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

☐ **Interim** ☒ **Final**

Date of Report September 30, 2019

Auditor Information

Name: Amanda Rasmussen	**Email:** amanda.l.rasmussen@doc.state.or.us
Company Name: Oregon Department of Corrections	
Mailing Address: 2575 Center Street NE	**City, State, Zip:** Salem, Oregon 97301
Telephone: 503-569-8578	**Date of Facility Visit:** March 4-8, 2019

Agency Information

Name of Agency: California Department of Corrections & Rehabilitation		**Governing Authority or Parent Agency** *(If Applicable)*: Click or tap here to enter text.	
Physical Address: 1515 S Street		**City, State, Zip:** Sacramento, California 95811	
Mailing Address: PO Box 942883		**City, State, Zip:** Sacramento, California 94283	
Telephone: 916-324-6688		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

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

Agency Website with PREA Information: https://www.cdcr.ca.gov/PREA/index.html

Agency Chief Executive Officer

Name: Ralph Diaz	**Title:** Secretary
Email: Ralph.Diaz@dcr.ca.gov	**Telephone:** 916-323-6001

Agency-Wide PREA Coordinator	
Name: Shannon Stark	**Title:** Captain
Email: Shannon.Stark@cdcr.ca.gov	**Telephone:** 916-324-6688
PREA Coordinator Reports to: Amy Miller, Associate Director of Female Institutions	**Number of Compliance Managers who report to the PREA Coordinator** 36

Facility Information

Name of Facility: Central California Women's Facility			
Physical Address: 23370 Road 22 Chowchilla, California 93610			
Mailing Address (if different than above): PO Box 1501 Chowchilla, California 93610			
Telephone Number: 559-665-5531			
The Facility Is:	☐ Military	☐ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	

Facility Mission: *Central California Women's Facility is the largest female institution in the state which is located in Chowchilla, California. CCWF provides inmate academic education, work and vocational training, counseling and specialized programs for the purpose of successful reintegration into society. It provides community service which encourages public awareness and participation. The facility's specialized mental health and medical services are commensurate with community standards, providing a licensed medical environment while encouraging personal responsibility. The institution also provides staff resources and training which ensures the highest standards of "Correctional Professionalism."*

Facility Website with PREA Information: The facility does not have its own website with PREA information. All CDCR PREA information is available on the agency website at https://www.cdcr.ca.gov/PREA/index.html.

Warden/Superintendent	
Name: Ms. Janel Espinoza	**Title:** Warden
Email: Janel.Espinoza@cdcr.ca.gov	**Telephone:** 559-975-9141 x6504

Facility PREA Compliance Manager	
Name: Ms. Chenoa Dill	**Title:** Captain
Email: Chenoa.Dill@cdcr.ca.gov	**Telephone:** 559-975-9141 x7146

Facility Health Service Administrator	
Name: Mr. Phillip Mallory	**Title:** Chief Executive Officer, Acting
Email: Phillip.Mallory@cdcr.ca.gov	**Telephone:** 559-665-5531 x7000

Facility Characteristics	
Designated Facility Capacity: 2756	**Current Population of Facility:** 2814
Number of inmates admitted to facility during the past 12 months	3368
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	3368
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	3368
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	234

Age Range of Population:	**Youthful Inmates Under 18:** N/A	**Adults:** 18-87

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

Number of youthful inmates housed at this facility during the past 12 months:	0
Average length of stay or time under supervision:	Unknown
Facility security level/inmate custody levels:	I-IV
Number of staff currently employed by the facility who may have contact with inmates:	1177
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	258
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	28

Physical Plant	
Number of Buildings: 16	**Number of Single Cell Housing Units:** 0
Number of Multiple Occupancy Cell Housing Units:	14
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary:	100

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

CCWF has 524 cameras installed and operational. Video footage is retained for 90 days, and may be viewed by Investigative Services Unit staff or staff at or above the rank of Lieutenant.

Medical	
Type of Medical Facility:	Licensed Skilled Nursing Facility
Forensic sexual assault medical exams are conducted at:	Community Regional Medical Facility

Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	1797
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	895 CDCR 12 CCWF

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.

Amanda Rasmussen, a U.S. Department of Justice (USDOJ) Certified PREA Auditor for Adult Facilities, conducted the Prison Rape Elimination Act (PREA) on-site audit of Central California Women's Facility (CCWF) in Chowchilla, California from March 4-8, 2019. This audit was conducted under a contract between CDCR and the Oregon Department of Corrections (ODOC) in conjunction with the Western States PREA Circular Auditing Agreement. The CDCR, ODOC and eight other agencies (Colorado, Hawaii, Los Angeles County, Nevada, New Mexico, North Dakota, Montana, and Washington) are members of the Western States PREA Circular Auditing Agreement. The audit was conducted with the assistance of two support staff – Steve Boston and Jeremy Wagner. Wagner is a USDOJ Certified PREA Auditor for Adult Facilities. The audit team conducted the site review together. Rasmussen conducted the documentation review for staff and inmates; informal interviews with random staff and inmates; formal interviews with specialized staff and targeted inmates; and, authored this report. Boston and Wagner conducted informal and formal interviews of random staff, specialized staff, random inmates and targeted inmates.

