual Assault Awareness" and the PREA booklet entitled "Sexual Abuse / Assault – Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook. Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities.

The agency has offender PREA education available in formats accessibly to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills by printing materials in English and Spanish, maintaining agreements with translation services and utilizing bi-lingual staff when appropriate. During the tour it was noted that PREA allegation report information was posted in both English and Spanish in the housing units, work areas as well as other areas accessible to offenders

While questioning and interviewing staff, it did not appear all shifts had a grasp of what should be conducted during the PREA intake education. CMF accepts offenders into their facility at all times of the day. Therefore, back shift staff can be tasked with providing education to the newly arrived offenders. Through questioning it was revealed not all staff was verbally explaining the institutions rules and procedures regarding PREA. Also, offenders who were not going through intake during normal work hours were not always receiving the departments Sexual Violence brochure.

Corrective Action:

- Develop consistent approach for how staff is to conducted PREA education upon intake.
- Provided documentation demonstrating all staff members who are responsible to conduct PREA education received training.
- Provide PREA education to all offenders upon arrival to the facility.
- Provide examples demonstrating offenders received education upon intake on all shifts regardless of the time of intake.

Corrective Action Period:

During the corrective action period CMF provided training to all staff involved in the receiving process, to include Watch Commanders, on how to conduct PREA education. CMF provided documentation demonstrating approximately 100 staff, covering all shifts received this training. CMF provided examples of the Daily Movement Recap which captures the date and time of arrival at the institution, Initial Housing Review and a PREA Screening which captures the date the offender received the initial PREA education. CMF provided examples of CDCR-128-B, Receipt of Inmate PREA Education which demonstrates the inmates received PREA Information/Training via video, brochure, inmate handbook and opposite gender announcement. All inmates received this education within 24 hours of intake, regardless of the time of intake.

115.34	Specialized training: Investigations
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply Auditor comments, including corrective actions needed if does not meet standard	
<p>In addition to the general training provided to all employees pursuant to Standard 115.31, DOM Chapter 5, Article 44, Section 54040.4 states, “All employees who were assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c).” “The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff misconduct are properly trained.”</p> <p>A review of the curriculum showed the training covered all the necessary areas required by this standard. The agency provided a sign in sheet which was signed by investigative staff showing they had attended the necessary training. Interviews with members of the Investigative Services Unit indicated staff comprehended the training.</p>	

115.35	Specialized training: Medical and mental health care
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply Auditor comments, including corrective actions needed if does not meet standard	
<p>DOM Chapter 5, Article 44, Section 54040.4 states “ All staff including employees, volunteers and contractors, shall receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct and sexual harassment.”</p> <p>Medical and Mental Health staff receive the training required by 115.31 Employee Training which is a 2 hour training which covered the elements required by this standard. Training staff provided ample documentation to demonstrate that medical and mental health staff received the training required by 115.31 Employee Training. However, CDCR does not provide in depth specialized medical and mental health training relating to their profession, as is required by this standard. The training requirements listed in this standard should be the basis for the curriculum’s content which should train medical and</p>	

mental health professionals on identifying warning signs and symptoms they should be aware of in their day to day work. Often offenders do not report sexual abuse and facilities must rely on medical and mental health staff to be aware of indicators and signs of possible abuse or harassment, have the skills to talk with victims who are afraid to report and to forward suspicions on to the appropriate staff.

Corrective Action:

- Develop and provide Specialized Training to medical and mental health staff.
- Provide auditor with the finalized curriculum.
- Provide the auditor with signed acknowledgements showing medical and mental health staff received specialized training.

Corrective Action Period:

During the Corrective Action Period, CDCR developed specialized training for medical and mental health staff. CDCR provided the training to the auditors for review. The auditors found the training covered all the criteria required by this standard. In addition, CMF provided the auditors with signed acknowledgement indicating 148 medical and mental health staff completed the specialized training.

115.41	Screening for risk of victimization and abusiveness
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>CCR Title 15, Article 1.6, Subsection 3269. Inmate Housing and DOM Chapter 5, Article 44, Section 54040.6 addresses the components that staff must consider when determining offender housing. Policy shows the initial screener is to be conducted immediately upon the offender’s arrival at the institution. A review of the intake screener showed it does not contain all criteria required by subsection (d) of this standard. The initial screener does not take into account whether the offender has prior convictions for sex offenses against an adult or child; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; the offenders own perception of vulnerability, or whether the offender has been a victim of sexual abuse or had perpetrated sexual abuse that did not occur in a prison setting. In addition, the screener is not objective and does not allow for consistency in classification of all offenders. Risk of victimization or abusiveness for offenders housing placement is at the discretion of the individual conducting the assessment. Staff who conducts the intake assessments indicated they only ask offenders about</p>	

sexual abuse that occurred in a prison setting. One staff reported he does ask offenders about their feeling of vulnerability, and makes a note of the offender's response but he does not think everyone who conducts assessments ask the offenders about their feelings of vulnerability.

