

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

Interim     Final

Date of Report: May 6, 2019

### Auditor Information

|   |   |
|---|---|
| Name: Cheyenne Evans                              | Email: cheyenne.l.evans@hawaii.gov            |
| Company Name: Department of Public Safety- Hawaii |   |
| Mailing Address: 919 Ala Moana Blvd. #116         | City, State, Zip: Honolulu, HI. 96814         |
| Telephone: 808-587-1415                           | Date of Facility Visit: 3/17/2019 – 3/22/2019 |

### Agency Information

|  |                                 |   |   |
|--|---------------------------------|---|---|
| Name of Agency:<br>California Department of Corrections and Rehabilitation   |                                 | Governing Authority or Parent Agency (If Applicable):<br>State of California                                  |   |
| Physical Address: 1515 "S" Street  |                                 | City, State, Zip: Sacramento, CA 95811  |   |
| Mailing Address: P.O. Box 942883   |                                 | City, State, Zip: Sacramento, CA 94283  |   |
| Telephone: 916-985-2561  |                                 | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| The Agency Is:   |                                 | <input type="checkbox"/> Military   | <input type="checkbox"/> Private for Profit     |
| <input type="checkbox"/> Municipal   | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Private not for Profit |
| Agency mission: We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities. |                                 |   |   |
| Agency Website with PREA Information: <a href="https://www.cdcr.ca.gov/PREA">https://www.cdcr.ca.gov/PREA</a>  |                                 |   |   |

### Agency Chief Executive Officer

|                                 |                         |
|---------------------------------|-------------------------|
| Name: Scott Kernan              | Title: CDCR Secretary   |
| Email: Scott.Kernan@cdcr.ca.gov | Telephone: 916-445-7688 |

### Agency-Wide PREA Coordinator

|                                  |                         |
|----------------------------------|-------------------------|
| Name: Shannon Stark              | Title: Captain          |
| Email: Shannon.Stark@cdcr.ca.gov | Telephone: 916-324-6688 |

|   |   |
|---|---|
| PREA Coordinator Reports to:<br>Amy Miller, Associate Director, Female Institutions | Number of Compliance Managers who report to the PREA Coordinator 36 |
|---|---|

**Facility Information**

|  |   |
|--|---|
| Name of Facility: Folsom State Prison  |   |
| Physical Address: 300 Represa Road, Represa, CA. 95671   |   |
| Mailing Address (if different than above):   |   |
| Telephone Number: 916-985-2561   |   |
| The Facility Is:   | <input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal   | <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal                    |
| Facility Type:   | <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison  |
| Facility Mission: We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities. |   |
| Facility Website with PREA Information: <a href="https://www.cdcr.ca.gov/PREA">https://www.cdcr.ca.gov/PREA</a>  |   |

**Warden/Superintendent**

|                               |                                |
|-------------------------------|--------------------------------|
| Name: Rick M. Hill            | Title: Warden                  |
| Email: Rick.hill2@cdcr.ca.gov | Telephone: 916-985-2561 X 4321 |

**Facility PREA Compliance Manager**

|                                |                                |
|--------------------------------|--------------------------------|
| Name: Lee Cahayla              | Title: Associate Warden        |
| Email: lee.cahayla@cdcr.ca.gov | Telephone: 916-985-2561 X 3053 |

**Facility Health Service Administrator**

|                                       |                                |
|---------------------------------------|--------------------------------|
| Name: Theresa Kimura-Yip              | Title: Chief Executive Officer |
| Email: Theresa.Kumura-Yip@cdcr.ca.gov | Telephone: 916-985-2561 X 3034 |

**Facility Characteristics**

|   |  |
|---|--|
| Designated Facility Capacity: 2968 (M) 530 (F)  | Current Population of Facility: 2988 (M) 437 (F) |
| Number of inmates admitted to facility during the past 12 months  | 2719   |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:  | 2719   |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 2719   |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:                                      | 219  |

|  |  |  |
|--|--|--|
| Age Range of Population:   | Youthful Inmates Under 18: None        | Adults: 18-87  |
| Are youthful inmates housed separately from the adult population?  | <input type="checkbox"/> Yes           | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months:  | N/A                                    |  |
| Average length of stay or time under supervision:  | 60 months                              |  |
| Facility security level/inmate custody levels:   | Level I, II and III                    |  |
| Number of staff currently employed by the facility who may have contact with inmates:  | 1137                                   |  |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates:   | 99                                     |  |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates:   | 20                                     |  |
| <b>Physical Plant</b>  |  |  |
| Number of Buildings: 19  | Number of Single Cell Housing Units: 1 |  |
| Number of Multiple Occupancy Cell Housing Units:   | 4                                      |  |
| Number of Open Bay/Dorm Housing Units:   | 14                                     |  |
| Number of Segregation Cells (Administrative and Disciplinary):   | 138                                    |  |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):   |  |  |
| <p>Folsom camera system is limited to exterior locations, prison industries, visiting areas and health care building offices. Viewing of camera footage is done on incident basis and are not always monitored. Medical building cameras that cover physician offices are placed in the custody staff control. Prison industry camera monitors are placed in the supervisor's office where they can conduct checks of inmates. Retention of recordings for the yard and visiting camera system is 12-14 days and prison industries is 30 days.</p> |  |  |
| <b>Medical</b>   |  |  |
| Type of Medical Facility:  | Intermediate Care Facility             |  |
| Forensic sexual assault medical exams are conducted at:  | San Joaquin General Hospital           |  |
| <b>Other</b>   |  |  |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:  | 368                                    |  |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse:   | 18                                     |  |

# Audit Findings

## Audit Narrative

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

A Department of Justice (DOJ) Prison Rape Elimination Act (PREA) audit was conducted at Folsom State Prison (FSP) including the housing unit referenced as Folsom Women's Facility (FSP/FWF) in Represa, California based on the Western State Consortium Agreement. This audit was the second PREA audit for FSP/FWF. FSP/FWF is under the jurisdiction of the California Department of Corrections and Rehabilitation (CDCR). The PREA Audit team consisted of DOJ Certified Auditor Cheyenne Evans (lead auditor) with support staff of DOJ Certified PREA Auditor Shelley Harrington, Tiresa Harris and Kona Mann, hereafter referred to as the PREA Audit Team. Support staff assisted the lead auditor and participated in the facility tour, conducting interviews with staff and inmates and file reviews. The on-site audit was conducted from March 17, 2019 to March 22, 2019.

### Pre-Onsite Audit

Prior to the onsite audit a posting of the PREA Audit Notices and auditor's contact information was distributed throughout FSP / FWF and was posted on February 4, 2019, at least six (6) weeks prior to the first day of the on-site audit. The facility provided email documentation, including pictures, to demonstrate the notices were posted in accordance with audit requirements on white paper with a colored American flag background to be easily identified, written in English and Spanish. The notices included instructions for inmates that all correspondence must include "for FSP/FWF PREA Audit" on the envelope; otherwise it will not be considered confidential. Further, that all written and verbal correspondence and disclosures provided to the auditor are confidential and will not be disclosed unless required by law. The auditor did not receive any letters from FSP or FWF prior to the on-site audit.

FSP / FWF Pre-Audit Questionnaire (PAQ) and supporting documents was completed on January 11, 2019 and received on an encrypted disk sent priority mail which was received by the auditor on January 25, 2019. The PAQ and documents submitted were reviewed and several PREA Standards documentation was noted that it would be provided onsite. Documentation reviewed prior to the onsite audit included layout map of the institution, agency policies and procedures; agency and institutional forms; organizational charts; position descriptions, PREA related posters, brochures; general PREA training, investigator, medical and mental health specialized training material/lesson plans, verification of specialized training, and memorandums of agreements. Additionally, the auditor established contact with the Agency Contract Administrator and conducted a telephone interview.

Pre-audit emails were sent between the auditor, California State PREA Coordinator and the FSP/FWF PREA Compliance Manager to discuss logistics of the on-site audit, clarification of the facility's layout and discuss the schedule and the accessibility to areas of the facility and files. The following was provided to FSP/FWF PREA Compliance Manager and CDCR PREA Coordinator on February 12, 2019, prior to the on-site phase: 1) tentative on-site audit schedule; 2) listing of list and/or documents needed for sampling while on-site; and 3) listing of files/records needed to review.

In addition, a request for the following lists were requested to be provided on the first day of the audit, if not sooner: complete list of inmates, inmates divided into their housing units, inmates with disabilities, inmates who are limited English proficient, inmates who identify as LGBTI, inmates who reported sexual abuse, inmates who reported sexual victimization during risk screening;

complete list of staff, specialized staff, contractors and volunteers that have contact with inmates, and a list of grievances for all allegations of sexual abuse and sexual harassment reported for investigation between February 2018 – February 2019. The following files were requested to be available for review during the on-site phase of the audit: human resource files for background checks and promotional clearances, staff training logs for staff, contractors and volunteers, records for inmate PREA 72 hour and 30 day review screenings, medical and mental health records for referrals and follow-ups, notification for reports received by inmates that were sexually abused while confined at another facility and FSP/WWF PREA investigations that were selected by the auditor based on lists provided.

### **On-Site Phase**

On March 17, 2019, the Audit Team met with key administrators, FSP/WWF Warden, Associate Warden, PREA Compliance Manager, Health Service Administrator, Chief Deputy Warden, Public Information Officer and the CDCR PREA support team from California's central office in Sacramento. The purpose of the meeting was to introduce the team, convey the plan of action for tours and interviews, expectations for the PREA audit. The audit team conveyed that only tours were going to be conducted on this day as FSP/WWF is a large institution that would need more time dedicated to the tour of all areas of the institution. Following the initial meeting, the PREA Audit Team along with assigned escorts began the site tour of FSP.

FSP currently houses level I, II and III inmates. FSP Building Units 1, 3 and 5 houses level II inmates, Building Unit 2 houses level III inmates and Building Unit 4 is the designated segregation housing of FSP. The Fire House and Folsom Minimum Support Facility houses level I inmates.

The tour was started as one group, first area was in the main recreation yard where multiple shower areas around the exterior part of the recreation yard was observed. The showers were separate stalls with pony walls that was sufficient enough to prevent opposite gender viewing. The group continued to the Athletic office where there is a staff office and inmate work space, the inmates are tasked with handling of exercise equipment and sporting goods, they check them out and in. The inmates move freely to and from the units and recreation yard. The tour continued with the Academic Education Building, Education Annex Building, visit room and outside visit area, the next part of the tour started in the housing unit 1, mini recreation yard in unit 1, medical clinic, Units 2, 3 and 5 was toured, staff offices located in housing units and the dining rooms. Later in the day the audit team split into two groups and continued tours in Unit 4, segregation, Library, Medical and Mental Health, Administrative Segregation, the Segregation Recreation area and Receiving and Release (Intake R&R). Because it was a weekend there was no intakes being processed to observe, therefore, the R&R area was retoured at a later date. The auditor was walked through the complete intake screening and orientation process. The audit team planned to return to R&R on another day of the on-site audit for observation of process and review actual materials and information given to the inmate. The dining hall is utilized only for serving as meals are not prepared at FSP, it is prepared at the California State Prison, Sacramento (CSP) that is situated at the entrance of FSP driveway entrance from the main highway. Laundry is also done at CSP.

Tours of all other outlying areas such as Upper and Lower Yard Operations, Vocation areas, Warehouses, Prison Industries, Folsom Minimum Support Facility, Fire House and the Folsom Women's Facility was scheduled for tour on the second day of the on-site audit.

During the tours there were several areas of concern with blind spots, possible opposite gender views of toilets and areas were missing posted PREA information. Blind spots that were identified were in Staff offices both, uniformed and non-uniformed offices, Education Annex class rooms, Academic Building class rooms. Some of the segregation recreation cell toilets was also identified as an area where opposite gender viewing is possible in the end and corner cells. In addition, observation of PREA informational posters were posted throughout the facility yet not posted in all necessary areas for inmates, staff and visitors. Some Building Units had postings on the first and second tiers and some at the front entrance. There were issues of inmates tearing the posters down. Phone numbers for WEAVE and the Office of Inspector General (OIG) were painted on the walls near the inmate phones but no explanation as to what they are for. WEAVE is a non-profit agency that offers confidential advocates for emotional support and the OIG is utilized for outside confidential reporting. Recommendations to meet these concerns were acknowledge by FSP staff and had addressed and remedied some of these concerns prior to the ending of the on-site audit as

verified by the auditor and photos sent to auditor. There were additional concerns that was noticed during the tour of the housing units. The housing log books were reviewed for unannounced rounds and was found to be inconsistent. The supervisor does not log in chronological order any checks being done, just an initial in the middle of the page.

Other observations during the tour included condoms in dispensers in common areas as required by California Assembly Bill 966 also known as the Prisoner Protections for Family and Community Health Act. This public health law requires the California's Department of Corrections and Rehabilitation to make condoms available to inmates in all its state prisons. CDCR still prohibits sexual acts with any person while in confinement and maintains that consensual sexual activity is still illegal according to the California penal code.

CDCR requires that opposite gender announcements are made at the point of entry into a housing unit and at the change of watch through a mass announcement. During the on-site audit, the opposite gender announcement was observed consistently at FSP and FSP/WWF.

The following lists compares the required inmate interviews mandated by the PREA Auditor Handbook, effective September 2017 and the actual interviews conducted by the PREA Audit Team for the inmate population size of FSP/WWF. On the first day of the on-site audit there were 3,428 inmates at FSP/WWF. Though the PREA Audit team was unable to reach all target minimum requirements for interviews as there were no youthful inmates and any inmates in segregated housing for high risk of sexual victimization. The PREA Audit Team conducted additional interviews in other target areas to compensate for the shortfall. This was verified through the facility tour, interviews with the PREA Compliance Manager, review of PREA investigations and reports and custody housing listings. All inmate interviews, targeted and random were selected randomly by the audit team based on list provided by the facility and, ensured a diversity of inmates based on gender, age, race/ethnicity and lengths of stay at the institution by interviewing one or more inmates in every housing unit and section and included a range of ages, race/ethnicity and length of stay. Throughout the on-site review, the audit team was able to also conduct informal interviews with inmates.

| Interview Type                                     | # Required  | TOTAL # |
|--|-------------|---------|
| <b>Overall Minimum Number of Inmate Interviews</b> | At least 50 | 100     |
| <b>Random Inmate Interviews</b>                    | At least 25 | 72      |
| <b>Targeted Inmate Interviews</b>                  | At least 20 | 28      |
| Youthful Inmates                                   | At least 4  | N/A     |
| Inmates with a Physical Disability                 | At least 1  | 5       |
| Inmates who are Blind, Deaf, or Hard of Hearing    | At least 1  | 5       |
| Inmates who are LEP                                | At least 1  | 2       |
| Inmates with a Cognitive Disability                | At least 2  | 2       |
| Inmates who Identify as Lesbian, Gay, or Bisexual  | At least 3  | 3       |
| Inmates who Identify as Transgender or Intersex    | At least 4  | 4       |

|   |            |   |
|---|------------|---|
| Inmates in Segregated Housing for High Risk of Sexual Victimization | At least 2 | 0 |
| Inmates Who Reported Sexual Abuse                                   | At least 4 | 4 |
| Inmates Who Reported Sexual Victimization During Risk Screening     | At least 3 | 3 |

FSP/FWF has approximately 1,144 staff members between uniform and non-uniform and 145 volunteers and contractors combined. The following lists compares the required staff, agency level, volunteer and contractor interviews mandated by the PREA Auditor Handbook, effective September 2017 and the actual interviews conducted by the PREA Audit Team. The PREA Audit Team randomly chose a diverse sample of uniformed staff as well as non-uniform staff by interviewing employees from all sections and throughout the three identified uniformed shifts which. The selection process includes a diversity of staff based on gender, length of time employed by CDCR, and position titles.