This auditor provided the facility with a Notification of Audit on January 22, 2019, in both English and Spanish. The notification contained information about the upcoming audit and stated that any inmate or staff member with pertinent information should send a letter containing this information to the auditor. The auditor instructed the facility to post this notification in all housing units and throughout the facility for the six weeks prior to the onsite review, on a brightly-colored piece of paper that would stand out among other postings in these areas. The notice contained a reminder about the confidential nature of communication with the auditor, and possible exceptions to confidentiality. The auditor was provided with dated and time-stamped photographs indicating the audit notice was posted as directed. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility in inmate-accessible areas. The notice was observed to be posted in areas only accessible to staff, providing them with the opportunity to contact the auditor. Prior to the onsite review, this auditor received one letter from an inmate at CCWF and interviewed the author while onsite.

The Pre-Audit Questionnaire (PAQ) was initiated by the facility and sent to this auditor on January 16, 2019. The PAQ was formatted on a password protected compact disc and included all relevant documentation pertaining to the audit, including, but not limited to: policies, procedures, memorandum of understanding and training documents. The auditor reviewed the questionnaire and all documentation. Prior to the site review, the auditor exchanged email communication with the facility PREA Compliance Manager (PCM) to discuss follow-up questions and concerns, based on the review of the documentation and additional information was provided to the auditor. This auditor reviewed CDCR's 2016 and 2017 Annual Reports, which are posted on the agency website. This was the first PREA audit conducted at CCWF.

On February 7, 2019, this auditor sent an email to CCWF's PREA Compliance Manager (PCM) requesting the following documents prior to the audit team's arrival at the facility:

- A complete inmate roster, sorted by housing unit
- A list of inmates with mobility disabilities
- A list of inmates who are hard of hearing or deaf
- A list of inmates who have vision impairment or are blind
- A list of inmates who have reported sexual abuse

The following documents were requested to be available on the first day of the onsite review:

- A complete listing of all staff, contractors and volunteers
- Custody staff assignment rosters for all shifts of the onsite review
- Copies of any PREA-related grievances filed in the last 12 months
- A list of all inmates who have been at CCWF prior to August 2012
- A list of all inmates who identify as lesbian, gay, bisexual, transgender or intersex
- A list of all inmates who disclosed prior sexual victimization during risk screening (in community and/or in confinement)

All requested follow-up documentation was provided by the facility as requested.

Prior to the onsite review of CCWF, this auditor conducted outreach to Just Detention International (JDI and the Madera Community Action Partnership (MCAP) to learn about issues of sexual safety at the facility.

- JDI advised this auditor that they have received written correspondence from seven inmates at CCWF since March 2017. The majority of those letters did not disclose abuse occurring specifically at CCWF but were requests for information and resources for abuse they experienced prior to arriving at CCWF. One incarcerated survivor disclosed abuse and subsequent retaliation at CCWF.
- This auditor reached out to Madera Community Action Partnership four times prior to the issuance of the interim report but was unable to make contact.

An entrance meeting was held in the morning of March 4, 2019 with facility leadership and members of the agency's central administration.

After the entrance meeting, the audit team conducted the physical plant review of CCWF. The audit team was provided access to all areas of the facility, including outlying buildings where inmates may be assigned for work. This auditor observed the facility configuration, locations of cameras and security mirrors, the level of staff supervision, the housing unit layout (including shower/toilet areas), placement of posters and other PREA informational resources, security monitoring, intake procedures, peer educator presentations, and search procedures. Toilet and shower areas of the facility allowed for inmate privacy while undressing and using facilities. No cameras were noted around those specific areas, or in areas where unclothed searches take place. In all, CCWF utilizes 524 cameras. Video footage is retained for approximately 90 days and can be monitored by Investigative Services Unit (ISU) staff or staff at or above the rank of lieutenant. Cross-gender announcements were consistently observed when the audit team entered housing units. PREA posters and Sexual Abuse Advocacy posters were visible in all inmate areas. Inmate phones were tested in each housing unit to ensure the ability to contact the PREA Hotline and the confidential, community-based advocacy center.