CCR Title 15, Article 1.6 Inmate Housing, Section 3269.1 Integrated Housing, shows the appropriateness of the offender's housing will be reassessed at the offender's annual review by the Classification Committee. Following the initial intake screener and placement, offenders then meet with the Unit Classification Committee (UCC). The UCC is required to meet with offenders within 14 days. File material does not indicate a consistent review of the PREA criteria listed in this standard with the offenders. Policy does not specify an offender can be reassessed when warranted due to referral, request, and incident of sexual abuse or receipt of additional information. Furthermore, policy does not address the offender not being disciplined for refusing to participate in the intake screener or if they refuse to answer specific questions on the screener.

DOM Chapter 6, Article 12, Section 62080.14 Transgender Inmates does not address how the facility will consider all components in subsections (c), (d), (e), and (f) of this standard, nor does it state the facility will make considerations on a case-by-case basis for transgender offenders. DOM specifically shows male to female transgendered offenders will be housed in male facilities and female to male offenders will be housed in female facilities. The PREA Resource Center's "FAQ" states, "A written policy or actual practice that assigns transgender or intersex inmates to gender-specific facilities, housing units, or programs based solely on their external genital anatomy violates the standard." In addition, the FAQ shows, "A policy must give "serious consideration" to transgender or intersex inmates own views with respect to safety." DOM 62080.14 does not show the facility must consider the offender's own views of their safety before placing the offender in an institution based on genital status.

Corrective Action:

- Develop an intake screener to include the criteria outlined in 115.41 (d) and (e), which objectively assesses offenders for their risk of being sexually abused by other offenders or their risk of being sexually abusive toward other offenders.
- Develop a documented method to reassess offenders within 30 days of intake. This process should capture any changes in risk factors.
- Provide the auditor with documentation showing staff received training on how to conduct the revised intake screener.
- Provide the auditor with five examples of risk screeners conducted over a 30 days period that demonstrates CMF has implemented an objective risk screener.
- Provide evidence showing the offenders from the five risk screeners above were reassessed within 30 days.

Recommendation: It is recommended that CDCR revise policy to incorporate language stating staff may reassess an offender when warranted due to referral, request, and incident of sexual abuse or

receipt of additional information and offenders may not be disciplined for refusing to answer questions as result of the screener.

Corrective Action Period:

During the Corrective Action Period, CDCR developed and implemented an objective PREA Screening assessment screener. The screener included the criteria outlined in 115.41 (d) and (e) which assesses offender’s risk of victimization or their risk of being abusive towards others. CMF implemented this new PREA Screening on August 28, 2017. To demonstrate that the assessment process was implemented, the facility provided the intake report listing the offenders who arrived at the facility on September 5, 2017 and September 20, 2017. CMF provided a random sample of offenders arriving on those dates. The documentation provided included copies of the PREA Screening which demonstrated the [72-hour] assessment was conducted.

CMF provided a memorandum dated September 29, 2017 addressing Prison Rape Elimination Act Risk Screening – Correctional Counselor responsibilities. This memo addressed standard 115.41 making it clear all inmates were to be assessed during intake and upon transfer.

CMF provided a training roster demonstrating 100 staff received training on how to conduct the revised intake screener, which covered staff on all shifts.

To demonstrate compliance with the reassess required by the standard, within 30-days of intake, CMF provided the Classification Review report for each of the random sample of offenders. The classification review was conducted within the 30 day period for all inmates.

Each of the Classification Review reports provided indicate the offenders were asked if they had been a victim of sexual assault since incarceration.

DOM section 54040.6 was revised to show, ““Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability.”

DOM section 54040.7 – Screening for Appropriate Placement states “An inmate’s risk level shall be assessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.”

115.42	Use of screening information
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<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)

<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

As outlined in 115.41, the CDCR does not have a risk screener in place to objectively assess offenders for risk of victimization or abusiveness. While it was evident during the audit that the facility makes individualized housing assignments for offenders, the criteria listed in 115.41 does not inform the housing, programming or work assignments therefore, the facility does not meet the elements of subsections (a) and (b) of this standard.

DOM Chapter 6, Article 12, Section 62080.14 Transgender Inmates does not address how the facility will consider all components in subsections (c), (d), (e), and (f) of this standard, nor that the facility will make considerations on a case-by-case basis for transgender offenders. DOM specifically shows male to female transgendered offenders will be housed in male facilities and female to male offenders will be housed in female facilities. The PREA Resource Center's "FAQ" states, "A written policy or actual practice that assigns transgender or intersex inmates to gender-specific facilities, housing units, or programs based solely on their external genital anatomy violates the standard." In addition, the FAQ shows, "A policy must give "serious consideration" to transgender or intersex inmates own views with respect to safety." DOM 62080.14 does not show the facility must consider the offender's own views of their safety before placing the offender in an institution based on genital status.

Corrective Action:

- Develop a policy to utilize the results of the objective risk screener required by 115.41 to make informed decisions on housing, bed, work, education, and program assignments that will minimize interactions between offenders who are at high risk of victimization and offenders who are at high risk of being sexually abusive.
- Provide the auditor with a memo outlining how the objective screener is being utilized to inform housing, programming and work assignment.
- Provide documentation demonstrating the objective screener is being utilized to inform placement.
- Provide the auditor with the plan to ensure transgendered and intersex offenders' placement and programming assignments are reassessed twice a year which considers the offenders own views with respect to his or her safety and that placement decisions are made on a case-by-case basis.