Though the PREA Audit team was unable to reach all target minimum requirements for interviews as there were no line staff that supervised youth inmates, education or program staff who work with youthful inmates and non-medical staff involved in cross-gender strip searches or visual searches. This was verified through review of the pre-audit questionnaire and documents, the facility tour and interviews with the PREA Compliance Manager.

It should be noted that every staff member and volunteer / contractor may serve in more than one interview role. All staff are mandatory reporters and most function as first responders, therefore, most interviews conducted included multiple interview protocols. Staff, volunteers and contractors that have inmate contact were asked 1<sup>st</sup> Responder interview protocol in addition to the interview that they were initially identified for therefore double counting of staff did occur. \*Other key staff interviews that is not required by the protocols were completed at FSP. This included the Grievance Officer and Food Service Supervisor, who were also asked the protocols for first responder duties. Throughout the on-site review, the audit team was able to also conduct informal interviews with staff, volunteers and contractors.

| Interview Type   | # Required                      | TOTAL # |
|--|---------------------------------|---------|
| <b>Overall Minimum Number of Staff Interviews</b>                | At least 35+                    | 101     |
| <b>Random Staff Interviews</b>                                   | At least 12 (1) from each watch | 40      |
| <b>Specialized Staff Interviews</b>                              | At least 23+                    | 61      |
| Agency Contract Administrator                                    | At least 1                      | 1       |
| Intermediate or Higher level facility staff                      | At least 1                      | 6       |
| Line Staff who supervise youthful inmates, if any                | At least 1                      | N/A     |
| Education & Program staff who work with youthful inmates, if any | At least 1                      | N/A     |
| Medical and Mental Health Staff                                  | At least 1                      | 5       |



|  |              |    |
|--|--------------|----|
| Non-Medical Staff involved in cross-gender strip searches or visual searches | At least 1   | 0  |
| Administrative Staff HR  | At least 1   | 1  |
| SAFE / SANE Staff  | At least 1   | 1  |
| Volunteers and Contractors   | At least 2-4 | 5  |
| Investigative Staff  | At least 1   | 2  |
| Staff who Perform Screening for risk of victimization and abusiveness        | At least 1   | 3  |
| Staff who supervise inmates in segregated housing                            | At least 1   | 2  |
| Staff on the SAIR Team   | At least 1   | 1  |
| Designated staff member charged with monitoring retaliation                  | At least 1   | 1  |
| * First Responders, both security & non-security                             | At least 1   | 28 |
| Intake Staff   | At least 1   | 1  |
| Agency Head or Designee  | At least 1   | 1  |
| Warden or Designee   | At least 1   | 1  |
| PREA Coordinator   | At least 1   | 1  |
| PREA Compliance Manager  | At least 1   | 1  |

On March 18, 2019, the Audit Team met with key administrators, FSP/WWF Warden, Associate Warden, PREA Compliance Manager, Health Service Administrator, Chief Deputy Warden, Public Information Officer, the CDCR PREA support team from California's central office in Sacramento and additional administrative staff and Correctional Captains. The purpose of the meeting was to introduce the team to those that were not in attendance on the previous days meet and greet, the plan of action for the remainder of the on-site audit, continuation of tours and interviews and expectations for the PREA audit was conveyed. Following the meeting the PREA Audit Team and escorts continued to complete the facility tour by splitting into two groups, one group toured the Upper and Lower Yard Operations, Vocation areas, Prison Industries shops and Warehouses, the second group toured the Folsom Minimum Support Facility, Fire House, Prison Industries Yard and the Folsom Women's Facility located outside the walls of FSP.

During the tour of Operations, Vocations, Warehouse and Prison Industry areas there were some concerns and blind spots. In the Lower Yard Automotive office there was yellow lockers blocking the office window which hindered the view into the office, the auditor was informed that inmates do enter when needed. Vocations Learning Center hall door needed a sign for being out of bounds as only staff is allowed through, the plumbing and electrical shop tool and parts room were full of blind spot areas as it is a storage with blind corners, inmates were observed in these areas without supervision, a recommendation of mirrors and reminders to supervisors that they should be monitored while gathering supplies. The Tool Room second level storage area had boxes stacked that created blind spots, recommended moving boxes to open area to allow line of sight. The Audio Visual cage had a video camera in the supervisor's office and the windows were tinted with the front gate covered in plastic. The video



camera is for the supervisor to monitor the inmate working out front and does not record. The plastic on the gate made it difficult to see in. The Auditor was informed that the plastic was there so that contraband cannot be passed through the fence between inmates, it was recommended that the tint on the windows be lowered to half of the window and the plastic be changed to a clear covering. The (3) Lower Yard supervisor's office has blinds on the windows and was informed that inmates are allowed in on occasion for various reasons, it was recommended that the blinds be removed and the windows be frosted half way to provide sufficient privacy for staff. The Tool Room in the Carpentry Vocations area had a blind spot in the right corner of the room, recommended that a mirror be placed in the top left corner to address this blind spot. The Masonry Tool cage was blocked with hanging jackets and hats, there is an inmate work line that is assigned in that cage where he controls the entry gate and able to lock, it was recommended that the hanging of jackets and hats be moved to a wall to eliminate that blind spot. The Prison Industries Warehouse had equipment stored at the entrance on the left that created a blind spot, recommendation of a mirror placement to address that area. Prison Industry Maintenance staff bathroom was unlocked with the ability to lock on the inside, it was recommended that the door be kept locked so when not in use as to not give a space for potential sexual abuse or misconduct by inmates. Prison Industry Maintenance second floor parts storage gate was left unlocked, upon entering the second floor there was an inmate work line there working out with another area prepared as a makeshift sleeping area, the back left and right corners were blind spots. It was recommended that (2) mirrors be placed to address these areas and an order to the supervisor to keep that gate locked and not allow the inmate to linger in that area unless it is work related. The License Plate Unit 4 Mechanics Room has a blind spot in the rear of the room and the window was covered, recommended a mirror be placed in the front to address the blind spot in the rear of the room and uncover the window. Prison Industries Toner Clerks office has cabinets blocking the inmate work area and the Toner Shop had shelves in the middle that created blind spots, recommended that the cabinets be moved in the clerk's office to open the room and the shelves in the shop be rearranged to eliminate these areas of concern. The Warehouse print shop storage areas was unlocked, recommended that a reminder be direct to staff about securing doors, especially where inmates are not allowed without staff escort. Prison Industry Brail shop inmate toilet had a partition in the last stall which blocked a full stall and created a blind spot, it was recommended that the partition be removed as there was a pony wall already there for modesty concerns. The security cameras in the Brail shop was impressive as it addressed every room and inmate working cubicle but the concern was that (3) cameras were not working and Auditor was informed that it was inoperable for a while. When asked for the length of retention for the recordings, the response was it was unknown due to the system not working and it had not recorded for an extended period. The camera's use was limited to only live feed.

A tour of the Folsom Women's Facility (FWF), Folsom Minimum Support Facility, Fire House and a Prison Industry Authority Warehouse is located outside of the secured perimeter of FSP. These housing units are considered a part of the physical plant of FSP.

FWF houses level I, II and III inmates that consists of 2 housing Dorms A and B with their own recreation yard. Dorm A is separated into four units 1, 2, 3, 4 and is two-tiered. Unit 3 of Dorm A is for restricted or limited privilege inmates. Dorm B is separated into three units 1, 2, 3 and is two-tiered. Each tier has an isle that runs through the middle with bunk beds on each side in close proximity to one another. The housing units are separated by programming and administrative areas that include (2) dining rooms, serving Kitchen, Visiting area, Staff offices, classrooms and program spaces, Canteen, Property storage, Medical, Pharmacy, Intake and Release, Library, Education. Inmates have free access to both recreation yards and program areas but are prohibited from entering into a dorm that they are not assigned to. FWF entry is structured with an administration office area, then a door entry to the Triage and Treatment Area (TTA), which is in the main pass through for entry into the hallway and housing units.

FWF concerns and blind spots observed during the tour was focused in the program area next to Dorm B. A mirror was recommended to address the blind spot. An attempt was made to use the inmate phone in restrictive housing unit 3 to contact the identified reporting entities, but the phone was deactivated due to the restricted nature of the inmates housed. CDCR staff acknowledged the conflict with the posting information, however it was agreed to clarify for this housing unit any reporting or request for emotional support services would be initiated via a written format. FSP staff will provide an alternative solution for restricted unit inmates to contact OIG, WEAVE or the Ombudsman. The Rape Crisis Center (WEAVE) was called from FWF

Dorm A, Unit 4 but the advocate did not feel comfortable answering questions and would have a supervisor call back. No call back was received from WEAVE. A call was made to OIG and a message was left, the PREA Audit Team received a return call on 3/18/19 from OIG's office within an hour explaining the process and notification they would make. The showers offered sufficient privacy as it is single stalled showers though, the curtains presented a problem where it was suggested to modify shower curtains where increased visibility in the shower areas of the housing units. The uniformed staff office window was blocked, removal of papers was done prior to the PREA Audit Team leaving the area though, upon the return of the Auditor two days later the papers were back up in the window. FSP was directed to issue a reminder to staff keep windows cleared of obstructions.

The Minimum Support Facility (MSF) was toured and houses Level I minimum custody inmates. The facility is split into an upper and lower housing dorm area. Each dorm has an isle that runs through the middle with bunk beds on each side in close proximity to one another separated by a 3'-4' concrete partition. Each dorm has its own restroom with multiple toilets and single shower stalls that provide enough privacy to prevent opposite gender viewing. The administrative building houses security staff and counselors, a main dining hall, a bike shop, library, programming area and health care unit. There is open movement throughout the facility and recreation area. PREA posters were visible in all areas printed in English, Spanish and Hmong, OIG and WEAVE contact numbers were painted on the walls near the phones. No major concerns or blind spots observed during the tour.

FSP has a Fire Camp that is located just outside of the MSF main security perimeter and houses (6) Level I minimum custody inmates. The fire camp is operated in conjunction with CAL FIRE and Los Angeles County Fire (LAC FIRE) Departments. It is staffed by a Fire Chief and (5) Fire Captains that alternate in 48-96 hour shift schedules. The CAL FIRE staff undergoes Correctional Onboard Training and serve as correctional employees. The main building houses the inmates and staff, the inmates are housed in a dormitory setting with bunk beds, and the staff have sleeping quarters that are separated from the main living area. The main building includes a bathroom, kitchen and classrooms. No major concerns or blind spots observed during the tour.

FSP/FWF was able to immediately address some of the identified blind spots and concerns prior to the completion of the on-site review, the institution assured that the remaining concerns and recommendations would be addressed and all proof of any corrective action would be submitted by photos and documentation.

The Audit Team split throughout FSP/FWF and conducted interviews with inmates and staff. Interviews were conducted in available rooms or office space within the housing units and throughout the facility. Selection of inmates were made by housing roster assignments and staff who were present in the area were randomly picked unless they qualified for specialized staff interviews. The auditor did not receive any letters from FSP/FWF prior to the on-site audit. While touring it was found that the auditors posting was no longer up in certain areas. FSP/FWF was instructed to re-post the auditor's information and leave up for another 6 weeks post on-site audit in order to give staff and inmates that were not aware an opportunity to write to the auditor. Photos of the posting in those concerned areas were given to the auditor as confirmation of posting.

On March 19, 2019, the PREA Audit Team split up throughout FSP/FWF and continued to conduct interviews with inmates and staff. Interviews with custody staff members included those assigned to all three rotating shifts at FSP/FWF. The Audit Team also began reviewing FSP/FWF inmate medical records, inmate records, requested for human resource (employee) files and investigative cases. Review of files and documentation was selected based on lists provided by the institution, interviews with staff, inmates and target category selection. The following files were reviewed:

| FILES REVIEWED   | AMOUNT |
|--|--------|
| Human Resources (Employee) Application and background clearances | 17     |

|  |    |
|--|----|
| Human Resources (Volunteer / Contractor) Application and background clearances                         | 4  |
| Training: General PREA training and specialized training records                                       | 17 |
| Inmate: Who reported sexual abuse, who reported during screening, initial screenings and reassessments | 31 |
| Medical Mental Health Records: Referrals and follow up treatment/assessment                            | 15 |
| Investigation: Sexual abuse and Harassment reported within the last 12 months                          | 7  |
| Grievance: Sexual abuse and sexual harassment  | 5  |

The auditor returned to R&R (Intake) to observe normal operations during admission. Upon entrance inmates are in holding cells awaiting the process and there is a television with a PREA informational and education video playing for inmates in English then replays in Spanish and then in Hmong. Part of the process is an intake interview with the R&R Sergeant where the PREA screening questionnaire is completed and then they are seen by medical staff prior to housing assignment. Inmates are given handouts for sexual abuse/assault prevention and intervention knowing their rights and responsibilities, how and who to report to medical care consent to medical exams and recovering from sexual assault and phone numbers and addresses to internal and external agencies for reporting. An orientation handbook is also given with facility rules and regulations, general expectations, general information of processes and programs available. Informal interviews were done with inmates in the holding cells acknowledged that they did receive the information, asked PREA questions and watched the PREA educational video. PREA informational posters and auditor posters were observed in this area.

On March 20, 2019, the PREA Audit Team split up throughout FSP and continued interviews with inmates, staff and reviewing of files listed in the table above. The PREA investigations were located in the Investigative Services Unit (ISU) where the auditor requested copies of (7) cases out of (20) investigations. The investigative files reviewed included (4) sexual abuse cases and (3) sexual harassment with the following outcomes: (3) substantiated and (3) unsubstantiated and (1) unfounded. The investigative files contained reports of the allegation, investigation, monitoring and referrals for medical and mental health follow-up, applicable sexual assault incident review and notifications to the inmates and/or attempts to notify the inmate, if the inmate has been transferred to another facility. ISU PREA investigative files were thorough, well-documented and organized. The files considered the totality of the evidence and provided an analysis for credibility.

On March 21, 2019, The PREA Audit Team split up throughout FSP and continued the remaining interviews with staff and inmates. The PREA Audit Team continued the review of documentation and files at the Training Center. Training records selected were based on staff interviews. The records requested for staff, volunteers and contractors were of their initial PREA training and refresher courses taken within the (2) year requirement, specialized training confirmation for those who are in the medical, mental health field that have contact with inmates and investigators that conduct sexual abuse cases. Additionally, CDCR has a PREA refresher for On the Job Training which via a training website that is taken on the in-between years.

Medical and mental health records reviewed were selected based on inmate interviews and those investigation for inmates who reported sexual abuse, sexual harassment incidents and inmates who reported sexual abuse and sexual harassment during screening. Referrals and follow up documentation was obtained for (14) inmates.

Review of initial and transfer inmate PREA screenings, 30 day reassessments and new information assessments were conducted on (31) inmates who, were randomly selected based on a name list of inmates who were admitted within the last 12 months prior to the on-site audit, inmates who have reported sexual abuse during screening, inmates transferred for housing in FSP's ASU and inmates that was involved in a PREA investigation for sexual abuse.