During the physical plant review, the audit team looked for potential blind spots and other concerns in areas accessible to inmates. The facility took immediate action to begin correcting deficiencies, to include:

- Labeling all restrooms to indicate their use by staff or inmates
- Adjusting a security mirror in the Central Kitchen to allow for better visibility in a potential blind spot
- Adding a security mirror to the Coach's Office in the gymnasium of Building 802
- Adding a security mirror to a storage area of Receiving & Release
- Adjusting a security mirror in Facility A's Canteen to allow for better visibility in a potential blind spot
- In the Chapel of Building 802, a storage area was secured with a door that included a window, while the inmate worker room was secured with a solid door. The facility switched the doors to the rooms, to provide better visibility into the inmate work area.
- Adding a security mirror in the Library of Building 802 to allow for better visibility in a potential blind spot
- Partially frosting the window of an inmate restroom in Education Room 12 of Building 1101 to prevent cross-gender viewing

Photographs of all corrections were provided to, reviewed and retained by this auditor.

This auditor was able to observe the intake process for new admits to CCWF on the morning of the second day onsite. Inmates were asked the PREA risk screening questions in a private area by a staff member and provided pamphlets that included information about CDCR's zero-tolerance policy on sexual abuse and sexual harassment and reporting options. Within the first 14 days of arrival at CCWF, new admits are scheduled to receive their comprehensive PREA education, which this auditor was able to observe. Two peer health educators and a staff facilitator presented PREA education to 27 intake inmates. The participants were provided with a Sexual Abuse & Assault Prevention brochure and watched a 15-minute video about sexual abuse and sexual harassment in confinement. After the video, the peer health educators engaged the participants in a discussion about the information and asked questions to ensure the information was understood. They highlighted how to make reports, having firm boundaries, and why false reports hurt abuse victims. Participants were able to ask questions and seemed receptive to the information presented. These classes are held twice a week on the Reception Center yard.

This auditor and Boston were able to observe CCWF's Incident Review Committee (IRC) in the afternoon of the second day onsite. Two reports of staff-on-inmate and one report of inmate-on-inmate sexual abuse were presented. Members of the IRC included the warden, facility PCM, investigative staff, a representative from Health Services and a representative from Mental Health Services. The investigations for all three reports were ongoing. The IRC begins reviewing reports when they are made, to determine if any corrective action should be taken to prevent future sexual abuse or sexual harassment.

For the remainder of the second day and the third and fourth days of the onsite audit, the audit team conducted staff and inmate interviews. Staff were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to staff and inmates, response protocols when allegations of sexual abuse and/or sexual harassment are made, first responder duties,

data collection processes and other pertinent PREA requirements. All interviews were conducted one at a time, in a private and confidential manner.

CCWF employs approximately custody staff that include the ranks of captain, lieutenant, sergeant and officer. Security staff are assigned daily to three, eight-hour shifts. Interviews were conducted with staff assigned to First Watch (2200-0600 hours), Second Watch (0600-1400 hours) and Third Watch (1400-2200 hours), as well as administrative and non-security staff. The August 2017 edition of the PREA Auditor Handbook requires at least 12 random security staff be interviewed. The audit team conducted random interviews with 12 first watch staff, ten second watch staff and six third watch staff. Ten interviews of non-security staff were conducted, to include those in the mailroom, maintenance and food services.

This auditor reviewed files for ten randomly selected staff members, including at least one transfer and new hires to determine compliance with training mandates and background procedures while onsite.

The inmate population on the first day of the onsite review was 2756. The August 2017 edition of the PREA Auditor Handbook requires at least 25 random inmate interviews and at least 25 targeted inmate interviews for an adult prison population of more than 2501 inmates. The audit team planned to interview two random inmates from each housing unit (28 in total), in addition to any targeted inmates. This auditor divided the total population by 28, and using an inmate roster sorted by housing unit, counted off by 98 until two inmates from each unit were selected. If the inmate originally selected refused to participate, the next consecutive name was selected.

This auditor was provided with a list of 342 inmates who identified as transgender or intersex. The August 2017 edition of the PREA Auditor Handbook requires at least four transgender or intersex inmates be interviewed for an adult prison population of more than 2501 inmates. Due to the large number of inmates in this targeted population, this auditor selected 15 inmates to be interviewed. This auditor determined names by dividing an alphabetically-sorted roster of transgender or intersex inmates by 15 and counted off by 22 until 15 names were selected. Again, if the inmate originally selected refused to participate, the next consecutive name on the roster was selected.

All reasonable efforts were made to conduct the required number of inmate interviews. Central California Women's Facility did not have any who were youthful or who were in segregated housing due to their high risk of sexual victimization. This auditor selected additional inmates from the available targeted populations and increased the number of random inmate interviews to ensure an appropriate number of inmates were screened. A total of 36 random inmate interviews and 30 targeted inmate interviews were conducted.

There were 234 inmates at CCWF who were admitted to the facility prior to August 20, 2012. This auditor reviewed comprehensive education documents for 15 randomly-selected inmates. A list of inmates sorted by facility admission date was divided by 15, and subsequently counted off by 15 until the targeted number was reached.