Corrective Action Period:

As noted in standard 115.41, the facility has implemented an objective screening instrument. The Classification Committee reviews the screener with the offender during the initial meeting. In addition, the Committee reviews all the information in the electronic system to determine housing,

programs, education, and work assignments.

CDCR's DOM Section 54040.4 was revised to comply with 115.42 by including, ""Per 28 CFR, Standard §115.42, upon request, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates."

To ensure that transgendered and intersex offenders' placement and program assignments are assessed and reviewed for threats to their safety every 6 month, CDCR issued a memorandum to the Associate Directors, Division of Adult Institutions Wardens, PREA Compliance Managers and the Classification and Parole Representatives. The subject of the memorandum is "Transgender Biannual Reassessment for Safety in Placement and Programming" and states that on a biannual basis, the PREA compliance managers will receive a list of identified transgender and intersex offenders. The list will include the month each transgender offender incarcerated within CDCR is scheduled for their next annual classification review. During this biannual review, Correctional Counselors will ask the offender about any threats they have received and shall review the offender's case factors in the Strategic Offender Manager System (SOMS) and the Electronic Records Management System (ERMS) for additional information to assess placement and programming concerns. The Correctional Counselor will document the review in the Classification Committee Chrono.

CMF provided a spreadsheet entitled "Transgender Biannual Reassessment For Safety In Placement and Programming" This spreadsheet identified transgender inmates and demonstrated inmates are being assessed and reassessed within the twelve month period.

CMF provided Classification Committee Chrono reports on several inmates demonstrating the use of the PREA Screening is being used to assess placement, determine programming/education needs and work assignments.

115.43	Protective custody
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
DOM Chapter 5, Article 44, Section 54040.6 requires offenders assessed as high risk for sexual victimization not be place in segregated housing unless an assessment of all available alternatives has been completed. The policy continues to show, offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. Interviews with staff, who supervise offenders, in segregated housing confirmed that an	

offender would be placed in segregated housing as a last resort.

Effective October 20, 2016, CDCR amended CCR Article 7, 3335 Administrative Segregation to now require victims placed in non-disciplinary segregated housing be afforded programs, privileges and education. However, if the facility is unable to afford privileges the regulation requires appropriate documentation as required by this standard. In addition, the amended regulation requires the victim only be held in segregated housing until an alternative means of separation can be arranged which shall not ordinarily exceed a period of 30 days. If segregated housing continues past 30 days, the regulation requires the reason for the extended period of segregation to be documented on the classification chronological log.

CMF reports they have not had an offender placed in segregated housing due to high risk of sexual victimization within the last 12 months.

115.51 Inmate reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

DOM Chapter 5, Article 44, Section 54040.7 addresses how offenders may report allegations of sexual abuse and sexual harassment. The DOM shows offenders can report internally both verbally and in writing which includes reporting through the appeals process, by calling or writing the Office of Internal Affairs, or by third party report.

The agency's external reporting method is through the Office of the Inspector General (OIG). Offenders may either write or call the OIG Ombudsperson. Offenders are informed of the multiple ways to report through the Orientation Handbook and posters.

During the tour, it was noted, there were posters by offender phones which displayed phone numbers for reporting. This information can also be found in the Offender Handbook and in the pamphlet offenders receive at intake. This information is available in English and Spanish.

The agency/facility does not inform offenders how they can make an anonymous report. The auditors were informed that offenders may ask to remain anonymous when writing or calling the OIG Ombudsperson and the OIG will honor the offender's request, however, nowhere in policy or offender education are the offenders informed of this. Offenders in segregation do not have regular access to a phone to allow them to make an anonymous report to the OIG nor do they have a way to report anonymously by written correspondence. Offenders housed in a segregation unit must hand

their mail directly to staff for inspection prior to the mail being processed. In doing so, the staff immediately has knowledge of where the mail came from and the intended recipient. This practice does not meet the standard. The intent of the standard is for the offender to feel safe and remain anonymous when reporting. Offenders cannot maintain anonymity by handing a piece of mail addressed to the OIG to an officer.

CMF indicated they do not detain offenders solely for civil immigration purposes.

Corrective Action:

- CMF shall develop a method for offenders in segregation to report allegations of sexual abuse and harassment while remaining anonymous and develop a protocol for informing offenders in segregation how to make an anonymous report of sexual abuse and harassment.
- CMF to provide the auditor with plan to allow anonymous reporting for offenders in segregated housing and documentation showing offenders are being notified of how to make anonymous reports when housed in segregation.
- CMF shall inform offenders in general population of the avenue to anonymously report sexual abuse and harassment.
- CMF shall provide the auditor with documentation demonstrating offenders in general population are made aware of how to make anonymous reports.

Corrective Action Period:

CDCR updated the PREA pamphlet “Sexual Abuse/Assault Prevention & Intervention (An overview for Offenders: Know Your Rights and Responsibilities)”. This pamphlet now contains the following statements, “Letters to the OIG will be processed as legal mail and you can request to remain anonymous” and “The OIG will keep your name anonymous upon request.” This pamphlet is provided to all offenders received at CMF.

CMF’s Operational Plan #47 Addendum, issued by the Warden, directs all inmates arriving in the Administrative Segregation shall receive the Sexual Abuse/Assault Prevention & Intervention pamphlet described above. CMF provided documentation demonstrating staff received training on the updated pamphlet and how it was to be utilized.