On March 22, 2019, The PREA Audit team reviewed Human Resource (HR) files for selected employees, contractors and volunteers based on interviews, specialized assignments, newly promoted and newly hired. The HR files contained application, applicant acknowledge form for back ground clearance, LiveScan response form, Pre-employment reference form that contains PREA questions in §115.17 (a). Files were thorough, well-documented and organized.

Inmate PREA related grievances were reviewed and found to be complete and answered in a timely manner.

A debrief with key administrators, FSP/FWF PREA Compliance Manager, and the CDCR PREA support team from Sacramento was conducted with a summary of preliminary findings relating to the PREA standards being discussed. Interviews with staff and inmates throughout the on-site phase indicated that both have been informed and are knowledgeable about PREA, CDCR and FSP/FWF staff exhibited professionalism, ensured an open and safe environment and were very cooperative towards the Audit Team. CDCR and FSP/FWF had started to work with the auditor on areas identified in the preliminary discussion that required corrective action and submitted proof of completion of all concerns and issues prior to the issuance of this final report.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

FSP/FWF is located in Represa, California and is under the jurisdiction of the California Department of Corrections and Rehabilitation (CDCR). FSP is California's second oldest prison. Opened in 1880 with the capacity of 1,800 inmates FSP received their first (44) inmates from San Quentin State Prison in Sacramento. FSP's location was selected due to unlimited amount of granite stone for building the prison. The American River nearby offered a sufficient water source and formed a natural boundary. Inmate laborers built the first dam and canal on the American River that led to the first hydroelectric power generation for the Sacramento area. Additionally, FSP was the first prison in the world to have electric power provided by the hydroelectric powerhouse. FSP was America's first maximum security prisons and after the state of California took control of the death penalty in 1891 executions were held at Folsom by hanging between 1895 and 1937.

FSP is situated on approximately 1,000 acres and surrounded by a solid granite wall which acts as the prisons perimeter with multiple gun towers. The buildings are clean and kept in good condition considering the age of the institution.

FSP consists of 19 buildings which includes an Administration Building called the Officers and Guards building, (5) housing units; (1) single cell housing, (4) multiple occupancy cell housing, and (14) open bay or dormitory style housing units. FSP consists of a library, education building and an education annex, academic areas, (2) dining halls, chapel, gym, a central recreational yard and two smaller exercise yards attached to Unit 1, an R&R (Intake), vocational areas, operational maintenance plant, facility and CALPIA warehouses, a visiting room with an attached patio that holds contact visits and an (5) non-contact visits cells, medical building and clinics. A new medical building is currently under construction and is located in-between the existing medical building

and the Officers and Guards building. The powerhouse (Cochran Hall) is still standing vacant and currently is being repurposed vocational space.

FSP currently houses level I, II and III male inmates. Building Units 1, 3 and 5 house level II, Unit 2 houses level III, Unit 4 is administrative segregation and level I inmates are housed in the Minimum Support Facility (MSF) and Fire House. On the first day of audit the population count was 2,990.

Building Unit 1 houses level II inmates, has (5) tiers divided into (4) blocks A, B, C and D with 667 cells, maximum capacity of inmates is 1,264. The showers for all blocks are located on the first floor and are gym type showers with (4) main poles with (6) shower heads on each pole. Showers are locked when closed, and when showers are open a search and escort staff monitors the shower area. Unit 1 has (2) gun rails where staff patrol, the lower gun rail leads into and across the dining halls. When exiting the back of Unit 1 you enter into (2) mini recreation yards (overflow), one was closed due to construction. Upon exiting the overflow recreation area, which leads to a medical clinic that has (2) medication windows next to the entrance. The medical clinic has (4) exam rooms, a security control station, bathroom, staff break room and is operated only (5) days a week. In Unit 1 there is staff offices behind a chain link fence and a counter area for staff and the Men's Advisory Council (MAC).

Building Unit 2 and 3 are similar in design, with (5) tiers divided into (2) blocks A and B. Showers are gym type with a pony wall surrounding that was sufficient enough to prevent opposite gender viewing. Other shower options are to shower in the recreation yard due to the limited amount of showers available in the housing unit for the amount of inmates housed there. Unit 2 houses level III inmates with 309 cells that can house up to (2) inmates and a maximum capacity of 618 inmates. Unit 3 houses level II inmates with 399 cells that can house up to (2) inmates per cell and a maximum capacity of 798 inmates.

Building Unit 4 is administrative segregation with three floors and a total of 138 single cells. Showers are single stall that is located at the end of the tiers and has a metal piece on the grate to provide sufficient privacy that would prevent opposite gender views. Upon exiting the rear of unit 4 is the recreation area with 28 single cells equipped with a toilet and sink stainless steel combo. Metal pieces run across the middle of the cells to prevent viewing of toilet by opposite gender staff. There were corner and side cells that the metal pieces were not sufficient and allowed opposite gender views of the toilet. Prior to the final report FSP addressed this issue and submitted documentation and photographs of completion by adding another strip of metal to cover the toilet area.

Building Unit 5 houses level II inmates and structured with (2) tiers and (4) blocks labeled A, B, C and D. The showers are open with similar pony walls to ensure privacy at a horizontal viewing angle. The control station was located at the entry point and counselor's offices were located behind the tiers secured behind a chain link fence that only staff has access to and controls the entry and exit of this area. Unit 5 has (2) tiers with (4) blocks labeled A1-2, B1-2, C1-2 and D1-2 with 39 cells on the first floor and 41 on the second for a total of 320 cells that can house up to (2) inmates per cell with a maximum capacity of 642 inmates. This unit was built in 1878 and construction is underway to add access to the new medical building and to have its own medication dispensary. Unit 5 overflow recreation area was closed due to construction. Unit 5 is the "pass through" for staff and inmates to enter units 2 and 3, TTA, the visit room and leads to the MAC office. Inmates that have successfully adapted through FSP's phasing process is offered this housing unit as it is the most desirable living environment as the cells are larger and some are single celled.

Inmate programs at FSP include California's Prison Industry Authority (CALPIA) which offers work programs in Administration, Braille Enterprise, a License Plate factory, Maintenance, Metal Fabrication, Printing plant and Sign shop. Vocational programs include construction and technical education for welding, auto mechanics, electronics, electrical work, masonry, building maintenance, plumbing, carpentry, sustainable ecological environment development and office services. Academic programs include Adult Basic Education, High School GED, English as a Second Language, Literacy program and computer assisted instruction and a multitude of other voluntary programs that afford the inmates opportunities for self-improvement. FSP has a Men's Advisory Council (MAC) which was developed to be a conduit for the general population inmates to the Warden and all department heads as well as correctional staff. This council is covered by CDCR California Rules and Regulations Title 15 section



3230. The purpose is to establish an inmate advisory council that acts as a representative of that area's ethnic group which is responsible for effective communication between the inmates, staff and Warden in matters of common interests and concerns. Council members meet monthly with the Warden or designee to bring up those concerns and matters and propose resolutions. Emergency and PREA issues may be brought to the attention of staff members at any time and does not have to go through the MAC. There are procedures on how the representatives are picked and voted in by the inmates, they follow a set of rules to assure fairness, integrity and proper staff supervision.

The Minimum Support Facility (MSF) houses Level I minimum custody male inmates. The facility is split into an upper and lower housing dorm area. Each dorm has an isle that runs through the middle with bunkbeds on each side in close proximity to one another separated by a 3'-4' concrete partition. Each dorm has its own restroom with multiple toilets and single shower stalls that provide enough privacy to prevent opposite gender viewing. The administrative building houses security staff and counselors, a main dining hall, a bike shop, library, programming area and health care unit. There is open movement throughout the facility and recreation area. There were 204 inmates housed here on the first day of the on-site audit.

FSP Fire House is located just outside of the MSF main security perimeter and houses (6) Level I minimum custody inmates. The fire camp is operated in conjunction with CAL FIRE and Los Angeles County Fire (LAC FIRE) Departments. It is staffed by a Fire Chief and (5) Fire Captains that alternate in 48-96 hour shift schedules. The CAL FIRE staff undergoes Correctional Onboard Training and serve as correctional employees. The main building houses the inmates and staff, the inmates are housed in a dormitory setting with bunk beds, and the staff have sleeping quarters that are separated from the main living area. The main building includes a bathroom, kitchen and classrooms. This program provides qualified inmates with vocational skills by training to be certified firefighters. After successfully completing the training program, inmates are placed in fire crews. Training includes fire suppression, conservation, and community service.

FSP received their first female inmate in 1885, in 1929 women were no longer accepted and the population remained strictly for male inmates. In 2013 the Folsom Women's Facility (FWF) was opened and is a stand-alone facility located outside of the FSP secured perimeter with a 523 bed capacity. On the first day of audit the population count was 438.

FWF houses medium level II and III female inmates and consists of 2 housing Dorms A and B. Each housing dorm has their own recreation yard. Dorm A is separated into four units 1, 2, 3, 4 and is two-tiered. Unit 3 of Dorm A is for restricted or limited privilege inmates. Dorm B is separated into three units 1, 2, 3 and is two-tiered. Each dorm unit tier has an isle that runs through the middle with bunk beds on each side in close proximity to one another. The housing units are separated by programming and administrative areas that include (2) dining rooms, serving Kitchen, Visiting area, Staff offices, classrooms and program spaces, Canteen, Property storage, Medical, Pharmacy, Intake and Release, Library, Education. Inmates have free access to both recreation yards and program areas but are prohibited from entering into a dorm that they are not assigned to. FWF entry is structured with an administration office area, then a door entry to the Triage and Treatment Area (TTA), this is in the main pass through for entry into the hallway and housing units.

FWF has a Women's Advisory Council (WAC) which was developed to be a conduit for the general population inmates to the Warden and all department heads as well as correctional staff. This council is covered by CDCR California Rules and Regulations Title 15 section 3230. The purpose is to establish an inmate advisory council that acts as a representative of that area's ethnic group which is responsible for effective communication between the inmates, staff and Warden in matters of common interests and concerns. Council members meet monthly with the Warden or designee to bring up those concerns and matters and propose resolutions. Emergency and PREA issues may be brought to the attention of staff members at any time and does not have to go through the MAC. There are procedures on how the representatives are picked and voted in by the inmates, they follow a set of rules to assure fairness, integrity and proper staff supervision. Other programs offered at FWF include Academics, Anger Management, Arts-in-Corrections, Computer Coding, Computer Literacy, Criminal Thinking, Family Relationships, Library Services, Physical Education, Substance Use Disorder, Transitions and a CALPIA's Culinary Arts Program.

The Investigative Services Unit (ISU) is comprised of Security and Investigations (S&I) officers who author search and arrest warrants of individuals who conspire to introduce contraband into the institution, are court liaisons and works with the District Attorney's

office, serving subpoenas and referring prosecutable offenses, a K-9 Unit that is comprised of (2) Officers and (2) K-9's, Internal Affairs who are under the direction of the institutions Warden and conducts investigations of all suspected criminal violations and misconducts involving employees and the Strategic Threat Group (STG) Investigators. The ISU monitors and investigates all suspicious activities within FSP/FWF to include narcotics, contraband, homicides and attempted homicides, escapes and PREA. The ISU staff are proficient in crime scene preservation and processing, evidence collection and conduct comprehensive investigation involving felony activities. ISU is located outside of FSP's entry gate and secured perimeter.

FSP has a long and interesting history which also includes Singer Johnny Cash performing a live concert in 1966 and 1968 in the FSP's dining hall and recorded his album "At Folsom Prison". The Folsom Museum is near the entrance of the prison and is solely ran through the support of volunteers and contains artifacts throughout Folsom's long history.







## Summary of Audit Findings

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

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

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 45

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

All concerns and issues found based on documentation and the on-site portion of the audit were addressed and rectified prior to the submittal of the final report.

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

(a) – CDCR's Department of Operations Manual (DOM), Section 54040.1 states that; CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.

CDCR DOM Section 54040.2 identifies the purpose of the policy and provides guidelines for prevention, detection, responses, investigation, and tracking of sexual violence, staff sexual misconduct and sexual harassment against CDCR offenders. The policy also informs staff of their responsibility and liability as specified in the law. CDCR DOM Section 54040.3 includes general PREA related definitions as well as definitions specific to prohibited behaviors regarding sexual abuse and sexual harassment. CDCR DOM Section 54040.15 identifies the disciplinary process for those found to have participated in prohibited behaviors related to sexual abuse and sexual harassment.

(b) – CDCR employs an upper-level, agency-wide PREA Coordinator, whose position functions as a Captain under the direct supervision of the Mission Correctional Administrator. The CDCR PREA Coordinator, acts as the lead within the Female Offender Programs and Services/Special Housing Mission in ensuring compliance with the federal PREA standards and the Departmental policies and procedures. CDCR PREA Coordinator reports that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all of its facilities. As the CDCR PREA Coordinator, she directly oversees 35 facility PREA Compliance Managers and 1 PREA Compliance Manager who monitors CDCR contracted facilities.

(c) – FSP/WWF has designated an Associate Warden of Programs as the facility PREA Compliance Manager (PCM) who is under the direct supervision of the FSP/WWF Warden. The FSP/WWF PREA Compliance Manager, Associate Warden of Programs reports that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA.

CDCR and FSP/WWF has shown that there is a zero-tolerance policy for sexual abuse and sexual harassment, has a designated PREA Coordinator and PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

After review of pre-on-site audit materials provided by CDCR/FSP via a completed Pre-Audit Questionnaire (PAQ), CDCR policy, Department Operations Manual (DOM) Chapter 5, Article 44, Section 54040, CDCR and FSP's Organizational Chart, the PREA Coordinator's Duty Statement, review of documents while on-site in conjunction with observations and interviews with staff and inmates while confirmed their knowledge and practice of CDCR's zero-tolerance policy therefore the agency and facility has complied with all sections of this standard.

**Corrective Action:** None

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

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



### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Contract Beds Unit (CBU) oversees all contracts for California Inmates that are placed in private ran facilities. CBU maintains, provides oversight, and monitors all contract beds. A CDCR Captain oversees the CBU. CDCR currently contracts with nine (9) facilities for the placement of CDCR inmates with Corrections Corporation of America (Core Civic), The GEO Group, Incorporated, City of Delano, City of Shafter, and City of Taft. Seven (7) facilities are located within California and two (2) are located out-of-state.

(a) – CDCR, DOM Article 13- Contracts requires that the Contracts Management Branch (CMB) shall administer all contracts through execution by the Department in a manner which ensures compliance with all applicable laws, rules and regulations of the department. All contracts for the confinement of inmates entered into (or renewed) after August 20, 2012 contains language in CDCR Contract Agreement Exhibit D and requires that all Contractors and their employees are expected to ensure compliance with CDCR's zero tolerance policy for sexual abuse and sexual harassment as described in the CDCR DOM, Chapter 5, Article 44. Further, it requires that the Contractor and their staff adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's DOM, Chapter 5, Article 44, including any updates to this policy.

(b) – Of the nine (9) contracted facilities for the placement of CDCR inmates. Exhibit D of agreements have contract language and provisions for contract monitoring to monitor the Contractor's performance under each agreement or contract and compliance

with PREA standards. CDCR's CBU Captain reported that his unit conducts monthly on-site inspections for the in-state facilities and quarterly on-site inspections for the out of state facilities.