The PAQ provided by the facility PCM indicated there were 42 allegations of sexual abuse (25 inmate-on-inmate and 17 staff-on-inmate) and 3 allegations of sexual harassment (one inmate-on-inmate and two staff-on-inmate) in 2018. Since this was CCWF's first PREA audit, and there appeared to be many allegations that were unfounded and only two substantiated reports, this auditor reviewed investigative file information for three full years:

	2018	2017	2016
Total number of allegations	45	88	28
Substantiated	0	1	1
Unsubstantiated	9	29	15
Unfounded	19	52	7
Investigation still in progress	17	6	5

On the morning of the fifth day onsite, the audit team met with the facility PCM and members of the agency's central administration to discuss CCWF's compliance with the standards. Areas of non-compliance were discussed. The parties involved collaborated on a reasonable and achievable corrective action plan.

The exit conference was conducted on March 8, 2019 with facility leadership and members of the agency's central administration. The auditor provided a summary of the onsite portion of the audit and provided information on what to expect during the Corrective Action Period (CAP).

After the onsite audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard. To determine compliance, the auditor used the information and documentation provided during the pre-audit, information obtained through staff and inmate interviews, as well as observations during the onsite review. There were no barriers to completing the audit of CCWF.

The Interim Report was provided to the facility on April 20, 2019, triggering the corrective action period. Seven standards required corrective action:

- 115.31 Employee Training
- 115.33 Inmate Education
- 115.41 Screening for Risk of Victimization and Abusiveness
- 115.42 Use of Screening Information
- 115.67 Agency Protection against Retaliation
- 115.71 Criminal and Administrative Agency Investigations
- 115.86 Sexual Abuse Incident Reviews

During the corrective action period, the facility PCM provided this auditor with all requested information and documentation necessary to show compliance with the identified standards. The corrective action period ended on September 27, 2019.

Facility Characteristics

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

The California Department of Corrections and Rehabilitation is a state agency incarcerating approximately 118,000 inmates in 35 publicly operated facilities. The mission statement of CDCR is to *"… enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities".*

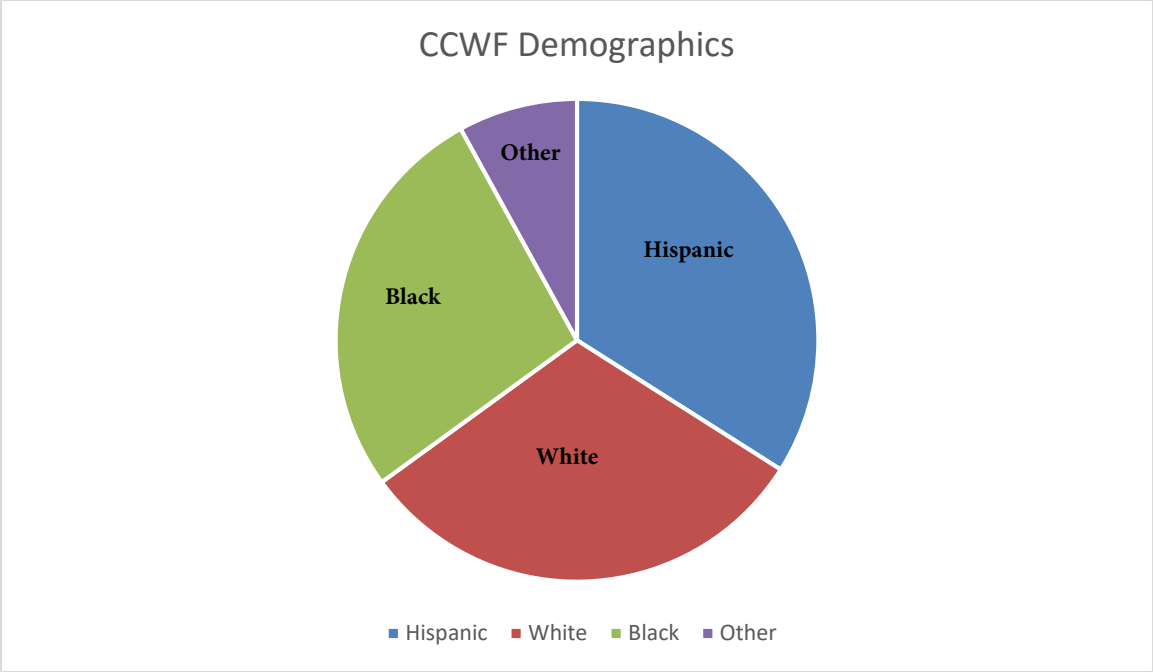
The CDCR's Female Offender Programs and Services (FOPS) provides safe and secure housing for female offenders with opportunities such as vocational and academic programs, substance abuse treatment, self-help programs, Career Technical Education, pre-release guidance and community betterment projects. CDCR established the office of FOPS/Special Housing (FOPS/SH) in July 2005, within the Division of Adult Institutions. This office manages and provides oversight to all female programs, in addition to five designated male and female institutions, fire camps and community programs.