All CMF inmates were informed of the ability to report anonymously via an update in the Offender Handbook and PREA pamphlet as well as stickers being placed on all PREA posters throughout the institution. Copies of these changes was provided to the auditor. Documentation verified this information was provide in English and Spanish.

115.52	Exhaustion of administrative remedies
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>CCR Article 15 Subsection 3084. Appeals, addresses the components of this standard. CDCR does not impose a time limit on when an offender may submit a grievance regarding sexual abuse. The agency allows for third parties reports on behalf of an offender. Offenders do not have to submit an appeal to the individual who is the subject of the complaint. The facility provides mailboxes in each housing unit for offender grievances. Grievances are collected by the appeals office on a daily basis.</p> <p>Subsection 3084.9 states all allegations pertaining to sexual violence or staff sexual misconduct shall be processed as an emergency appeal. The appeals office screens complaints each day. When an Appeal regarding sexual abuse is received; it is immediately processed and given to the facility's Appeals Coordinator. The Appeals Coordinator reviews and immediately takes whatever corrective action is needed. The offender receives notice of the action being taken within 5 days. During the onsite audit, 5 grievances alleging sexual abuse were reviewed and verified that CMF's process meets the requirements of this standard.</p> <p>During the onsite audit the Appeals Coordinator explained that complaints fall into one of two categories, Adult Institutions or Health Care Services. There is a designated office for Health Care Appeals which operates under the CEO of Health Care, and there is the Appeals Coordinator's Office which responds to complaints and operates under the Warden. When a complaint is submitted by an offender it is screened to determine what division processes the complaint. From there the appropriate office determines the appropriate subcategory for the complaint. The grievance system is an electronic system providing a response based on the category/sub category the grievance falls into. This is done to provide consistency in the answers provided to offenders. The Appeals Coordinator has the authority to modify the response to fit the individual complaint, should they deem appropriate.</p>	

115.53	Inmate access to outside confidential support services
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	

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

DOM Chapter 5, Article 44, Section 54040.8.2 states that a Memorandum of Understanding (MOU) between the institution and a local rape crisis center shall be established. CMF has an agreement with Safequest Solano to provide support services in incidents regarding sexual abuse.

DOM Chapter 5, Article 44, Section 54040.8.2 states that a Memorandum of Understanding between the institution and a local rape crisis center shall be established. CMF has an agreement with Safequest Solano to provide support services in incidents regarding sexual abuse. The address and phone number of Safequest Solano is posted throughout the facility. In addition, offenders are provided the address to Just Detention International in the agency's PREA brochure. The facility notifies the offenders via the institutional handbook that all telephone calls are recorded.

Informal interviews with offenders during the tour supported they had received the offender handbook and agency's PREA brochure; however, many offenders could not articulate how to contact outside emotional services or what type of services would be provided.

Recommendation: Offenders should be educated regarding the role of outside emotional support.

115.54 Third-party reporting

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

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

CDCR has several third party reporting options available on the agency's website which include calling or writing the facility where the offender is housed, the Office of Internal Affairs or the PREA Ombudsperson in the Office of the Inspector General.

In addition to the agency website, the CMF website has a PREA link which provides reporting options.

115.61	Staff and agency reporting duties
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply Auditor comments, including corrective actions needed if does not meet standard	
<p>DOM Chapter 5, Article 44, Section 54040.7 supports this standard. The DOM shows all staff is responsible for reporting immediately and confidentially to the appropriate supervisor any information which indicates an offender is being sexual abused or sexual harassed. Agency policy allows for offenders to report an allegation of sexual abuse and sexual harassment to any staff member.</p> <p>California Correctional Health Care Services policy requires medical and mental health professionals to report all allegations of sexual abuse and sexual harassment. The policy shows that upon receiving an allegation from an offender, health care professionals are to immediately notify the Watch Commander and Investigative Services Unit.</p> <p>Interviews with all staff supported they understood their responsibility and how to report allegations of sexual abuse and harassment.</p>	

115.62	Agency protection duties
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply Auditor comments, including corrective actions needed if does not meet standard	
<p>DOM Chapter 5, Article 44 Section 54040.7 addresses the elements of this standard. Policy states all staff members 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.</p> <p>Interviews with administrators and staff indicated understanding of the appropriate action to be taken if they receive information regarding an offender being at imminent risk.</p> <p>CMF reported during the 12 months prior to the audit, the facility identified no offenders who were at risk of imminent sexual abuse.</p> <p>Recommendation: It is being recommended DOM Section 54040.7 be amended to include language</p>	

directing all staff take immediate action when they learn an offender could be at risk of being sexual abuse. Policy currently indicates when an offender is being or has been the victim of sexual violence.

115.63 Reporting to other confinement facilities

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

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

DOM Chapter 5, Article 44, Section 54040.7.4 outlines the process facilities must follow should they receive a report from an offender he was subjected to sexual abuse or harassed at a previous facility. DOM shows it is the responsibility of the hiring authority to notify the hiring authority of the institution where the event occurred and the notification should occur as soon as possible but no later than 72 hours.

In the 12 months prior to the audit CMF had received 15 report from offenders alleging they were sexually abused while confined at another facility. During a random sample file review, CMF provided documentation showing they notified the other institution within the designated time frame. ISU staff advised when an allegation is received which occurred at another facility, the ISU of the facility where the allegation was reported contacts the facility where the alleged event occurred. ISU indicated they make contact by both phone and email.