Based on reviews of all contracts provided by CDCR/CBU and previous PREA audit reports of contracted facilities in conjunction with interview with the CDCR CBU Captain the agency had demonstrated compliance with all sections of this standard.

**Corrective Action:** None

### Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a

particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

(a) - CDCR has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate staffing levels, video monitoring, and considers factors identified in section a. 1-11. The facility provided the auditor with the most recent staffing plan analysis and Standardized Staffing for Operations which covered fiscal year 2018-2019 and implemented October 29, 2018. Interview with the FSP PCM confirmed that FSP regularly develops a staffing plan and adequate staffing levels to protect inmates against sexual abuse are considered in the development of the plan. The FSP/WWF Staffing Plan Analysis for Fiscal Year 2018-2019 and the Standardized Staffing for Operations was reviewed and confirmed that the staffing plan includes considerations of items (1) through (11) and has complied with section (a) requirements.

(b) – FSP did not have any deviations from the staffing plan in the last twelve (12) months as reported on the PAQ. During the interview with the FSP/WWF PCM, he reports that FSP/WWF is able to ensure adequate staffing for all watches and provides overtime to staff if needed to maintain the adequate level of operation, should there be any deviations or closures of posts it would be entered into the watch commander's daily activity report and reported to CDCR Headquarters.

(c) – CDCR DOM, Section 54040.17.1 states that, whenever necessary, but no less than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan. A review of the FSP Staffing Plan Analysis and Standardized Staffing of Operations along with interviews of the CDCR PREA Coordinator and FSP/WWF PCM demonstrated and confirmed that in consultation with the PREA Coordinator, the agency does assess, determine, and document adjustments where needed to the plan based on assessment of their staffing plan, facilities use of monitoring technologies and resources to ensure adherence to the staffing plan.

(d) – CDCR DOM, Section 54040.4 requires that a custody supervisor shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct and sexual harassment of any kind. During the on-site tour of FSP/WWF it was observed that supervisors (intermediate and higher level staff) were conducting their rounds though the logging of their unannounced rounds were inconsistent. Supervisor's signatures and initials were normally in the middle of the page that did not indicate the rank, time and date of the rounds. Through interviews with intermediate to higher level supervisors and line staff confirmed that unannounced rounds were being conducted and logged. While reviewing logs in Unit 5 it was noticed that there were no higher level supervisors conducting rounds in that area. Clarification from the FSP was sought, it was explained that Unit 5 is unique and has their own intermediate to higher level supervisors assigned there. This process does not require the highest level supervisor (Watch Commander) to conduct rounds in that area. The Auditor sought clarification with the PREA Resource Center to assure that the practice observed, documents reviewed and interviews taken concerning this standard and section met the intent of the first section of (d) – "Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment". After further review and clarification from FSP and PRC, it was determined that this practice in



Unit 5 did not meet the intent and the intermediate to higher level staff assigned there was not considered an unannounced round as the intent is to identify and deter staff sexual abuse and sexual harassment. The Facility PCM clarified his initial response as an error and confirmed that the Watch Commander does conduct tours in Unit 5. The Facility PCM produced copies of logs demonstrating compliance and completion of rounds in their daily report for Unit 5. FSP issued a reminder to the Watch Commanders about the proper logging of their tours in the area log books and in their daily reports. The sample of daily reports was requested for the previous 12 months for randomly selected watches and current log book copies from Unit 5 from the last day of the on-site audit to the end of April 2019. In reviewing post on-site audit requested documents, it substantiates the logging of the Unit 5 tours are documented in the daily reports and logs. Also, noted by the post on-site audit document is practice of a chronological entry by the intermediate to higher-level supervisors to include the Watch Commanders with a reference to the date and time. Additionally, intermediate-or high-level facility staff also reported that they prevent staff from alerting other staff members of their unannounced rounds by making their rounds throughout the shift to different buildings at different times and never in a patterns. Reviewing documentation confirms this practice.

After review of the pre-on-site audit materials provided by CDCR/FSP, CDCR policy, Department Operations Manual (DOM) Chapter 5, Section 54040, FSP's Staffing Plan Analysis for Fiscal Year 2018-2019, Standardized Staffing for Operations, Annual Staffing Plan Review, Population Reports, Daily reports, Log Book entries while on-site and post on-site audit log book entries in conjunction with observations and interviews with staff confirms compliance with all sections of this standard.

**Corrective Action:** None

#### Standard 115.14: Youthful inmates

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

##### 115.14 (a)

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

##### 115.14 (b)

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

##### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

FSP/FWF is an adult prison that does not house youthful inmates or inmates under the age of 18 years. This standard does not apply.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No

- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) – CDCR DOM, Chapter 5, Section 52050.16.5 states that, Correctional personnel, other than a qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. There were no cross-gender strip searches or cross-gender visual body cavity searches at FSP/FWF in the past 12 months as reported in the PAQ or during the on-site audit. All staff that were interviewed including medical staff were well aware of the policy, inmates reported that there were no cross-gender strip searches occurring. Review of training curriculum, written policy, and interviews with random staff and inmate confirm that FSP/FWF does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Therefore, FSP/FWF has met the requirement for this section.

(b) –CDCR DOM, Chapter 5, Section 52050.16.4 states that, clothed body searches of female inmate shall be conducted by female corrections staff only, except in emergency situations and under no circumstances shall male correctional staff perform non-emergency clothed body searches of female inmates. Inmates and staff at FWF that were interviewed indicated that they female inmates are not restricted from access to regularly available programs or out of cell opportunities due to not having a female officer to pat search. FSP/FWF has met the requirement for this section.

(c)- CDCR DOM, Chapter 5, Section 54040.5 states, institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM section 52050.16.5, and shall document all cross-gender pat-down searches of female inmates in accordance with DOM section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU). Completed NOU forms shall be reviewed by the supervisor and routed to the institutional PCM to retain for audit purposes. If the search is incidental to an emergency or crime that constitutes a CDCR Form 827, Crime Incident Report, the search shall also be documented within the incident report. Interviews with staff and inmates and a review with the PCM has confirmed that there were no cross gender searches conducted during the audit period and FSP/FWF has met the requirement in this section.

(d) – CDCR Operations Manual Preventative Measures section 54040.4 states; each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Except in circumstances where there would be an impact to safety & security, modesty screens shall be placed strategically in areas that prevent incidental viewing. In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes. During the on-site review, it was recommended by the auditor that additional covering be added to end and corner segregation recreation cells to ensure privacy from opposite gender viewing. The facility was able to address and implement additional covering in the recommended areas prior to the completion of the final report. As evidence FSP PCM submitted date stamped photos of the fix. During the onsite interviews with inmates they did not have any issues with opposite gender viewing and had their own unofficial protocols in place to assure opposite gender staff would not see them while using the toilet or shower. Through staff interviews they had knowledge of not being intrusive during their checks into the restroom and showers. Staff appeared to be mindful when it came to opposite gender viewing. While on-site opposite gender announcements were observed being made at the beginning of the shift and when the status quo of the staffing has changed, review of log books contain announcements being made. FSP/FWF uses “staff on the floor” as the announcement for opposite gender. The inmate orientation handbook explains that the announcement “staff on the floor” means opposite gender, each inmate is given a handbook admission and transfer. Inmates are informed of this announcement during their intake process as it was confirmed with interview with R&R staff. Additional interviews with inmates, staff, and review of inmate orientation handbook and log books confirmed the practice of opposite gender announcement.

(e) – CDCR DOM, Chapter 5, Section 52050.16.7 states; In the event that there is an individual going through Receiving and Release who self-identifies as transgender or with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. In the event that an individual’s genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate’s records. If staff are unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation, for his/her safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate. Through staff and inmate interviews it was verified that staff possess the

knowledge of the process and would follow policy, should they need direction they know who to contact and verified that there were no incidents of staff solely searching or physically examining a transgender inmate to determine their genital status.

(f) – CDCR DOM Sections 52050.16.4-Clothed Body Search of Female Inmates and Section 52050.16.7-Un clothed and Clothed Body Searches of Transgender or Intersex Inmates addresses policy for this standard. CDCR Office of Training and Professional Development has step by step training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, Training and Professional Development, Searches of Inmates and Property, Instructors Guide 4/2015. DOM section 54040.4 states, Employees shall also be trained in how to conduct cross-gender pat-down searches, transgender pat-down searches, and unclothed body cavity searches. When conducting these types of searches, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs. Searches shall be conducted in accordance with policy, procedure and training as per CCR, Title 15, and Section 3287(b).

Based on interviews with random staff, review of training logs and lesson plans, it is evident that staff have been trained to ensure that pat down searches are conducted in a professional and respectful manner. The PAQ indicated that 100% of security staff were trained and a sampling of the training records were reviewed and has shown that the training was completed.

**Corrective Action:** None

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

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

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

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



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

CDCR Memorandum dated October 6, 2017, states that CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases.

CDCR has current contracts in place for communication assistance: U Languages, LLC contract period from May 26, 2017 through December 31, 2019, to provide American Sign Language Interpreter Services at state prisons and Interpreters Unlimited, Inc. to provide interpreter services over the telephone, facsimile or internet, for 140 languages to assist CDCR with inmates that are limited English proficient. Interpreter services are available twenty-four (24) hours a day, seven (7) days a week. Additionally, the facility has a list of approved staff who are bilingual certified to provide translation services.

During the on-site review, several interviews with inmates who identified as limited English proficient were conducted with the use of certified bilingual staff which confirmed that FSP/WWF has a process in place to accommodate LEP inmates. Random inmates that were identified with cognitive disabilities, physical disabilities as being partially blind or partially deaf were also interviewed. FSP/WWF has tools and aids to assist inmates with PREA information, education and any investigation process. Inmates were aware of PREA standards, what their rights were, who they can report to and, what to do in the event of a PREA incident. PREA Education videos played in English, Spanish and Hmong during orientation and also played on the institutional channels that inmates can view.

(c) - CDCR DOM, Section 54040.12 states that except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations. The PAQ indicated that DVI did not utilize inmate interpreters during the twelve-month period. Interviews with random staff indicated that staff is aware of the policy.

A review of CDCR policies, California Code of Regulations (Title 15), CDCR memorandum regarding standard 115.16(a) dated October 6, 2017, CDCR executed contracts with Interpreters Unlimited, Inc. and American Sign language Interpreter services, review of authorized staff interpreters criteria for certification, interviews with staff and inmates, it was determined that FSP/WWF has in place appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of PREA therefore, achieving compliance.

**Corrective Action:** None

## **Standard 115.17: Hiring and promotion decisions**

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

### **115.17 (a)**



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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

- 1) Has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison jail, lockup, community confinement facility, juvenile facility, or other institution;
- 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- 3) Has been civilly or administratively adjudicated to have engaged in the activity described above;
- 4) Implement and enforce departmental EEO policy and maintain the highest standards of personnel selection.

CDCR Supplemental Application for all CDCR Employees (Form 1951, July 2016) must be completed for any applicant, transfers, and promotional opportunities. Section C for Form 1951 includes questions that are specific to PREA and this substandard. This process was verified during interviews with the FSP/WWF Institutional Personal Officer (Human Resources) and human resource staff.

(c) - CDCR DOM, Section 31060, states that a criminal records check is a requirement for employment with the Department. The process for checks involved using CI&I SSCH, Live Scan finger printing alert system, USINS Form I-9, Physical examination report and CDCR Form 1951, Supplemental Application for all CDCR employees. This process is used for internal and external applicants. The Live Scan system allows CDCR human resource staff to be alerted 24/7 on relevant background information for staff, contractors, and volunteers. The CDCR Live Scan handbook states that the completed DOJ/FBI Live Scan Applicant Responses form is to be placed in the applicants file. This form is used to verify that a request and response for a background check was completed, date it was completed and the staff that received it. Interviews with FSP/WWF human resource staff confirmed the background check process. A review of HR files of randomly selected employees, volunteers and contractors was conducted and background checks were verified through documentation contained in the requested files.

(d) -CDCR Contract Agreement (Exhibit D) states "Security Clearance/Fingerprinting" as one of the special terms and conditions. The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor's employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined. It stipulates that the contractor shall conduct a criminal background records check for each contract employee, who will have contact with CDCR inmates and provide a written certification that it was done. Contract employees, who have contact with inmates, shall be provided training to learn their responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies and procedures. Interviews with FSP/WWF HR staff and review of HR files of randomly selected contractors was conducted that verified the background check process for contractors.

(e) - California Code of Regulations, Title 15, Section 3411 states that if an employee is arrested or convicted of any violations of law; the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. CDCR memorandum Re: Standard 115.17(e) dated October 6, 2017, requires that all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire. The Live Scan system notifies CDCR of any subsequent arrest an employee or contact has in an on-going basis. CDCR memorandum dated February 26, 2016, Personnel Identification Card Issuance states the procedure for issuance of identification cards. The pre-employment procedures found in CDCR DOM 31060.16 apply to all employees, contractor or volunteer. Interviews with FSP/WWF HR staff confirmed that all employees, contractors and volunteers are required to participate in the Live Scan system.

(f) - (h)-CDRC Form 195- Supplemental Application, includes background and PREA misconduct questions for all CDCR employees. Prior to signature acknowledge of CDCR Form 195, it states that the applicant understands and agrees that if material facts are later discovered which are inconsistent with or differ from the facts they furnished before beginning employment, they may be disciplined, up to and including dismissal from State service.

California Code of Regulations, Title 15, Section 3401.5 describes employee sexual misconduct and penalties that all allegations of sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution.

Additionally, CDCR uses information from the California Law Enforcement Telecommunications System (CLETS) to access confidential criminal records through the Department of Motor Vehicle or other criminal justice information.

Based on the reviews of FSP/FWF PAQ, California Code of Regulations (Title 15), CDCR policies, memorandum regarding Standard 115.17(d) dated October 6, 2017, memorandum regarding Personal Identification Card dated February 26, 2016, randomly selected HR files for new hire employees, promotional applicants, volunteers and contractors, CDCR Live Scan Submission Process Handbook, Contract Agreement in conjunction with interviews of FSP/FWF HR staff verified compliance with this standard and its sub-standards.

**Corrective Action:** None.

### Standard 115.18: Upgrades to facilities and technologies

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

##### 115.18 (a)

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

##### 115.18 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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CDCR Design and Construction Policy Guidelines were amended on August 14, 2017 to include that for any future CDCR projects, when designing or acquiring any new facility in planning any substantial expansion or modification of existing facilities, and when installing or updating a video monitoring system, the department shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

During the onsite phase, a new medical facility was under construction, CDCR and FSP/WWF leadership reported during their interviews that they analyzed and considered the agency's ability to protect inmates from sexual abuse when planning for the build of the new medical facility. Further, the FSP/WWF PCM reported that as the projects near completion he would do a walk thru of the areas to ensure compliance with PREA standards.

After review of submitted documents including CDCR Design and Construction Policy Guidelines, interviews with the Agency Head Designee, PCM and Warden confirmed that FSP/WWF policies and practices have appropriately met the criteria of this standard.