CCWF is the largest female institution in the United States, located in Chowchilla, California on approximately 640 acres. It was opened in October 1990. The facility holds female inmates at all security levels, from reception to condemned row.

CCWF contains four facilities, also referred to as "yards". Each yard can operate semi-independently, with its own medical services, mental health services, food services, canteen, education, work and programming. Inmates assigned to the Reception Center, Administrative Segregation, Short Term Restricted Housing and Death Row are housed on Facility A.

A Fire House, Main Warehouse and an almond farm operated by the California Prison Industry Authority (CalPIA) are located outside the secure perimeter of CCWF.

The average daily population for the audit period was 2829 inmates. CCWF houses female inmates ranging in age from 18-87 years old. While onsite, the audit team noted that the facility is able house inmates in a safe and secure manner.



Central California Women's Facility operates the following programs:

Educational Programs: Adult Education; High School/GED; Literacy; Post-secondary Education; Library Services; and, Student Support Services

Treatment Programs: Long-term Offender Program; Offender Mentor Certification Program; and, Cognitive Behavioral Treatment (including Anger Management, Criminal Thinking, Family Relationships and Substance Use Disorder Treatment)

Pre-Release Programs: Transitions Program; California Identification Card Program; and, Career Technical Education (including Auto Body; Building Maintenance; Career Core; Carpentry; Computer Coding; Computer-related Technologies; Cosmetology and Electronics)

California Prison Industry Authority (CalPIA): Dental Laboratory; Fabric Products; Farming; Garment Making; and, Silk Screening

Joint Venture Electronics: A public-private partnership which employs approximately 45 inmates in an electronics manufacturing program

Other: Community Service crews; Youth Diversion; Religious; Arts in Corrections; Victim Impact Self-awareness; Parenting; and, Narcotics/Alcoholics Anonymous

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.*

Number of Standards Exceeded: 2

115.17 Hiring and Promotion Decisions
115.18 Upgrades to Facilities and Technologies

Number of Standards Met: 43

115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator
115.12 Contracting with Other Entities for the Confinement of Inmates
115.13 Supervision and Monitoring
115.14 Youthful Inmates
115.15 Limits to Cross-Gender Viewing and Searches
115.16 Inmates with Disabilities and Inmates who are Limited English Proficient
115.21 Evidence Protocol and Forensic Medical Examinations
115.22 Policies to Ensure Referrals of Allegations for Investigations
115.31 Employee Training
115.32 Volunteer and Contractor Training
115.33 Inmate Education
115.34 Specialized Training: Investigations
115.35 Specialized Training: Medical and Mental Health Care
115.41 Screening for Risk of Victimization and Abusiveness
115.42 Use of Screening Information
115.43 Protective Custody
115.51 Inmate Reporting
115.52 Exhaustion of Administrative Remedies
115.53 Inmate Access to Outside Confidential Support Services
115.54 Third-Party Reporting
115.61 Staff and Agency Reporting Duties
115.62 Agency Protection Duties
115.63 Reporting to Other Confinement Facilities
115.64 Staff First Responder Duties
115.65 Coordinated Response
115.66 Preservation of Ability to Protect Inmates from Contact with Abusers
115.67 Agency Protection against Retaliation
115.68 Post-allegation Protective Custody
115.71 Criminal and Administrative Agency Investigations
115.72 Evidentiary Standards for Administrative Investigations
115.73 Reporting to Inmates
115.76 Disciplinary Sanctions for Staff
115.77 Corrective Action for Contractors and Volunteers
115.78 Disciplinary Sanctions for Inmates

115.81 Medical and Mental Health Screenings; History of Sexual Abuse
115.82 Access to Emergency Medical and Mental Health Services
115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
115.86 Sexual Abuse Incident Reviews
115.87 Data Collection
115.88 Data Review for Corrective Action
115.89 Data Storage, Publication, and Destruction
115.401 Frequency and Scope of Audits
115.403 Audit Contents and Findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

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) Department Operations Manual, Chapter 5, Article 44, section 54040.1 *(Policy)* states on page 469, "*The California Department of Corrections and Rehabilitation (CDCR) is committed to providing a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment. This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation, and tracking of these behaviors and to address successful community re-entry of the offender. 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.*" This policy outlines the agency's comprehensive approach to preventing, detecting and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors and consequences for those found to have participated in prohibited behaviors. The Inmate Orientation Manual, provided to each inmate upon arrival at CCWF, contains information about zero-tolerance on page seven. The zero-tolerance policy is observable throughout the facility, as evidenced by inmate informational postings and handbooks. Interviews with both staff and inmates indicate they are knowledgeable of the zero-tolerance policy.