115.64 Staff first responder duties

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

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

DOM Chapter 5, Article 44, Sections 54040.8.1 and 54040.11 and the Initial Contact Guide requires the first responder to separate the alleged victim and abuser; preserve and protect any crime scene; and request the victim and abuser to not take any actions that could destroy potential evidence. During a review of investigative files, documentation was present to support that first responders followed the protocol to allow for the collection of evidence. It was evident that random staff

understood their responsibility as a first responder during interviews. All staff interviewed also possessed a card that was kept on their person to use as a reference if needed.

115.65 Coordinated response

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

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

DOM Chapter 5, Article 44, Sections 54040.8, 54040.8.1, 54040.2, 54040.8.3, 54040.9, 54040.10, 54040.11 explain the expectations for first responders, custody supervisors, crime scene preservation, victim advocates, medical services, forensic examinations, mental health and suspect processing for allegations of sexual abuse. In conjunction with the DOM, the Initial Contact Guide, Watch Commander Notification Checklist, Custody Supervisor Checklist, Transportation Guide and Sexual Assault Interview Questions provide guidance to those responding to the allegation. The Watch Commander Notification Checklist and Custody Supervisor Checklist document notifications to institution staff, which includes locally designated investigators; headquarters staff; outside hospital; and additional notifications if required, such as a minor victim. In review of investigative files, all checklists and guides were present noting such notifications and response. During interviews with investigative staff, it was clear the facility possesses a strong notification and response process.

115.66 Preservation of ability to protect inmates from contact with abusers

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

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

The agreement between the State of California and the California Correctional Peace Officers Association, effective July 3, 2015 through July 2, 2018, does not limit the agency's ability to remove alleged staff sexual abusers from contact with offenders pending an investigation or a determination of whether and to what extent discipline is warranted.

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115.67	Agency protection against retaliation
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>DOM Chapter 5, Article 44, Section 54040.1 states retaliatory measures against employees or offenders who report allegations of sexual violence, sexual misconduct or sexual harassment as well as retaliatory measures against those that cooperate in an investigation for such allegations will not be tolerated and will be subject disciplinary action and/or criminal prosecution. Section 54040.13 requires the PREA Compliance Manager to assign a supervisory staff member to monitor, for 90 days after the allegation, the conduct and treatment of offenders and employees who reported the allegation to ensure no retaliation measures were taken.</p> <p>At CMF, the locally designated investigator has been assigned the duty to conduct monitoring for retaliation. In a review of investigative files, face-to-face meetings were conducted by the investigator with the victim in all sexual abuse cases. The dates of the meetings are documented on the Protection Against Retaliation (PAR) forms, one specifically for offenders and one for staff. The forms contain a checklist of areas to review for retaliation actions. The checklist includes housing or facility changes; removal from contact with others; emotional support; disciplinary reports; work reports/assignments; and other items as discovered.</p>	

115.68	Post-allegation protective custody
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>CCR, Title 15, Chapter 4, Section 3335 states victims of sexual abuse shall be assigned to non-disciplinary segregation only until an alternative means of housing assignment is found, and not to</p>	

“ordinarily” exceed 30 days. However, every 30 days, the facility shall review the assignment to determine whether there is a continuing need to be segregated.

CMF did not place any victims into protective custody segregation within the last 12 months; therefore, no 30 day review documentation exists.

115.71 Criminal and administrative agency investigations

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

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

115.71(a) DOM Chapter 3, Article 14, Section 31140.6 delegates the authority to initiate and conduct investigations for the Office of Internal Affairs and Sections 31140.16, 31140.17, 31140.20, and 31140.21 define the process for requesting and the assignment of criminal and administrative investigations related to employees. Sections 31140.30-31140.39 guide investigators through the process.

DOM Chapter 5, Article 44, Section 54040.1 states that CDCR is committed to the education/prevention, detection, response, investigation and tracking of offender sexual abuse and harassment. Section 54040.11 states all allegations for offender-on-offender sexual violence and sexual harassment shall be investigated by the locally designated investigators. Investigators employed by CDCR are recognized peace officers; therefore, the agency conducts its own investigations. There is no defined timeframe for the completion of investigations for CMF.

(b) Investigators receive specialized training as defined in 115.34. However, the training does not include preponderance of evidence or definitions of findings of an investigation.

(c) DOM Chapter 5, Article 44, Section 54040.8.1 provides guidance to the custody supervisor about collecting potential evidence related to DNA and physical evidence from the scene, victim offender and suspected perpetrator. Policy does not include evidence collection related to electronic monitoring, interviews, prior complaints and reports of sexual abuse involving the suspected perpetrator. However, the Specialized PREA Investigator Training includes, in the section related to the collection of evidence, evidence can also be interviews, video footage, mail, log books, and phone records.

(d) DOM Chapter 3, Article 23, Section 52080.6 states all conduct that constitutes a crime shall be referred to the local district attorney. CMF investigators consult with the Solano County district attorney's office during the course of the criminal investigation.