**Corrective Action:** None

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

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



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

(a) - (b) – CDCR Correctional staff/Peace Officers are under the California Penal Code and are authorized and trained to conduct both administrative and criminal investigations. FSP/FWF utilizes Locally Designated Investigators (LDI) and other designated institutional staff who have been trained to conduct criminal and administrative investigations into allegations of sexual violence and/or staff misconduct. The investigative office at DVI is called the Investigative Services Unit (ISU). FSP/FWF PREA Garrity type of investigations against staff are managed at the department level by the Office of Internal Affairs (OIA). According to CDCR Memorandum Re: Standard 115.21(a) and CDCR DOM, Section 54040.9, the designated supervisor and investigators follow a uniform evidence protocol and procedure when conducting sexual abuse investigations. The process addresses assault examinations appropriate for adult/adolescent and child/adolescent. Interviews with random staff, medical staff and responsible investigators confirmed that all investigations alleging sexual abuse will be investigated and follow evidence protocols.

(c) - CDCR DOM Section 54040.9 states that the victim will be taken to the designated hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The designated hospital for FSP/FWF is the San Joaquin General Hospital (SJGH). California Health Care Services Policy, Chapter 10, 1.10 states that copayment shall not be charged to the inmate if health care service(s) is considered to be treatment services related to sexual abuse or assault. PAQ reported that there was (1) forensic medical exam conducted in the last 12 months and documentation of those exams was reviewed by the auditor and confirmed compliance with this sub-standard. An interview with a SANE/SAFE at SJGH verified that they conduct the sexual assault forensic exams for FSP/FWF and that if certified SANE/SAFE staff is not available on hand at SJGH, there is a listing of qualified examiners that can be called in as well as outreaching to Sacramento General Hospital for assistance.

(d) – (e) – CDCR DOM, Section 5, 54040.8.1 requires that the facility Watch Commander contact the Rape Crisis Center and request a Victim Advocate be dispatched. This is documented via the Watch Commander Notifications Checklist. Additionally, posters were visible throughout FSP/FWF for additional services for victims of sexual abuse that included a hotline number and address in which they can contact the Rape Crisis Center. The auditor reviewed a random sample of PREA investigation files which contained the completed Watch Commander Notifications Checklist confirming FSP/FWF's practice in requesting for victim advocates for inmates. CDCR/FSP has a current Memorandum of Understanding with WEAVE for victim advocates upon request to support the victim through forensic medical examinations, investigatory interviews, provide emotional support and crisis intervention.

(f) – (h) - California Penal Code (PC) Section 13516 mandates that the Commission on Peace Officer Standards and Training (POST) established guidelines/standards for investigations of sexual assault. All law enforcement agencies must comply with the POST training guidelines for Sexual Assault Investigators. CDCR/FSP is responsible for administrative and criminal investigations.

Based on reviews of FSP/FWF's PAQ, Custody Supervisor Responsibilities, Forensic medical Examinations, Victim Advocate and Support Person policies, CDCR memorandum regarding Standard 115.21(a), dated October 16, 2017, California Health Care Services Policy, CDCR PREA Specialized training for LDI's Curriculum, PREA Investigation files and Interviews with Random



and Investigative staff, SANE at San Joaquin Hospital, Medical Staff and inmates, FSP/FWF proved compliance with this standard and its sub-standards

**Corrective Action:** None

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

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

##### 115.22 (a)

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

##### 115.22 (b)

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

##### 115.22 (c)

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

##### 115.22 (d)

- Auditor is not required to audit this provision.

##### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

(a) - CDCR DOM, Section 54040.12 requires that all allegations of sexual violence, staff sexual misconduct, sexual abuse and sexual harassment shall be investigated and the findings documented in writing. Further, all terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee. This also applies to CDCR contractors and volunteers. A review of CDCR DOM, Chapter 5, 54040.3, confirms that CDCR's definitions for sexual violence, sexual abuse, and sexual harassment are in line with PREA Standards. A review of FSP/FWF PREA investigation files confirmed that allegations of sexual violence, staff sexual misconduct, sexual abuse and sexual harassment are being investigated and documented.

(b) – CDCR Memorandum Re: Standard 115.22(b)1 dated October 6, 2017, states that inmate on inmate sexual abuse and sexual harassment are investigated by ISU and if the allegations are found to be substantiated, ISU collaborates with the District Attorney to make a determination on criminal prosecution. If the incident involves staff sexual conduct and sexual harassment, ISU conducts a preliminary investigation and if the allegations are found to have potentially occurred, ISU refers the case to the Office of Internal Affairs (OIA). OIA is an entity within CDCR with authority to investigate all staff misconduct allegations. OIA completes the investigation and collaborates with the District Attorney to make a determination on criminal prosecution. This process was confirmed during interviews with the Agency Head Designee, CDCR PREA Coordinator, and ISU staff and during the auditor's review of PREA investigation files.

CDCR ISU are mandated to complete the Bureau of Justice Statistics' Survey of Sexual Victimization Incident form as a data collection tool, which is then forwarded to the CDCR PREA Coordinator. CDCR's website has links for the CDCR DOM, Article 44-PREA Policy, CDCR PREA annual reports and final PREA audit reports, which was verified by the auditor.

FSP/FWF had 20 allegations of sexual abuse and sexual harassment reported in the past 12 months. All 20 allegations were investigated with (1) case referred to the Office of Internal Affairs (OIA) and is pending an outcome, the remaining cases were closed and the inmates notified of the findings. During an interview at FWF the interviewee reported an incident of retaliation for reporting an incident of sexual abuse. The audit team member notified FSP administrators and submitted a report to ISU for appropriate action. Post on-site audit the auditor received documentation from FSP PCM concerning the retaliation report and pending status to include re-opening monitoring for retaliation and referral for further care of victim.

(c)- (e) – Not applicable as all CDCR FSP/FWF investigations are completed through the ISU and OIA.

After review of investigations, CDCR policies, memorandum regarding standard 115.22(b), dated October 6, 2017, CDCR PREA Annual report 2017 and interviews of administrators, staff, investigators, and inmate's it was confirmed that FSP/FWF is in compliance with this standard.

**Corrective Action:** None

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

##### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

##### 115.31 (b)

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

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – (d) - CDCR DOM, 54040.4 Education and Prevention, requires that 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. Training is gender specific based on the inmate population at the assigned institution. PREA training is conducted during new employee orientation with annual refresher trainings occurring subsequently through CDCR On-the-Job Training (OJT). Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.

CDCR's In-Service PREA Training lesson plans and OJT lesson plans were provided and reviewed by the auditor. CDCR's In-Service PREA Training lesson plan covers all categories listed in subsection a (1-10). CDCR documents completion of the required training with CDCR 844 and the PREA OJT Acknowledgement form certifying that the employee has read, understood, and agrees to comply with the PREA OJT training. Interviews with random staff confirmed that they receive in-service refresher PREA training every two years and participate in the OJT training on an annual basis.

The PAQ indicated that 1,118 staff and 368 contractors/volunteers have been trained on PREA. A list of employees, contractors and volunteers was provided to the auditor, random training records was requested and reviewed. Those that were not updated on training were employees that were either out on Workman's Compensation or Long Term Leave. During interviews with

random staff it was evident that they have knowledge of PREA, its purpose, procedure and protocols set forth by the institution. Interview with training staff and review of training records confirm that staff have received training as required.

Based on a review of training records, CDCR policies, CDCR memorandum regarding PREA Policy Training Proof of practice, dated June 19, 2015, CDCR in-service PREA Training lesson plans, CDCR OJT PREA lesson plan and interviews with random staff and training center staff confirmed compliance with this standard and its sub-standards.

**Corrective Action:** None

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – CDCR DOM, 54040.4 Education and Prevention requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. All contractors and volunteers are required to complete a background check and acknowledge CDCR’s PREA policy prior to entry into a state prison by certifying their responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct or sexual harassment. FSP/WWF reported to have 368 volunteers and contractors who have contact with inmates that have been trained on the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection and response.

(b) - CDCR Memorandum Re: Standard 115.32(b) 1, requires that all volunteer and contract staff participate in a one hour mandatory training in regards to inmate/staff interactions. This training covers understanding the dynamics of establishing positive, professional interactions with inmates, maintaining professional distance while maintaining effective communication with inmates, and avoiding becoming overly familiar and/ or other inappropriate behavior. Although all volunteer and contract staff are required to complete the required one hour training, staff who work 8 hour shifts with little to no custody staff supervision at times are mandated by the institutions to complete more extensive training based on their level of contact with inmates. Volunteers and contractors are also required to complete the CDCR PREA Volunteer/Contractor Informational Sheet which acknowledges their responsibilities and duties to immediately report any information on any PREA related incidences.

(c) - CDCR, DOM, Section 32010.8.3 outlines record keeping and documentation through CDC form 843 Training Record and Instruction Sheet and CDCR 844 Training Participation Sign-in Sheet.

Interviews with volunteers and contractors indicated that they have been trained and are knowledgeable on their responsibilities as it relates to PREA. A review of training records of volunteer/contractors showed participation and acknowledgment of CDCR PREA Volunteer/Contractor Informational Sheet.

After review of CDCR policies, CDCR memorandums regarding Volunteer and Contractor Training, CDCR memorandum regarding PREA Policy Training Proof of Practice, training participation sign-in sheets, signed CDCR PREA Volunteer/Contractor Informational Sheet and acknowledgement of understanding the PREA training and comparing refresher dates for randomly selected volunteer/contractors and interviews with staff and volunteer/contractors confirmed that FSP/WWF is in compliance with this standard.

**Corrective Action:** None.

### Standard 115.33: Inmate education

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

##### 115.33 (a)

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

##### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

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

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

#### 115.33 (e)

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

#### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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



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

**Instructions for Overall Compliance Determination Narrative**

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

(a)- DOM Section 54040.4 Education and Prevention for Offenders states that verbal and written information shall be provided to offenders which will address: Prevention/Intervention, Reporting, Treatment and Counseling. Initial offender orientation on PREA is 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 contains departmental policy and sexual violence, staff sexual misconduct, and harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. The PREA brochures entitled "Sexual Assault Awareness" and the PREA booklet entitled "Sexual Abuse/Assault: Prevention and Intervention" are distributed during initial processing and transfers. Inmates also view a PREA education video upon intake and transfer which explains the department's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents, medical and emotional support services. FSP shows the video in English, Spanish and Hmong. The auditor observed the video being played in R&R for inmates that were being transferred and interviewed an inmate that was identified as a "MAC" representative who was present in R&R and was informed that FSP/FWF utilizes "MAC" and "WAC" representatives as offender peer educators to enhance the offenders knowledge and understanding of PREA and sexually transmitted diseases.

(b)- CDCR PREA information video is played on a television within the holding cell area where inmates watch while awaiting placement into their assigned housing unit or awaiting processing. Further, CDCR PREA posters which contain departmental zero-tolerance policy on sexual violence, sexual harassment, reporting, medical and emotional support options and what their rights are. Reporting and emotional support agency contact information are posted throughout the institution. "MAC" and "WAC" representatives are utilized as offender peer educators to assist in inmate orientation and in enhancing the offender's knowledge and understanding of PREA and sexually transmitted diseases.

(c)- To address current population that have not received PREA education has been educated within a year of the effective date of the PREA standards being implemented at the facility, a FSP/FWF Memorandum Re: Distribution of PREA Information to all Inmates (dated September 2, 2015), attest that as of November 4, 2015, the entire population housed at FSP/FWF was provided a PREA informational sheet, which was available in English and Spanish, that has since been incorporated into the inmate PREA handbook. Inmate education videos are played on the institutional channels at scheduled times of the day where inmates can watch. All inmates at FSP/FWF are provided information on the agency's zero-tolerance policy on sexual abuse and sexual harassment, how to report an incident or suspicion of sexual abuse and sexual harassment, and support services for those that have been sexually abused. This information is provided to inmates through posters, inmate orientation handbooks and brochure titled "Sexual Violence Awareness" and the PREA booklet titled, "Sexual Abuse/Assault – Prevention and Intervention" through the transfer processing process into the facility at intake. Samples of signed CDCR 128-B forms during the time period that the November 4, 2015 memorandum was issued showed inmate acknowledgement of receiving such information was provided to the inmate.

(d) – CDCR DOM, Section 54040.4 requires that appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider using offender peer educations to enhance the offender's knowledge and understanding of PREA. The FSP/FWF inmate handbook also is available in English and Spanish, lists information for inmates with disabilities on how disable inmates may access information by what forms of communication and how to obtain services. The orientation handbook also describes the disability placement program resources as sign language interpreters, hearing, text magnifiers, large print materials, audiocassettes and telecommunication devices for the deaf. Throughout the onsite audit there were several areas where PREA information posters were missing, the FSP/FWF staff

immediately rectified it by posting Key PREA information so that it is readily available for inmates. Interview with intake staff, "MAC" and "WAC" representatives and random, LEP inmates and inmates with physical/cognitive disabilities confirmed this practice.

(e) – (f) – Offender education on PREA are documented on CDCR form 128-B that is signed by the offender indicating that they received the training and is forwarded to the inmate's records for scanning into the Electronic Records Management System (ERMS). PREA poster, brochure and orientation handbook are available in English and Spanish.

Based on reviews of CDCR policies, FSP memorandum dated November 4, 2015, CDCR form 128-B, CDCR PREA Sexual Abuse/Assault Prevention booklet, FSP Inmate Orientation Handbook, interviews with inmates, staff and observations made while on-site verifies compliance with this standard.

**Corrective Action:** None.

### Standard 115.34: Specialized training: Investigations

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

##### 115.34 (a)

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

##### 115.34 (b)

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

##### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) – CDCR DOM, Section 54040.1 defines the LDIs as institutional staff, who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. Section 54040.4 also states that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the institution PREA Compliance Manager shall ensure employees investigating PREA incidents are properly trained.

(b) –(c)- The curriculum for the CDCR PREA Specialized Training for Locally Designated Investigators includes training on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and evidence required to substantiate a case for administrative action or prosecution referral. DVI has 13 LDIs, who were trained to conduct criminal and administrative investigations into allegations of sexual violence and/or staff sexual misconduct.

FSP/FWF has 18 LDI's, who were trained to conduct criminal and administrative investigations into allegations of sexual violence and/or staff sexual misconduct. The investigative office at FSP/FWF is the Investigative Services Unit (ISU). Interviews with FSP/FWF ISU staff indicated that investigators are well trained in conducting sexual abuse and sexual harassment investigations and confirmed their understanding of the specialized training curriculum. The Auditor received documentation substantiating that all 18 ISU staff members completed and successfully passed the Specialized PREA Training.

CDCR policies, training records for LDI's, specialized training curriculum for LDI's was reviewed and in conjunction with interviews with investigators satisfied the requirements for this standard.

**Corrective Action:** None

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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

(a)- CDCR DOM, Section 54040.4 requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. California Health Care Services (CHCS) memorandum, dated August 9, 2017 regarding PREA Specialized Training For Medical and Mental Health Staff notified medical and mental health professionals that an eLearning module was developed on the California Health Care Service (CHCS) Learning Management System (LMS) and all current and new staff practitioners are to complete the specialized training within (60) days of issuance of the memorandum. All completed training must provide a copy of the certification to their local in-service training office. The training consisted of identifying potential signs of sexual abuse and sexual harassment, who to report allegations or suspicions to, methods to respond effectively and professionally to victims of sexual abuse and sexual harassment, how to preserve evidence of sexual abuse, evaluations and treatment. All employees, new employees, contracted medical and mental health staff are required to complete the training as in part of CDCR DOM, Section 32010.10.1 states that training is a condition of employment that all employees complete the training required for their job classification/position. Employees who fail to meet these training requirements may have their merit salary award denied or be subject to other administrative sanction. Interviews with medical and mental health staff confirmed that they participate in PREA Specialized Training for Medical and Mental Health Staff.