(b) The CDCR employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator reports directly to an Associate Director. This position is reflected in agency organizational charts. The PREA Coordinator has 36 PREA Compliance Managers (PCMs) that report directly to her for PREA-related matters. This includes one PREA Compliance Manager at each of the 35 facilities, and one PCM at Headquarters that oversees the Contracted Beds Unit. The PREA Coordinator's Duty Statement indicates that she will "*maintain a program to address education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim.*" When interviewed, the PREA Coordinator indicated that she has the time, resources and authority required to manage her responsibilities.

(c) CCWF has designated a Captain as the facility PREA Compliance Manager. The PCM is currently assigned as the Health Care Captain, functioning within the Health Care Administrative Operations Branch. The PCM's duty statement indicates that as the PCM, she will "*Act as the PREA Compliance Manager for the institution to include receiving notification for all allegations of PREA incidents, provide required reports to Headquarters, conduct necessary follow up for Reception Center inmates within 30 days of arrival, ensure Protection Against Retaliation processes are assigned and documented, act as member of the PREA Institutional Review Committee, lead preparation for PREA audits and attend meetings and training related to PREA policies.*" The duty statement indicates 10% of her time is devoted to PREA responsibilities. When interviewed, she indicated that she has the time to manage all her PREA-related responsibilities.

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.

(a) CDCR has nine contracts for confinement with other entities: two Corrections Corporation of America (CCA) facilities out of state (La Palma Correctional Center and Tallahatchie County Correctional Facility); four CCA facilities in state (Central Valley, McFarland, Desert View and Golden State); and three GEO facilities ran by city agencies in state (Shafter, Taft and Delano). These contracts include language that states, *"The CDCR Offenders in the Facilities shall be confined and supervised in accordance with the CCF Title 15, DOM, and receiving states' existing state law."* This contract includes language requiring *"all offenders suspected of being sexually assaulted shall be sent to the local emergency room for treatment, and a rape kit will be sent to the hospital with the transferring officers, consistent with CDCR Prison Rape Elimination Act (PREA) protocols."* On November 20, 2015, the Agency PREA Coordinator sent additional contract language to contract holders, for inclusion into renewing contracts along with the

expectation regarding its use. The Agency PREA Coordinator identified the PCM as the responsible party to ensure training is provided for contractors to know why the additional contract language is required and what their responsibilities are. The additional contract language is listed as Exhibit D, and states, *CDCR maintains a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited.*

CDCR is committed to providing a safe, humane, secure environment, free from sexual misconduct. This will be accomplished by maintaining a program to ensure education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim.

All Contractors and their employees are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44.

If you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards.

As a Contractor with CDCR, you shall not assign an employee to a CDCR facility or assign an employee to duties if that employee will have contact with CDCR inmates, if that employee has 1) 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); 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described in this section.

The Contractor shall conduct a criminal background records check for each contract employee who will have contact with CDCR inmates and retain the results for audit purposes. By signing this contract, the Contractor agrees to ensure that all the mandates of this Section 5: Prison Rape Elimination Policy are complied with. Material omissions, by the contract employee, regarding such misconduct or the provision of materially false information, shall be grounds for removal from institutional grounds.
Contract employees, who have contact with inmates, shall be provided training via the Exhibit titled; "PRISON RAPE ELIMINATION POLICY, Volunteer/Contractor Informational Sheet" to learn their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A copy of this signed informational sheet will be provided to the institution before a contract employee may have contact with inmates.

Any contract employee who appears to have engaged in sexual misconduct of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation. Referral shall be made to the District Attorney unless the activity was clearly not criminal. Reportable information shall be sent to relevant licensing bodies."

(b) All contracts include provisions for contract monitors, who will monitor compliance with the contract through "*internal procedures evaluation, examination of program data, special analysis, on-site checking, formal audit examinations or any other reasonable procedures as CDCR or the Receiver may in their sole discretion deem necessary or appropriate.*" CDCR provided documentation to this auditor indicating that all nine contract facilities have been audited.

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 a standardized staffing plan which has taken into consideration the physical plant layout, security level and type of offender and their specific needs when developing the staffing plan for each of its facilities. The facility PCM, in consultation with the PREA Coordinator, utilizes data from Institutional PREA Review Committee (IPRC) documents and any Survey of Sexual Violence Adult Incident forms to assist in completing the staffing plan review. In 2018, CCWF had 42 allegations of sexual abuse and three allegations of sexual harassment. The staffing plan review indicated there was not a need to change staffing levels to deter future incidents. While onsite, the audit team observed enough custody and support staff in all areas of the facility.