(e) DOM Chapter 5, Article 44, Section 54040.11 states the credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual's status. Nothing in policy discussed the use of polygraphs but during interviews with investigative staff it was reported CMF investigators do not use truth telling examinations (polygraphs or certified voice stress analysis) during the investigative process.

(f) Administrative investigations are documented in a written report; however, the content of the investigative report was lacking in information such as efforts to determine if staff actions or failures contributed to the abuse.

(g) Criminal investigations are documented in a written report. Five investigative files were reviewed and each contained an investigative report which included supporting documentation obtained during the investigative process and subsequent to the investigation.

(h) DOM Chapter 5, Article 23, Section 52080.6 requires submission to the local district attorney when there is evidence substantiating the elements of a crime.

(i) DOM Chapter 5, Article 44, Section 54040.20 updated revision (as of 1/6/17) requires the investigative file is to be retained by the Investigative Services Unit (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.

Investigators were interviewed and disclosed they began investigations related to sexual violence or sexual harassment as soon as they are notified of the allegation. The timeline for completing investigations was on a case- by-case basis and were affected sometimes by several issues to include lab results and staff schedules. Victim advocate services are offered to the victim offender. Investigators reported they investigate all allegations to include allegations received from third party or anonymous sources. During interviews with investigative staff, it was reported the investigations are completed even when the alleged abuser or victim departs from the agency or control of the facility. CMF investigators conduct all investigations; therefore, section (l) is not applicable.

115.72	Evidentiary standard for administrative investigations
	<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply
	Auditor comments, including corrective actions needed if does not meet standard
	There is nothing in policy indicating the agency shall impose no standard higher than preponderance

of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Preponderance of evidence is not evident in the Specialized PREA Training for Local Designated Investigators. DOM Chapter 3, Article 22, Section 33030.13.1 defines the investigative finding for Not Sustained as “the investigation failed to disclose a preponderance of the evidence to prove or disprove the allegation made in the complaint” and the definition for Sustained as “the investigation disclosed a preponderance of evidence to prove that allegation(s) made in the complaint”. These definitions only relates to investigations of employees.

It should be noted in DOM Chapter 5, Article 23, Section 52080.9.3 states “a finding of guilty shall be based upon a determination by the person(s) conducting the hearing that a preponderance of evidence submitted at the hearing substantiates the charge”. This relates to the issuance of internal sanctions for offender behavior and not necessarily for investigations of offender sexual abuse and harassment.

During interviews with investigative staff, it was clear they understood what preponderance of the evidence was and considered it during the investigative process when making a finding.

Corrective Action:

- DOM should be revised to clearly show no standard higher than preponderance of evidence will be used to substantiate offender-on-offender investigations.
- Facility should provide the auditor with the revised DOM or pending DOM revision, a directive to hiring authorities and investigators signed by the director outlining preponderance of evidence.
- Investigative staff and Hiring Authorities must receive training on determining findings of offender-on-offender investigations based on preponderance of evidence.
- Agency to provide documentation of training to the auditor within the next 180 days.
- Provide investigations showing preponderance of evidence was utilized when determining the finding on a PREA investigation completed within the next 180 days.

Corrective Action Period:

CDCR revised the DOM 54040.12 Investigations policy by adding the following, “No standard higher than a preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are substantiated.” Auditor was provided a copy of this revision.

CMF provided documentation demonstrating the investigative staff received training regarding preponderance of evidence and the expectation that preponderance of evidence be considered when determining the finding of an investigation.

CMF had one PREA investigation during the corrective action period which utilized preponderance of

evidence. Documentation was provided which verified this.

115.73 Reporting to inmates

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

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

DOM Chapter 5, Article 44, Section 54040.12.5 requires the institution to provide written notification of the findings to an offender who is alleged to have suffered sexual abuse following an investigation whether the sexual abuse is alleged to have been perpetrated by a staff member or another offender. If the alleged perpetrator is a staff member, policy requires the facility to notify the offender when the staff member is no longer posted within the offender’s housing unit; the staff member is no longer employed at the facility and if the staff member is indicted or convicted on a charge related to the sexual abuse. In addition, if the alleged perpetrator is an offender, policy requires the facility to notify the offender if the perpetrator is indicted on the alleged sexual abuse or convicted on a charge related to the sexual abuse.

During the review of investigative files, copies of such notifications are kept in the investigative file as well as documentation of an electronic chronological entry being made the offender received the notice. However, there is no acknowledgment by the victim offender of receiving the notification.

RECOMMENDATION: An acknowledgement signature by the victim offender would provide the facility with documentation the offender received the notification of the outcome of the investigation.

115.76 Disciplinary sanctions for staff

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

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

CCR Title 15, Division 3, Section 3401.5 defines Staff Sexual Misconduct and shows that all allegations of sexual misconduct are subject to investigation which may lead to disciplinary action and/or criminal prosecution. CDCR DOM Chapter 5, Article 22, Section 33030.16 Employee Disciplinary Matrix Penalty Levels outlines the specific disciplinary action associated with staff misconduct. The matrix includes staff sexual misconduct and harassment and shows the allowable discipline ranges from an official reprimand to dismissal. Section 33030.17 shows preponderance is necessary before any disciplinary action can be taken against an employee and 33030.19 Employee Disciplinary Matrix is the foundation for all disciplinary action imposed by the agency and is utilized by the hiring authority to determine the penalty imposed for employee misconduct. The Matrix clearly shows the penalty for “Sexual misconduct with an offender(s)/parolee(s) is dismissal. Penalties for other violations of agency policies relating to sexual abuse and harassment other than engaging in sexual abuse are commensurate with the nature of the event. Policy as well as staff interviews confirm that criminally substantiated staff sexual misconduct investigations are forwarded for prosecution. DOM Chapter 5, Article 44, Section 54040.12.3 requires all dismissals for violation of the agency’s sexual misconduct and harassment policies or resignations by staff who would have been dismissed be reported relevant licensing bodies.