The PAQ indicates that there are 124 (98.76%) medical and mental health staff that received specialized training. The IST on line Positive Report was submitted that verified 124 staff had completed the specialized training for medical and mental health. The remaining staff that did not take the training was currently taking the course and had not been posted to the report at the time of on-site audit.

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

(c) – CDCR documents completion of the required training with CDCR form 84. CDCR DOM, Section 32010.8.3 specifies the record keeping forms required to document training activities. The auditor reviewed six medical and mental health staff (3 employees and 3 contractors) training records. Review of training records indicated that only 1 of the 3 employees had completed PREA Specialized Training for Medical and Mental Health staff. There were no records on file of the three contracted medical and mental health care practitioners completing the PREA Specialized Training for Medical and Mental Health. Therefore, DVI is not in compliance with this standard.

(d) - CDCR DOM, Section 54040.4 requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. Review of training records confirmed that medical and mental health care practitioners employed by the agency received training as mandated for employees by §115.31 and §115.32.

The training documents for FSP/FWF was reviewed and interviews with medical and mental health staff verified completion of the specialized training as staff could articulate how to detect and assess signs of sexual abuse and harassment, who to report allegations or suspicions to, the process for referrals on forensic examinations and documentation of such practices.

**Corrective Action:** None.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

##### 115.41 (a)

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

##### 115.41 (b)

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

##### 115.41 (c)

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

##### 115.41 (d)

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

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

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

#### 115.41 (i)



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) –(b)- CDCR Memorandum Re: PREA Risk Screening – dated September 29, 2017 requires that during the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for complete a PREA screening form for every inmate. In addition, if the PREA screening form identifies an inmate to be at risk of being sexually abused by other inmates or sexual abusive towards other inmates, the custody supervisor shall also enter an alert into the Inmate Precaution section in SOMS. All PREA Screening forms will be completed electronically and submitted directing into ERMS. Intake staff was able to demonstrate the screening process and provided a copy of the PREA risk screening to the auditor. Interview with intake staff confirmed that staff was informed and knowledgeable on the PREA risk screening process.

CDCR, Title 15, Article 1.6 Inmate housing states that (a) Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment and must evaluate all factors to be considered when completing the Initial Housing Review, including but not limited to:

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

(c) – (e) – CDCR's PREA Risk Screening Tool was reviewed by the auditor and was determined to be an objective screening instrument that considers the minimum criteria listed in subsection d (1-10). Additionally, CDCR's PREA Risk Screening tool considers risk for sexual abusiveness by considering history of sexual violence in a correctional setting, prior convictions for sex offenses in a non-correctional setting, conviction for non-sexual violent offenses in a non-correctional setting within 5 years, and any guilty finding for non-sexual violent offense in a correctional setting within 5 years.

(f) – (g) -CDCR DOM, Section 54040.7 states that an inmate's risk level shall be reassessed 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. Additionally, FSP/WWF general population inmates appear before a classification committee within 14 days of their admission. During the classification committee meeting, the inmate is asked if he has any new or relevant information related to the PREA

screening that was initially completed upon admission. Interviews with staff and review of inmate records indicated that 30 day reviews were being conducted.

(h) – CDCR DOM, Section 54040.6 states that offenders will not be disciplined for refusing to answer, or not disclosing complete information related to their sexual orientation or sexual violence history. Interviews with intake staff and random inmates confirmed this practice.

(i) – Interviews with CDCR PREA Coordinator, FSP/WWF PREA Compliance Manager and Intake staff affirm that only certain approved personnel within the facility and agency have access to the screening information and that access is given on a need-to-know basis. This would include case Managers, most supervisors, managers, and anyone involved with classification and housing process would have access to this information, however, the housing officers (line-staff) do not.

Interviews with inmates and review of inmate records indicated that there is a policy and procedure in place to conduct PREA risk screenings, the screenings are being done consistently with every inmate. Therefore, FSP/WWF is in compliance with this subsection

**Corrective Action:** None.

### Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

(a) – (b) – CDCR DOM, Section 54040.6 indicates that factors for single cell housing includes the initial housing review assessment and responses to sexual violence and victimization. California Code of Regulations, Title 15, Section 3269 also notes a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner. CDCR's CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017 directs the assigning staff to review the inmate precaution screen to determine if the inmate(s) are identified as being “at risk as a victim” or “at risk as an abuser”. If either precaution exists, the custody supervisor is required to review the potential cellmate's precaution screen(s) and case factors to ensure potential victims and potential abusers are not housed together in a cell. FSP/FWF intake staff stated that the initial screening information is used to make determinations to ensure the safety of each inmate at intake.

(c) – (g) - CDCR DOM Section 62080.14 specifies that inmates who have been diagnosed as transgendered shall be housed at designated facilities “to the maximum extent practical” based on the need to ensure the inmate's medical care and mental health treatment. If the inmate has multiple case factors which make it difficult to house in the specified institutions, a case conference with key CDCR staff shall be conducted to determine the most appropriate level of care and institution suitable for the inmate's case factors.

FSP is not a designated facility for transgender inmates. Additionally, per California Code of Regulations, Title 15, Section 3375, the classification and housing process shall take into consideration the inmate's needs, interest and desires, his/her behavior and placement score in keeping with the CDCR and institution's/facility's programs and security missions and public safety. Interview with the CDCR PREA Coordinator confirmed that CDCR has 14 designated transgender/intersex institutions and that the institutions were selected as they have more specialized medical and mental health staff that are experienced and able to provide services better in line with the needs of transgender/intersex inmates. Further, CDCR PREA Coordinator affirmed that if transgender inmates are housed at a designated facility that they are housed throughout the facility in all housing types, not in one housing unit. Additionally, CDCR PREA Coordinator further affirmed that an inmate who identifies as transgender is not housed at one of the designated facilities solely because they identify as transgender/intersex and that transgender/intersex inmates are housed throughout all CDCR facilities, not just designated facilities, depending on the needs and classification of the inmate.

CDCR Memorandum Re: Transgender Biannual Reassessment for Safety in Placement and Programming requires that Correctional Counselors conduct a Biannual Assessment-PREA and complete CDC Form 128-B, General Chrono. This form includes information that is asked of the inmate during a face-to-face interview to assess any threats to their safety.

Review of all necessary policies, memorandums, inmate record files, initial screening forms and follow up assessment Chronos to include interviews with inmates provided sufficient evidence that FSP/FWF is in compliance with this standard.

**Corrective Action:** None.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) – CDCR DOM, Section 54040.6 states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing. FSP PREA Compliance Manager, Associate Warden of Programs confirmed in his interview that the facility does their best to exhaust all means before placing an inmate in involuntary segregation and there were no inmates at high risk for sexual victimization placed in involuntary segregated housing in the last 12 months at FSP/FWF. Interviews with random inmates who reported sexual abuse confirmed that FSP/FWF does not place inmates in involuntary segregation unless there is no other alternative means of separation. Female inmates interviewed did state that false allegations are made to get other inmates transferred out of FWF because FWF has free movement and it is difficult to segregate the two parties. In one cases, the FWF inmates submitted a petition to with statements to illustrate the manipulation by one inmate. This resulted in ISU staff reviewing the matter further to make a case against the initial victim and returned the initial predator to FWF with no further action.

(b) – (e) – California Code of Regulations, Title 15, Article 7 states that, Non Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include but are not limited to: (d) Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident. If the placement in NDS is related to being the victim, the inmate will be afforded all programs, privileges, and education in accordance with section 3044-Inmate Work Groups and subsection 3190 (b) (5) (c), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days, if so, a review by assigned supervisor shall be completed to determine whether there is a continuing need for separation. Interviews with staff who supervise inmates in segregated housing confirmed that should an inmate be identified to be at risk they would be re-evaluated



and only if no available alternative means of separation from likely abusers could be made, a transferred to another facility would be an option. Further, that access to programs, privileges and education is done through review with the assigned counselors.

Review of policies, documents and interviews with staff and inmates confirm sufficient compliance with this standard.

**Corrective Action:** None

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – (b) – CDCR DOM, Section 54040.7 outlines that an offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member, volunteer, contractor, Office of Internal Affairs, Office of the Inspector General, the Inmate Appeals Process, the sexual assault hotline or through a third party. These reports can be verbally or in writing. In addition, offenders being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security. During the tour, posters were observed up all around the facility in both English and Spanish informing inmates of the various ways of reporting – to staff, Internal Affairs, Inspector General, or via third party through a family member. The Inmate Orientation Handbook provided to every inmate at intake likewise lists the above. Both interviews with intake staff and random inmates confirmed that they are aware of the various ways to report.

(c) – (d) - California Code of Regulations, Title 15, Section 3401.5 requires that any employee who observes, or receives information from any source concerning sexual misconduct, shall immediately report the information or incident directly to the institution head, unit supervisor or highest ranking official on duty, staff shall then immediately notify the Office of Internal Affairs. Interviews with staff confirmed that staff knew of the various ways to report privately. Interviews with staff confirmed that they would report it through their chain of command though they can also report to OIA and OIG.

Based on inmate and staff interviews it was verified that they are all familiar with PREA information that is readily available on posters, in the inmate handbook and the sexual violence awareness brochure given to them for reporting options and crisis counseling therefore, achieving compliance with this standard.

**Corrective Action:** None

### Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) – The agency is not exempt from this standard as it has an appeals process to address inmate grievances regarding sexual abuse. California Code of Regulations, Title 15 – Article 8 states a grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal. As an emergency appeal, the appeal is immediately reviewed by the Hiring Authority or designee and processed directly at the second level of review.

(b) – California Code of Regulations, Title 15 – Article 8 states that there shall be not time limits for allegations of sexual violence of staff sexual misconduct. While the department maintains the right to defend against an inmate lawsuit on the grounds of the applicable statute of limitations, a time limit shall not be imposed upon when an appellant may file such a grievance.

(c) - California Code of Regulations, Title 15 – Article 8, Section 3084.7 states that appeal responses shall not be reviewed and approved by a staff person who participate in the event of decision being appealed. Further, the Sexual Abuse/Assault Prevention and Intervention pamphlet that is provided to all inmates upon reception, informs inmates that appeals relating to the reporting of employee sexual misconduct will go directly to the Warden or Superintendent for immediate review and action.

(d) - California Code of Regulations, Title 15 – Article 8, Section 3084.8 states that appeal time limits for the first and second level responses have a 30 day deadline and the third level responses has a 60 days deadline. If an exceptional delay prevents completion of the review within specified time limits, the inmate shall be provided an explanation of the reasons for the delay and the estimated completion date. Additionally, Section 3084.9 states that second and third level reviews may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the appeals coordinator. The appellant may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level. FSP/WWF had seven (5) grievance filed that alleged sexual abuse in the last 12 months. All (5) sexual abuse related grievances reached final decision within 90 days. Grievance records were reviewed which confirmed all grievances reached final decision within 90 days and did not require an extension.

(e) – CDCR COM, Chapter 5, Section 54040.7.2 discusses how a third party can file a complaint on behalf of an inmate and it is to be submitted to the hiring authority of the alleged perpetrator. When a third party files a complaint on behalf of an inmate, a supervisory employee shall take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. The agency/facility does not require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf.

(f) – California Code of Regulations, Title 15- Article 8, Section 3084.9 establishes a timeframe of 48 hours for an initial risk assessment to be conducted and documented upon submission of an emergency grievance. An inmate is allowed to file an emergency grievance should he be subject to a substantial risk of imminent sexual abuse, with an initial response within 48 hours, and a final decision within 5 calendar days. FSP/WWF PAQ reported that they had no emergency grievances alleging substantial risk of imminent sexual abuse. This was confirmed during interviews with the PREA Compliance Manager and Appeals/Grievance Specialist. While on-site the auditor submitted a 602, emergency grievance through the inmate process and was contacted within 24 hours via email stating the date the grievance was received, referral from the Appeals office to the Warden who in turn sent a referral to ISU for investigation. Upon ISU receiving the appeal the process was explained as to what would occur next as in addressing the complaint, safe housing and referral for treatment and monitoring.

(g) – CDCR DOM, Section 54040.15.1 states that following an investigation, if it is determined that the allegations were made not in good faith the offender making the allegations may be subject to disciplinary action. An allegation that is deemed to be

unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. FSP had no instances in the past 12 months of inmates filing grievances alleging sexual abuse in bad faith.

Through review of documents, testing of an emergency grievance/appeal process and interviews with staff supports compliance with this standard.

**Corrective Action:** None

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

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

#### 115.53 (c)

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

#### Auditor Overall Compliance Determination

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



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

(a) - CDCR DOM, Section 54040.8.2- requires that victims of rape, unlawful sexual intercourse with person under 18, rape of spouse, sodomy, oral copulation, forcible acts of sexual penetration have a right under PC 264.2 and PC 679.04 to victim advocate and victim support person for both the medical examination and investigatory interview. FSP/FWF provides access to victim advocates for emotional support services related to sexual abuse through the local rape crisis center, WEAVE. Inmates are informed of these services through the inmate handbook, the CDCR/FSP "Sexual Abuse/Assault Prevention and Intervention" brochure and the DVI Additional Services for Victims of Sexual Abuse Poster that is throughout the facility. Inmates are informed that services from WEAVE will maintain confidential as required by state and federal laws for Sexual Assault Counselors. Additionally, if inmates chose to write to WEAVE, they must write California Evidence Code §1035.8 on the outside of the envelope in order for it to be considered confidential/privileged mail. Inmate interviews acknowledge that inmates are aware of the services, or at least know where to find the information to contact them, should they feel the need. Inmates who reported sexual abuse affirmed through interviews that they were informed about support services available to them and also knew where they could find the contact information should they choose to receive further services.

(b) - The Orientation Handbook advised inmates that the telephone calls from the inmate telephone system are recorded and if PREA allegations are identified on this system, it will be referred to appropriate staff for inquiry and investigation. Inmates are informed that services from WEAVE will maintain confidentiality as required by state and federal laws for Sexual Assault Counselors. Interviews with inmates noted that they felt the information they shared would be confidential but also noted that they understood that if it was regarding an incident that occurred at the facility that it would have to be reported so that it could be addressed.

(c) - CDCR/FSP has maintained a Memoranda of Understanding (MOU) with WEAVE Inc. effective 2016 to June 30, 2019. Contact information for WEAVE is listed in the Inmate Orientation Handbook, and in the Sexual Violence Awareness brochures provided to inmates. The MOU provides victim access to outside emotional support services for sexual abuse. During the on-site audit the PREA audit team tested the inmate phone system and contacted WEAVE with the number provided on the posters, brochures and inmate handbook. The auditor called from FSP male housing unit 1 and was answered by an advocate. Upon identifying myself the advocate was more than willing to answer questions, explained what procedure they follow when they receive a call from the inmate and that if needed they would follow up with the inmate at the facility either by a phone call, letter or in person. WEAVE was contacted from FWF female housing unit by a PREA audit team member. After the audit team member identified herself the advocate felt uncomfortable answering questions and stated that she would refer her call to a supervisor, but the audit team member did not receive a call back. This issue was addressed with the FSP/FWF PREA Compliance Manager. Prior to the end of the on-site audit, the auditor placed another call to WEAVE from FWF and after identifying myself the advocate answered all questions and explained the process. Further, phone numbers for reporting to OIG and WEAVE for emotional support were painted next to the inmate phones but did not have any explanation as to what those numbers were for, FSP/FWF corrected the confusion by identifying what the phone numbers were for.