(b) Central California Women's Facility has a process in place to fill vacant posts, modify programming as necessary, and a reporting mechanism should all posts not be filled. Through these measures, the institution management team ensures that enough staff are present for each shift. The warden indicated in her interview that CCWF has not deviated from the staffing plan during the audit period.

(c) Department Operations Manual, Chapter 5, Article 44, section 54040.17.1 (*Annual Review of Staffing Plan*) states, "*Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan.*" Documentation of the most recent staffing plan review during the audit period was examined. This documentation indicated there were no findings of inadequacy by any agencies or oversight bodies. All components of the facility's physical plant were reviewed, to include any areas of limited visibility or areas where staff or inmates may be isolated.

(d) Department Operations Manual, Chapter 5, Article 44, section 54040.4 *(Education and Prevention)* states on page 471, *"A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time, and the location that the security check was completed. Staff is prohibited from alerting other staff members that these security rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility [sic]."* While onsite, intermediate and higher-level supervisors were interviewed, and verified they conduct unannounced

rounds on all shifts, to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment. Supervisory rounds are documented in red ink in Unit Log Books. Unit Log Books were reviewed by this auditor in multiple areas of the facility to ensure these rounds were conducted and documented on all shifts over time.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

CDCR houses juvenile offenders in separate facilities, operated under the Division of Juvenile Justice. This auditor reviewed CCWF population reports for the last 12 months, sorted by age, and did not find any inmates under the age of 18 listed. The daily population report provided for March 4, 2019 did not include any inmates under the age of 18. No interviews of staff or inmates indicted a youthful inmate may have been housed at CCWF.

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) Department Operations Manual, Chapter 5, Article 19, section 52050.16.5 *(Unclothed Body Search of Inmates)* states on page 388, *"Correctional personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. Routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect. Routine unclothed body searches shall not be completed by staff of the opposite biological sex."* This auditor reviewed the CDCR Office of Training and Professional Development Lesson Plan for *Searches and Inmate Property*, which clearly reiterates that Clothed Body Searches will only be conducted by correctional staff of the same biological sex. The facility utilizes Adani Low Dose scanners to search inmates after contact visits, but has a written operational procedure (*Operational Procedure C-084 Contraband Detection and Expoitation* [sic] *Strategies*) that directs operators viewing an image produced by the scanner to be the same gender as the inmate being scanned. Interviews with staff and inmates did not indicate that cross-gender Unclothed Body Searches have occurred, nor did the audit team observe any cross-gender Unclothed Body Searches while onsite at CCWF.

(b) Department Operations Manual, Chapter 5, Article 19, section 52050.16.4 (Clothed Body Search of Female Inmates) directs, *"Clothed Body Searches of female inmates shall be conducted by female correctional staff only, except in emergency situations as follows: When circumstances exist that require an immediate search of a female inmate in order to avoid the threat of death, escape, or great bodily injury to staff, inmates, or visitors – and only until sufficient numbers of female correctional staff are available to assume critical body search duties."* The policy prescribes the way Clothed Body Searches will be performed by male correctional staff during emergency circumstances. Interviews with staff and inmates did not indicate that male correctional staff have conducted any Clothed Body Searches of any female inmates, nor did the audit team observe any such searches while onsite at CCWF.

(c) Department Operations Manual, Chapter 5, Article 19, section 54040.5 *(Searches)* 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 837, Crime Incident Report, the search shall also be documented within the incident report."* The

CDCR Officer of Training and Lesson Plan for *Searches and Inmate Property* contains the same directive. Interviews with staff and inmates did not indicate cross-gender searches of any nature are occurring at CCWF, nor did the audit team observe any such searches.

(d) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Education and Prevention*) states on page 471, *"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 and security, modesty screens shall be placed strategically in areas that prevent incidental viewing. Per 28 CFR, Standard 115.42, upon request, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes. This policy shall be included in each institution's orientation handbook. This will allow the inmate to take into consideration that staff of the opposite gender may be present when performing bodily and bathing functions."* As the audit team toured the facility, cross-gender announcements were made consistently. Inmate interviews indicated the announcements were made on a regular basis.

(e) California Code of Regulations, Title 15, section 3287 (*Cell, Property and Body Inspections)* states that inmates are subject to an inspection of his or her person, either clothed or unclothed *"when there is a reasonable suspicion to believe the inmate may have unauthorized or dangerous items concealed on his or her person, or that he or she may have been involved in an altercation of any kind. Such inspections may also be a routine requirement for inmate movement into or out of high security risk areas."* Department Operations Manual, Chapter 5, Article 19, section 52050.16.7 *(Unclothed and Clothed Body Searches of Transgender or Intersex Inmates)* states, *"In the event that there is an individual going through Receiving and Release (R&R) who self-identifies as transgender or self-identifies 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. (i.e., paperwork indicates male, inmate will be searched by a male staff member). 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 own safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate. Once the information is collected and documented on the CDCR Form 128-C3, the Institution Classification Committee should determine appropriate classification and housing placement."* Interviews with staff indicated they were aware of agency policy prohibiting searches for the sole purpose of determining an inmate's genital status. Eleven transgender inmates were interviewed while onsite at CCWF, and no inmate indicated they had been searched by a staff member to determine genital status.