In the past 12 months, CMF has had no staff who have been terminated, resigned prior to termination or who was disciplined for violating agency sexual abuse or sexual harassment policies.

115.77	Corrective action for contractors and volunteers
	<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p>XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p> <p><input type="checkbox"/> Does Not Apply</p>
	<p>Auditor comments, including corrective actions needed if does not meet standard</p>
	<p>The agency has policy in place, 54040.12.4 Reporting to Outside Agencies for Contractors, which prohibit volunteers or contractors from having further contact with offenders should they be found guilty of having sex with an offender. A report would be filed with law enforcement and any licensing body the individual may be licensed with as part of their job duties. This policy also prohibit volunteers or contractors from having further contact with offenders should they be found guilty of engaging in other prohibited sexual misconduct with an offender.</p>
	<p>In the past 12 months, CMF has had no allegations of contractors or volunteers violating the agency’s sexual abuse or sexual harassment policies.</p>

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

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

DOM Chapter 5, Article 44, Section 54040.15 Disciplinary Process shows, “Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determination, shall be followed.” CCR Title 15, 3316, and 3323 supports this standard and shows offenders are subject to disciplinary sanctions following an administrative or criminal finding of guilt. During interviews it was learned that all investigations into allegations of offender-on-offender sexual abuse must be forwarded to the District Attorney.

In the past 12 months CMF has had no substantiated investigations of offender-on-offender sexual abuse. Therefore, no disciplinary action has been taken. This standard requires that prior to issuing a sanction following a substantiated investigation of offender-on-offender sexual abuse, the facility must consider whether an offender’s mental disabilities or mental illness contributed to his behavior. While the facility has not had a substantiated investigation in the last 12 months, they do not have a process for obtaining and documenting the offender’s mental health or mental disabilities were considered prior to determining sanctions.

DOM Chapter 5, Article 44, Section 54040.15.1 shows the facility can issue a charge of “making a false report of a crime” only if the evidence received indicates the offender knowingly made a false report.

While the agency does provide condoms to offenders in an effort to reduce sexually infectious diseases, CCR Title 15 Section 3007 indicates that consensual sexual contact between two offenders is considered “illegal sexual acts.”

Recommendation: It would benefit the facility if there was a process for the hearing official to obtain information regarding the alleged perpetrator’s mental health or mental disabilities which may have contributed to the offender’s behavior; document the information received; and utilize the information received when considered in determining sanctions.

115.81	Medical and mental health screening; history of sexual abuse
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- Exceeds Standard (substantially exceeds requirement of standard)
- XX** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)
- Does Not Apply

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

This standard requires an offender be offered a follow up appointment with medical or mental health if the intake screening pursuant to 28 CFR, Part 115.41 indicates an offender has been the victim of sexual abuse or has previously perpetrated sexual abuse in an institutional setting or in the community.

DOM Chapter 5, Article 44 Section 54040.7: Referral for Mental Health Screening supports this standard and shows, if a history of sexual victimization or abusiveness is “reported by an offender” during the initial intake screening, whether it occurred in an institutional setting or in the community, the offender should be referred to mental health.

The staff who conduct the housing assessment at intake were interviewed reporting they only ask offenders about victimization occurring in an institutional setting. A review of the initial screening tool showed the screening only includes the question regarding sexual abuse occurring in an institutional setting. The assessment does not ask offenders about their history of perpetration.

The Unit Classification Committee Chrono has documented the cell status review of the inmates, but does not specifically address the needs based upon being a sexual victim or predator.

Health Care Services, Chapter 3: Medical Services C. *Referrals to Mental Health* indicates an offender can be referred to mental health services any time a staff member has concerns about an offender’s mental health stability. The policy continues by listing specific instances where an offender should be referred for a mental health assessment which includes “An inmate has been identified as a possible victim per the PREA Rape Elimination Act.” The policy shows offenders will be assessed by mental health within 7 days of the referral.

115.82 Access to emergency medical and mental health services

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

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

This standard requires victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. California Correctional Health Care Services policy, Chapter 16, 1.16.1 Prison Elimination Act Policy supports this standard. The policy shows, “When a

patient alleges he/she is the victim of sexual violence or misconduct that occurred in an institutional setting, health care staff shall provide necessary and immediate emergency medical attention to the victim and suspect.” In addition, the policy requires medical staff to offer and obtain consent for evaluation and treatment of STI/STDs and other tests that may be needed. CMF offers all treatment related to sexual abuse at no cost to the victim.

Staff interviewed verified following a report of sexual abuse medical and mental health practitioners would be notified and the victim would receive immediate access to emergency medical treatment and crisis intervention services.