Based on reviews of MOU for victim advocate support services, CDCR policies, inmate orientation handbook, PREA informational posters, inmate records and interviews with inmates, staff and the advocates it has proven that FSP/WWF has achieved compliance with this standard.

**Corrective Action:** None.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The CDCR website: <http://www.cdcr.ca.gov/PREA> provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The website outlines ways that visitors, inmate family members or associates, and other community members can privately report sexual abuse or sexual harassment. Additionally, PREA posters are posted throughout the facility, to include visitation areas, which provide information on how to report sexual abuse or sexual harassment. The website information was verified and during interviews with staff and inmates it was confirmed that they had knowledge of the information and website.

After review of CDCR Agency web page, inmate orientation handbook, observation of posted PREA informational posters and interviews with inmates and staff provides sufficient evidence that FSP/WWF is in compliance with this standard.

**Corrective Action:** None.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

##### 115.61 (a)

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

##### 115.61 (b)

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

##### 115.61 (c)

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

##### 115.61 (d)

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

##### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

(a) - (b) - CDCR DOM, Section 54040.7 requires that staff immediately and confidentially report any PREA violation by staff or inmates whether witnessed or reported, to the appropriate supervisor. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Volunteers/Contractors are also required to report incidents of sexual violence, harassment and staff sexual misconduct to appropriate staff. CDCR DOM, Section 54040.8 outlines the expectations of staff to ensure that reporting of information is done in a confidential manner and that incident-specific information shall be treated as confidential, and disclosure made only to employees who have a "need to know" and to other entities as permitted or requested by law. All staff interviews confirmed the awareness and compliance with this substandard.

(c) - CDCR Health Care Services policy, chapter 16, 1.16.1 requires that providers report allegations of sexual violence, staff sexual misconduct, and sexual harassment to include informing patients of the provider's duty to report, and the limitation of confidentiality, at the initiation of services. Interviews with medical and mental health staff confirmed that they inform patients on their duty to report and limitations of confidentiality and has the inmate sign CDCR 7448 form – Informed Consent for Mental Health Care. This form states in part that information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations: 1) I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff 2) An assessment and report is required by legal proceedings such as, but not limited to, Board of Parole hearings, mentally Disordered offender Evaluations, Sexually Violent predator Evaluations, 3) My clinician suspects child, elder, or dependent adult abuse (sexual, physical, and/or financial).

(d) – FSP/WWF does not house inmates under the age of 18 of those considered a vulnerable adult under a State statute, therefore substandard (d) is not applicable.

(e) - CDCR DOM, section 54040.12, requires that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing, it further states that for allegations reported to the Hiring Authority, the allegation will be assigned to an LDI to conduct an investigation and utilizing standard investigatory procedures. Interview with the FSP PREA Compliance Manager and Warden confirmed this practice. FSP/WWF provided requested PREA investigations during the audit period that were referred to the ISU to investigate for review.

Review of documents, policies, forms, PREA investigations, grievances, referrals, inmate records, observations of posted information while on-site and interviews with staff and inmates confirmed practice therefore, FSP/WWF is in compliance with this standard.

**Corrective Action:** None

### Standard 115.62: Agency protection duties

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

CDCR DOM, Section 54040.7 establishes a responsibility for CDCR employees to protect the inmates in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. Additionally, CDCR DOM, Section 54040.6 states that inmates at high risk for sexual victimization, as identified on the electronic Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed and a determination has been made that there is no available alternative means of separation from likely abusers.

FSP/FWF reported to have no instances in the past 12 months of determining that an inmate was at risk of imminent sexual abuse. Based on staff interviews, it was evident that staff is aware of their responsibility to protect inmates in their care and that any perceived threat of harm including sexual abuse would result in immediate reporting and preventative action by staff.

**Corrective Action:** None

**Standard 115.63: Reporting to other confinement facilities**

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

**115.63 (a)**

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

**115.63 (b)**

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

#### 115.63 (c)

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

#### 115.63 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) – (c) – CDCR DOM, Section 54070.7.4 states that upon receiving an allegation that an upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged incident occurred. The notification shall be made via telephone contact or electronic mail and will be followed up with a written summary. Notifications must be made as soon as possible but no later than 72 hours. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. In the past 12 months, FSP/FWF received no allegations of sexual abuse that occurred at another facility.

(d) – CDCR DOM, Section 54070.7.4 further states that the agency receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigation and reported in according with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported. FSP FSP/FWF received (3) allegation notifications from other CDCR institutions that sexual abuse incidents occurred at FSP. The Warden assigned the complaint to ISU for an investigation. Related investigation files were reviewed by the auditor which included the investigation report and documentation of notification to the other confinement facility via email.

After PREA investigation file reviews that included notifications, referrals, investigation and notifications and review of policies in conjunction with staff and inmate interviews confirm that FSP/FWF is compliant with this standard.

**Corrective Action:** None



## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – (b) - CDCR ROM Section 54040.8 requires that the employee who the inmate makes initial contact with will take the alleged victim to a private secure location and utilize the Initial Contact Guide to complete the tasks associated with the initial contact which includes preservation of evidence, requesting that the alleged victim and alleged abuser not take any actions that could

destroy physical evidence. The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area and keep a chronological log of all persons entering the crime scene area and purposes for doing so. CDCR developed a checklist for watch commanders to follow in these incidents and is currently in use. The CDCR Custody Supervisor PREA checklist clearly outlines the steps and covers items (1) through (4) in this substandard.

Interviews with security and non-security staff confirmed that there is sufficient knowledge of procedures and their responsibilities as first responders that would enable them to respond appropriately to a PREA incident.

**Corrective Action:** None

### **Standard 115.65: Coordinated response**

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

##### **115.65 (a)**

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

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

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

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

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

CDCR DOM Section 54040.8 relates to a written institutional plan for response and actions taken to document as a sexual abuse report. An initial contact guide has been developed to assist employees in completing the tasks associated with initial contact. DOM 54040.8.1 explains the custody supervisor responsibilities and the supervisor checklist to assist in identifying the duties to be completed to include notifications through the hiring authority, assignment to the LDI and medical and mental health responses.

In 2018, FSP/WWF approved a Department Operations Manual Supplement which addresses the institution's plan for Responding to Incident and Emergencies to coordinate actions take in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, required by PREA standard 115.65. Interviews with the PREA Compliance Manager, Warden and facility staff confirmed that staff is aware of the coordinated response in place at FSP/WWF.

**Corrective Action:** None

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

CDCR Collective Bargaining Agreement (CBA) for Unit 6 contract is effective July 3, 2015 through July 2, 2018 and was informed that the CBA is currently in negotiations and the current contract has been extended and still in effect until the agreement has been finalized. The CBA does not limit management's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The CBA section 4.01: Management Rights (pg. 23) states that management has the authority to hire, transfer, promote and demote employees as the employer may determine to be necessary for the orderly, efficient, and economical operation of CDCR.

Based on specialized interview with Agency Head Designee it is evident that involuntary actions related to the removal and reassignment of staff is within their authority. Further, reviews of several PREA investigations has shown transfers pending investigation.

Based on CDCR policy, Collective Bargaining Agreement, PREA Investigation reviews and interviews with the Agency Head Designee and Warden it was confirmed that FSP/FWF is compliant with this standard.

**Corrective Action:** None

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – (f) – CDCR DOM, Section 54040.13 requires that for at least for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PREA Compliance Manager shall assign a supervisory staff member to monitor the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation. The assigned supervisor shall notify the PREA Compliance Manager of any changes and the PREA Compliance Manager shall act promptly to remedy any such retaliation and ensure a CDCR form 2304 or 2305, Protection Against Retaliation (PAR) is initiated which includes; periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. This section also states that the monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the investigation determines that the allegation is unfounded or proven false. According to the PREA Compliance Manager an ISU Sergeant is assigned to conduct the monitoring of retaliation who informs the PREA Compliance Manager of any changes to the CDCR Form 2304. The ISU Sergeant that was tasked to monitor retaliation was interviewed and was very knowledgeable on their responsibilities and duties to monitor and report any changes to the PREA Compliance Manager. CDCR's Form 2304 were provided and reviewed by the auditor. FSP/WWF reported no reports of retaliation in the last 12 months and was verified through review of PREA

investigations and follow ups. During interviews at FWF a report of retaliation for reporting incidents of sexual abuse and sexual harassment was reported to a PREA Audit Team member. The FSP/FWF administration and ISU was notified and a written report was submitted. Prior to the end of the on-site audit the auditor received an update that the allegation was being investigated, the inmate was assessed for safe housing, referred for mental health assessment and 90 day monitoring was re-activated.

CDCR DOM, Section 54040.1 also states that retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. This is also reiterated in California Code of Regulations, Title 15, Section 3401.5. Interviews with CDCR and FSP/FWF leadership affirm the zero-tolerance for retaliation.

**Corrective Action:** None

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

California Code of Regulations, Title 15 – Segregation Housing states that non-disciplinary segregation means segregated housing placement for administrative reasons to include investigations related to being the victim of a PREA incident. If the placement in non-disciplinary segregation is related to being the victim of a PREA incident, the inmate will be afforded all



programs, privileges, and education in accordance with CCR, Title 15, sections 3044-Inmate Work Groups and subsection 3190 (b)(5)(c). If programs, privileges, and education are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to non-disciplinary segregation only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days. If it is exceeded, then it shall be documented on Classification Committee Chrono. The inmate is reviewed every 30 days to determine whether there is a continuing need for segregation from the general population. If the determination is that segregation should cease, the inmate is referred to the classification committee for a programmatic review.

FSP/FWF reported no instances of involuntary non-disciplinary segregation to protect and inmate who is alleged to have suffered sexual abuse in the last 12 months. During interview with the FSP PREA Compliance Manager, he confirmed that they do not place inmates who have alleged to have suffered sexual abuse in involuntary segregation unless it is the only alternative means of separation from potential abusers. Further, that if placed in involuntary non-disciplinary segregation, it would only be based upon available housing space at FSP/FWF or while pending transfer to another facility for housing. Interviews with staff who supervise inmates in segregated housing confirmed that access to programs, privileges and education is done through review with the assigned counselors.

**Corrective Action:** None

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

##### 115.71 (a)

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

##### 115.71 (b)

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

##### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

## 115.71 (I)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

CDCR DOM Section 54040.1 has Locally Designated Investigators (LDI) who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. FSP/FWF refers to their investigator as the Investigative Services Unit (ISU).

(a) – CDCR DOM, Section 54040.12 requires that all allegations of sexual violence, staff sexual misconduct, and sexual harassment be investigated and findings documented in writing. This includes any allegations made through a third-party or anonymous report. CDCR DOM, Section 54040.8.1 requires immediate notification to the Hiring Authority which will assign an LDI to conduct inquiry work-until sufficient information is obtained to warrant an Office of Internal Affairs (OIA) investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. Information will be thoroughly documented on a Confidential Memorandum that shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion the alleged victim will be provided written notification of the findings as described in section 54040.12.5. This section states that all incidents shall be investigated and the findings documented in writing. CDCR DOM, Section 54040.8.1 further states that if it is believed by staff to constitute an emergency they shall report immediately to a supervisor where notifications to OIA, Regional Office, SAC or OIA AOD can be made.

Interview with Investigative Staff confirmed that an investigation is immediately started when there is an allegation of sexual abuse or sexual harassment. When there is an anonymous or third-party report, Investigative Staff handles it immediately and appropriately as thorough as possible given the information given. Investigation files of sexual abuse/sexual harassment completed during audit period were provided to auditor for review and review of the files confirmed that investigations are completely promptly and thoroughly.

(b) – (c) - CDCR DOM, Section 54040.4 requires that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the Facility PREA Compliance Manager shall ensure employees investigating these incidents are properly trained. CDCR PREA Specialized Training for LDI curriculum and training records for LDI's were provided and reviewed by the auditor. Review of training records confirmed that all LDI's received specialized training in sexual abuse investigations, interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence

collection and identifying evidence required to substantiate a case for administrative action or prosecution referral. Interviews with Investigation staff affirmed that they received specialized training and are highly knowledgeable in completing PREA related investigations.

(d) – California Code of Regulations, Title 15, Section 3316, states that all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution, when there is evidence substantiating each of the elements of the crime to be charged. Review of investigation files and interviews with the CDCR PREA Coordinator and FSP Investigation Staff affirmed that this process was being followed.

(e) – CDCR DOM, Chapter 1, Section 14030.5 states that no person shall be ordered to take a polygraph examination. No coercion or offer of reward shall be used to induce any person to take a polygraph examination. Interviews with Investigations staff confirmed that they treat any alleged victim as a victim and do not discriminate or have a bias based on the inmate or staff's status during an investigation. Further, the interviews with Investigation staff and inmates who reported sexual abuse confirmed that FSP/WWF does not require alleged victims, suspects or witnesses to submit to a polygraph examination as a condition of proceeding with an investigation.

(f) – (h) – Interviews with FSP/WWF Investigation staff affirmed that thorough investigations are done and that all pertinent information is gathered and documented. This includes statements, staff rosters, inmate housing assignments, etc. Staff affirmed that all investigations are documented in writing and that all cases that appear to be criminal are referred for prosecution. FSP/WWF had (6) substantiated allegation of sexual abuse that was referred for prosecution. Investigation files were reviewed and confirmed that investigations include an effort to determine whether staff actions or failures to act may have contributed to the abuse, description of physical and testimonial evidence, reasoning behind credibility of statements, and investigative facts and findings.

(i) – CDCR DOM, Section 54040.20 states that CDCR shall ensure that all PREA data collected are securely retained and are maintained for 10 years after the date of the initial collection. The PREA Instructions for Records Retention Schedule (RRS) states that Investigatory files are retained in the ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.

(j) – CDCR DOM, Section 54040.12 states that the departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation. This was confirmed through interviews with Investigative staff and review of investigation files.

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

After review of CDCR policies, California Code of Regulations, Title 15, CDCR PREA Specialized Training for Locally Designated Investigator Curriculum, CDCR PREA Instructions for Record Retention Schedule, PREA Investigation files and interviews with the PREA Compliance Manager, Investigative Staff, PREA Coordinator and inmates who reported Sexual Abuse confirmed compliance with this standard.

**Corrective Action:** None

## **Standard 115.72: Evidentiary standard for administrative investigations**

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

#### **115.72 (a)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

CDCR, DOM, Section 33030.13.1, defined the findings of each allegation shall be determined by the Hiring Authority in consultation with the Vertical Advocate for designated cases and the SAIG. In order for a case to be sustained or substantiated, this section states, “The investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint.” Additionally, CDCR DOM, Section 33030.17 requires that sufficient evidence establishing a preponderance is necessary before any disciplinary action can be taken. The Employee Disciplinary Matrix shall be the foundation for all disciplinary action considered and imposed by the Department and shall be utilized by the Hiring Authority to determine the penalty to impose for misconduct. Auditor review of documentation of standard of proof used in investigative findings followed standard. The FSP/FWF Investigative staff confirmed the same level of standard in substantiating a sexual harassment or sexual abuse allegation.

**Corrective Action:** None

### Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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

(a) –(f) - CDCR DOM, Section 54040.12.5 states for Staff on Offender that following an offender's allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PREA Compliance Manager or designee shall inform that offender unless determined to be unfounded, whenever the alleged abuser is no longer posted within the inmate's unit, is no longer employed at the facility, has been indicted or convicted of the alleged sexual misconduct. This section further states that following an investigation into an offender's allegation of sexual violence by another offender, the institution shall inform the alleged victim of the outcome of the investigation and whenever the alleged abuse has been indicted or convicted of the alleged sexual violence. The agency's obligation to report/inform the offender of changes shall terminate if the offender is released from the agency's custody. CDCR DOM, Section 54040.8.1 states that upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Review of investigation files confirmed that alleged victims are notified of the outcome of the investigation.

Reviews of FSP/FWF investigation files confirmed that inmates are notified of the outcome of the investigation in writing. If the inmate was transferred to another facility, FSP/FWF PREA Compliance Manager or his designee (ISU staff) sends an email notification to the facility the inmate was transferred to requesting that the inmate be notified of the outcome of the investigation. These emails and written notification are kept on record in the investigation file. Interviews with inmates who reported sexual abuse at FSP/FWF and documentation for those inmates that have since been transferred to another facility has confirmed that they were notified of the outcome of the investigation. Additionally, Interviews with the PREA Compliance Manager and Investigative staff affirm compliance with this standard.

**Corrective Action:** None

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

##### 115.76 (a)

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

##### 115.76 (b)

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

##### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) – (d) - California Code of Regulations, Title 15, Section 3401.5 states that any sexual behavior between an inmate/parolee, departmental employee, volunteer, agent or individual working on behalf of CDCR shall subject the employee to disciplinary action and/or prosecution under the law. Further, Section 33030.15 outlines the five types of adverse action penalties; (15.1) Letter of Reprimand, (15.2) Salary Reduction, (15.3) Suspension without Pay, (15.4) Demotion to a Lower Class, (15.5) Dismissal from State Service.

Per the Employee Disciplinary Matrix Penalty Levels in Section 33030.16, there are nine levels ranging from official reprimands, suspensions, salary reductions and dismissals. According to section 33030.19-Employee Disciplinary Matrix (EDM) number (18)-Over-familiarity with an inmate(s)/parolee(s) would follow a penalty of (6) which is, salary reduction of 10 for 13-24 months or suspension without pay for 26-48 work days. EDM number (19)-Sexual Misconduct with an inmate(s)/Parolee(s) would follow a penalty of (9) which is, Dismissal.

CDCR DOM, Section 54040.12.3 and 54040.12.4 states that for all employees, contractor or volunteers that are terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.

In the past 12 months, there have been no staff, volunteer, contractor, or individuals working on behalf of CDCR violated the agencies sexual abuse or sexual harassment policies. FSP/FWF PREA investigative files and completed SSV-IA forms were reviewed and interviews with CDCR and FSP/FWF leadership affirm compliance with this standard.

Corrective Action: None

### Standard 115.77: Corrective action for contractors and volunteers

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

##### 115.77 (a)

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

##### 115.77 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) - CDCR DOM, Section 54040.12.4 states that any contractor or volunteers who engages in staff sexual misconduct shall be prohibited from contact with the offenders and shall be reported to relevant licensing body by the hiring authority or designee. Further, CDCR Contractor Bid/Agreement (Exhibit D) provision (59) informs the contractor that any contract employee who engages in sexual abuse of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal, and shall be subject to reporting to relevant licensing bodies. The agreement also states that by signing the contract they agree to all provisions and shall abide by the laws, rules and regulations governing conduct in associating with prison inmates or wards.

(b) – CDCR DOM, Section 101090.9, states that the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation or threatens security and safety of the volunteer, employees, public, or

inmates. Termination can be carried out in an expeditious manner if there is evidence of volunteer misconduct that includes acts of inappropriate familiarity with inmates, parolees, participating in behavior either on or off duty that is of such nature that it may cause discredit to CDCR or its services.

FSP/FWF reported that there were no substantiated PREA incidents involving a contractor or volunteer within the last 12 months. Interviews with the PREA Compliance Manager and Warden affirmed that appropriate and immediate measures would be taken to assure contact with inmates would cease, investigation conducted to include reporting to relevant licensing body and referral to law enforcement agencies.

**Corrective Action:** None

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

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

#### 115.78 (f)

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

## 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – (b) - CDCR subjects inmates to a disciplinary process and sanctions for those who engage in sexual abuse and sexual misconduct. Sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history as described in California Code of Regulations Title 15, Section 3323, which describes the level of rule violation and CDCR DOM, Section 54040.15. CDCR DOM, Section 54040.15 states, that upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegations of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCD Section 3316, Referral for Criminal Prosecution. There were no administrative and/or criminal findings of inmate-on-inmate sexual abuse at FSP/WWF within the past 12 months. A review of the investigation files was conducted by the auditor.

(c) – California Code of Regulation, Title 15, Section 3317 requires that inmates in the Mental Health program or any inmate showing signs of possible mental illness may require a CDC 115 MH, Rules Violation Report: Mental Health Assessment. Persons who exhibit bizarre, unusual or uncharacteristic behavior at the time of the rules violation shall be referred for a Mental Health Assessment. Interviews with FSP/WWF leadership and mental health staff affirmed that the process considers an inmate's mental health status when determining what type of sanction, if any, should be imposed.

(d) – CDCR DOM, Section 54040.7 states that an offender who during the initial intake screening reports that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, mental health referral chronological. Interviews with FSP/WWF mental health staff confirmed that mental health services are offered to offenders who have sexually abused another offender, and that they do not require the offending inmate to participate in interventions as a condition of access to programming or other benefits.

(e) – California Code of Regulations, Title 15, Section 3323, outlines that in inmate who commits rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim’s will shall be assessed credit forfeiture ranging from 181-360 days. FSP/WWF had no instances of inmate on staff sexual abuse within the past 12 months.

(f) – CDCR DOM, Section 54040.15.1 states that CDCR and its facility will not apply disciplinary action against an inmate for filing any report of sexual violence, or staff sexual misconduct, unless it is clearly demonstrated and documented that the inmate knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. DVI had no instances of taking disciplinary action against an inmate for making a false report within the last 12 months.

(g) – California Code of Regulations, Title 15, Section 3007 indicates that inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which report legal restraints from acts between consenting adults. Review of investigative files indicated that DVI also investigates any “consensual sex” misconduct to avoid abuses under consent as means to deter sexual abuse in the facility and that inmates are disciplined accordingly should they participate in illegal sexual acts.

**Corrective Action:** None

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

##### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management



decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – (d) – CDCR DOM, Section 54040.7, states that states that if it is reported by an offender during the initial intake screening, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, Mental Health Referral Chrono. During the on-site tour of the intake area observed were a medical/mental health satellite office where all new intakes are seen as part of the initial screening prior to being assigned to a housing unit. The Intake Officer was interviewed and reported that all inmates who disclose either previous sexual abuse or previously perpetrating sexual abuse, will be immediately be offered a follow-up meeting with a mental health practitioner. A positive listing of inmates who had reported being sexually abused during the initial PREA Screening was obtained, documentation of the referrals utilizing the CDCR Form 128-MH5 was reviewed by the auditor for referrals and follow up. Interviews with randomly selected inmates from the listing also confirmed that they were seen by mental health staff.

CCHCS PREA Health Care Guidelines outline the mental health referral process. Referrals to mental health may be made on an Emergent, Urgent, or Routine Basis. Emergent referrals are seen immediately, Urgent referrals are seen within 24 hours and a Routine referral are seen within five working days. All referrals are made on the CDCR-MH5 Mental Health Referral Chrono and forwarded to the mental health office. Emergent and Urgent referrals should also be made by phone to facilitate a timely response. Interviews with mental health staff and reviews of mental health referrals confirmed that these guidelines are in practice at DVI. Interviews with staff also affirmed that information related to sexual victimization or abusiveness of an inmate is shared with the appropriate staff on a need-to-know basis.

(e) - CDCR utilizes Authorization for Release of Information (CDCR 7552) to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Information may be released to others including but not limited to authorized law enforcement agencies, authorized prosecutors and other appropriate agencies to

include health care information. Informed Consent for Mental Health Care (Form CDCR MH-7448) is provided to the inmate for all CDCR mental health services. Interviews with mental health staff confirmed the practice of obtaining informed consent.

**Corrective Action:** None

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

(a) – (d) – CCHCS Volume 1, Chapter 16, outlines the procedures of CCHCS to provide medically necessary emergency and follow-up treatment; follow-up plans; and necessary referrals to CCHCS patients who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties under CDCR PREA policy. Health care staff are responsible to provide emergency care until the alleged victim or suspect can be sent to the county Sexual Assault Response Team (SART) facility for forensic clinical evaluation and treatment, and/or hospital for medical stabilization, determine if the injuries sustained by the alleged victim qualify as serious bodily injury as defined in the CCR and report the injuries. The policy further states that health care must ensure a follow-up testing for pregnancy, sexually transmitted infections/diseases (STI/STD), and HIV, as indicated; and provide follow-up clinical care as indicated. Interviews with medical, mental health staff and inmates who reported sexual abuse confirmed this practice.

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

(d) – CCHCS Volume 1. Chapter 10, indicates that there will be no copayment charge to the inmate if the health care service(s) are to be considered treatment services relating to sexual abuse or assault. Interviews with medical staff and inmates who reported sexual abuse confirmed that there is no copayment charge to the inmate.

Interviews with security and non-security staff affirmed that staff is aware of the preliminary steps to protect the victim and to report the incident to medical and mental health in the event a report of sexual abuse is made. Further, through the interviews it was evident that they are aware of their responsibilities and first responder duties. The interviews with staff and inmates in conjunction with documentation and CDCR policy reviews confirm compliance with this standard.

**Corrective Action:** None

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

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

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

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

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

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

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

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – (c) - CCHCS Volume 1, Chapter 16 and CDCR DOM, Section 54040.10, outlines the procedures and responsibilities of CCHCS and CDCR to provide medical and mental health evaluations, treatment, and follow-up services to all inmates who have been victims of sexual abuse in any institution. CDCR provides follow-up medical and mental health services to include treatment

plans and when necessary referrals for continued care when transferred or placed in other facilities. Further, this includes follow-up testing for sexually transmitted infections/diseases (STI/STD), and HIV. Interviews with medical, mental health staff and inmates who reported sexual abuse confirm that is in practice at FSP/WWF.

(d) – (f) - California Correctional Health Care Services (CCHCS), Volume 1, Chapter 16.2, CDCR DOM, Section 54040.12.2 and 54040.9 does states that victims of vaginal penetration are offered emergent medical care, pregnancy tests among other STD testing, treatment, and given pregnancy options and appropriate relevant information. In CDCR DOM, Section 54040.10 outlines the procedures and responsibilities of CCHCS and CDCR to provide evaluations, treatment, and follow-up services to all inmates who have been victims of sexual abuse in any institution. Services provided includes follow-up medical and mental health services, treatment plans and when necessary referrals for continued care when transferred or placed in other facilities. Further, this includes follow-up testing for sexually transmitted infections/diseases (STI/STD), and HIV. Interviews with medical and mental health staff confirm that services for victims of sexually abusive vaginal penetration are offered pregnancy tests and follow up treatment and options.

(g) - CCHCS Volume 1. Chapter 10, indicates that there will be no copayment charge to the inmate if the health care service(s) are to be considered treatment services relating to sexual abuse or assault. Interviews with medical staff and inmates who reported sexual abuse confirmed that there is no copayment charge to the inmate. The “no copayment” is not conditional upon cooperating with any investigation.

(h) – Interviews with mental health staff confirmed that referrals for alleged perpetrators of sexual abuse are done and that the mental health evaluation conducted as with any other inmate.

Review of inmate medical referrals, follow up documents, CDCR policies, CCHS policies and interviews confirms compliance with this standard.

**Corrective Action:** None

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

##### 115.86 (a)

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

##### 115.86 (b)

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

##### 115.86 (c)

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

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – CDCR DOM, Section 54040.17, requires that the Hiring Authority conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegations that have been determined to be unfounded.



(b) – CDCD DOM, Section 54040.17 PCM shall normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 60 days of the date of discovery (report date to IPRC).

(c) – (e) - The Institutional PREA Review Committee (IPRC) is the designated sexual abuse incident review team for CDRC. The committee consist of institutional staff chaired by the respective Institution Head tasked with reviewing these PREA related incidents. The IPRC generally consist of the Hiring Authority or designee, PREA Compliance Manager, In-Service Training Manager, Health Care Clinician, Mental Health Clinician and ISU staff.

When conducting a review, the IPRC must consider: Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Whether the incident or allegation was motivated by race; ethnicity; gender identity; LBGTI status, or perceived status; gang affiliation; or was it motivated or otherwise caused by other group dynamics at the facility; Examines the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse; Determine if, the staffing plan was not complied with and this shall be documented in the review as a part of the corrective action plan; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Prepare a report of the IPRC findings and any recommendations for improvement to correct any deficiencies.

The findings of the review are documented as a formal written report and shall be submitted to the Hiring Authority. The final report shall be provided to the Associate Director and the CDCR PREA Coordinator.

Interviews with FSP/FWF Warden and PREA Compliance Manager, who are part of the IPRC, and reviews of completed IPRC reports verified the practice with this standard.

**Corrective Action:** None

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

The most recent annual report available is for Calendar Year 2017. The annual report can be found at: <https://www.cdcr.ca.gov/PREA/docs/Annual-Report-2016.pdf>. This report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.

Reviews of Survey of Sexual Violence forms, CDCR most current Annual Report 2017, CDCR policies and procedures, interviews with targeted staff members confirms compliance with this standard.

**Corrective Action:** None

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

(a) – CDCR DOM, Section 54040.17, requires CDCR to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices and training. On an annual basis the Department PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PREA Compliance Manager to summarize information gathered through the institutional PREA committee. The departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. The final report will be routed through the chain of command to the agency Secretary for review and approval, once it is approved the report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website.

Completed SSV-IA forms were reviewed and interviews with the CDCR Agency Head/Designee, CDCR PREA Coordinator, and FSP/FWF's PREA Compliance Manager all confirmed that the facility collects data, aggregates data, and analyzes the information to assist them in creating a safer environment for the inmates and staff. Additionally, during these interviews it was revealed that the agency collects and uses aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training.

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

**Corrective Action:** None

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

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

##### 115.89 (a)

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

##### 115.89 (b)

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

##### 115.89 (c)

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

#### 115.89 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(a) - (d) - CDCR DOM, Section 54040.20, requires that CDCR ensures that PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. In addition to reviewing CDCR's 2017 Annual Report that can be located at <https://www.cdcr.ca.gov/PREA/docs/Annual-Report-2017.pdf> the CDCR PREA Coordinator confirmed that that personal identifiers are redacted from reports.

**Corrective Action:** None

### AUDITING AND CORRECTIVE ACTION

#### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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



Through discussions with the CDCR PREA Coordinator, the auditor was informed that the agency ensures that one-third of their facilities are audited each year and the PREA Coordinator is charged with this responsibility. The auditor observed all areas of the facility and the agency was very accommodating with providing requested documents. Interviews were conducted in private settings without being heard by others, all information obtained and observed by the auditor supported the fact that inmates were permitted to send confidential correspondence to the auditor. This standard is rated as a “meets standard”.

### Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

*Cheyenne Evans*

May 6, 2019

**Auditor Signature**

**Date**

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

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