115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

California Correctional Health Care Services 1.16.1 Prison Rape Elimination Act Policy and DOM Chapter 5, Article 44 Section 54040.10 Return to Triage and Treatment Area/Receiving and Release outlines that all offenders who have been victimized by sexual abuse will be offered medical and mental health care in a timely manner regardless if it occurred in a facility, community or jail setting.

Section 54040.10 covers how follow-up care is to occur and if necessary, how referrals for follow-up care should occur if offender is transferred or released.

The level of care provided at CMF Medical and Mental Health staff is consistent with the community level of care.

CMF does not house female offenders therefore (d) and (e) do not apply.

Offenders who are the victim of sexual assault are offered a medical test for STD’s. This is outlined in policy as well. Policy indicates there is to be no financial charge to the offender for any medical or mental Health services performed due to a PREA event. This was confirmed by file review.

The auditors could not locate a policy which requires a perpetrator be referred to mental health following a substantiated PREA investigation and subsequent violation hearing.

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

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

DOM Chapter 5, Article 44, Section 54040.17 requires each Hiring Authority to conduct an incident review at the conclusion of every sexual violence or staff sexual misconduct investigation, including allegations that have not been substantiated. A review is not required for allegations which have been determined to be unfounded.

While the standard requires the review to occur within 30 days of the conclusion of the investigation, the DOM requires the committee to review incidents within 60 days of the date of discovery of the allegation. It was discovered during interviews with investigative staff reviews of incidents would occur prior to the completion of an investigation as there is no set timeframe for completing an investigation. After an interview with the site coordinator, it was determined the norm is to again review the case at the closure of the investigation, however, this is not required by policy.

As noted in the DOM and according to investigative staff, all elements outlined in 115.86(d) are considered and looked at during the review. CMF completes a form titled Institutional PREA Review Committee (IPRC)-DOM Section 54040.17 during the review meeting. During the onsite audit investigative files were reviewed, the files displayed incident reviews are being conducted and the required components are being reviewed.

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

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

CDCR has multiple ways to track PREA investigations conducted within the department. DOM Chapter 5, Article 44, Section 54040.19 shows facilities must add new investigations to the Yearly Tracking Report

each month and forward to the Department's PREA Coordinator. In addition, investigators must complete the Survey of Sexual Violence-Incident Adult (SSV-IA) form and forward to the Department's PREA Coordinator within 2 business days from "the date of the allegation". PREA Unit staff confirmed when an anonymous report is received and the victim cannot be identified or if the victim denies the allegation, the SSV-IA is not forwarded to the Department's PREA Coordinator therefore, these allegations are not included in the data that is collected and aggregated annually. 28 CFR 115.87 (a) specifically states, "The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control..."

It should be noted that CDCR utilizes PREA definitions noted on the SSV-IA and not the definition provided by "28 CFR 115.6 Definitions related to sexual abuse".

DOM Section 54040.19 requires the agency to aggregate the incident-based data at least annually. The agency provided documentation to demonstrate they routinely collect incident-based data from contracted facilities and the data is reported to the Department of Justice when requested along with facilities data.

Corrective Action:

- The agency must ensure that all allegations, including allegations where a victim cannot be identified or the victim denies the claim, are included in the data being collected, aggregated and reported to the Department of Justice.
- Provide a directive to investigative staff informing them that all allegations, to include allegations where the victim denies the claim or the victim is no identified, will be investigated and the SSV-IA must be completed and forwarded to the PREA Coordinator.
- Provide the auditor with documentation demonstrating all investigators received the directive.
- Provide 3 examples of SSV-IA which are completed and forwarded to the Department's PREA Coordinator of allegations where the victim was unknown or the victim denies the claim.

Corrective Action Period:

CMF provided documentation demonstrating eight Locally Designated Investigators received training that addressed when the SSV-IA would be completed and forwarded to the PREA Coordinator. The training mandated investigative staff complete the SSV-IA for all allegations, including allegation where a victim is not identified or the victim denies the claim. These allegations will be included in the data that is aggregated and reported to the Department of Justice annually.

CMF has not received an allegation where the victim could not be identified or denies the claim since the onsite audit, therefore; the facility was unable to provide documentation of practice.

115.88	Data review for corrective action
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply Auditor comments, including corrective actions needed if does not meet standard	
<p>DOM Chapter 5, Article 44, Section 54040.17 Institutional PREA Review Committee and Section 54040.19 Tracking- Data collection and Monitoring supports this standard. The policy requires the Departmental PREA Coordinator to review data collected on annual basis and prepare an annual report of their findings and corrective actions. The report is to be routed through the chain of command of the agency Secretary for review and approval then placed on CDCR’s website.</p> <p>CDCR’s website at http://www.cdcr.ca.gov/PREA/Reports-Audits.html includes CDCR’s 2016 Annual Report.</p>	

115.89	Data storage, publication, and destruction
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply Auditor comments, including corrective actions needed if does not meet standard	
<p>DOM Chapter 5, Article 44, Section 54040.20 PREA Data Storage and Destruction require collected PREA data be securely retained for 10 years after the date of initial collection as required by this standard.</p> <p>The CDCR website contains aggregated sexual abuse data which contains no personal identifiers.</p>	

AUDITOR CERTIFICATION:

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

Rebecca Ehlers
Auditor Signature

January 12, 2018
Date