(f) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (Education and Prevention) 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. "* California Code of Regulations, Title 15, section 3287 (Cell, Property and Body Inspections) directs, *"All such inspections shall be conducted in a professional manner which avoids embarrassment or indignity to the inmate. "* The CDCR Officer of Training and Lesson Plan for *Searches and Inmate Property* indicates that Clothed Body Searches of female inmates who identify as male will be searched utilizing the usual and customary process for searching female inmates. For male inmates who identify as female, staff who utilize an alternate search

method if the inmate has been designated as transgender on CDCR Form 128-C3 and requests to be searched differently. The technique to be used when searching a male inmate who identifies as female requires the lower body to be searched the same as all male inmates and the upper body to be searched utilizing the back of the hand, as staff would any other female inmate. The In-Service Training (IST) Manager provided a written memorandum to this auditor indicating all staff members have completed training, with the exception of 29 staff who are out on long-term leave. Once those employees return to work, IST will assign the employee to the next available class. If there are no available classes at CCWF at the time of their return, IST will send the employee to Valley State Prison for training.

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 and b) 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, 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 are permitted to consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases. When an inmate's Test of Adult Basic Education score is 4.0 or lower, employees are required to query the inmate to determine if 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. All written PREA information for inmates was available in English and Spanish. Interviews with staff and inmates indicated that inmates with disabilities are afforded additional accommodation to ensure their access to all aspects of the agency's PREA program.

(c) Department Operations Manual, Chapter 5, Article 44, section 54040.7 (Detection, Notification, and Reporting) states, "*The department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.*" Department Operations Manual, Chapter 5, Article 44, section 54040.12 *(Investigation)* states, "*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 investigation.*" The auditor reviewed the contract between CDCR and Interpreters Unlimited, Incorporated, which states, "*The Contractor shall provide interpreter services over the telephone, facsimile or internet, for any of one hundred forty (140) languages to assist CDCR with inmates/wards who have English as a second language. Interpreters shall be available twenty-four (24) hours a day, seven (7) days a week.*" Interviews with random inmates and all levels of staff indicated that staff are used to translate or a translation service is utilized, and no instances of inmate translators were noted. Translation services were utilized during several interviews with LEP inmates.

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

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) Department Operations Manual, Chapter 5, Article 6, section 31060.3 *(Power of Appointment)* indicates that the Agency Secretary is the appointing authority for all civil services positions in CDCR. The policy states, *"In accordance with 28 Code of Federal Regulations (CFR), Part 115, Standard 115.17, hiring authorities shall not hire or promote anyone who may have contact with inmates, who: has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described immediately above."* The Office of Peace Officer Selection (OPOS) completes the background checks for all peace officer candidates. Custody applicants complete CDCR 1092, Personal History Statement prior to being hired, and it is submitted along with the state application. Ten randomly selected employee files were reviewed onsite to determine if the proper criminal record background checks had been conducted, and the questions regarding past conduct were asked and answered.

(b) Department Operations Manual, Chapter 5, Article 6, section 31060.3 *(Power of Appointment)* directs hiring authorities to *"consider substantiated incidents of sexual harassment in all hiring decisions."* There were no incidents noted in any of the files reviewed. Interviews with both the warden and Human Resources indicated such incidents are considered.

(c) Department Operations Manual, Chapter 3, Article Department Operations Manual, Chapter 5, Article 6, section 31060.16 *(Criminal Records Check)* states that a criminal records check is a requirement for employment with CDCR and includes consent to be fingerprinted, which is also known as "Live Scan." Live Scan refers to the technology used by law enforcement agencies to electronically capture fingerprints and palm prints. An interview with a Human Resource manager indicated that Live Scan allows for a national criminal history search, to include FBI records. The agency will be notified of any arrest of any employee on the following business day until a "no longer interested" form is submitted by the agency. This auditor reviewed forms submitted by new employees and verified the questions regarding prohibited conduct. These questions are asked on the Supplemental Application for all CDCR Employees, form 1951. CDCR is in the process of modifying *Supplemental Application CDCR 1951*, to require applicants to list all previous institutional employers. Until the statewide form is finalized, facilities were directed to create their own form to capture the required data and implement it in October 2017. CCWF has appropriately contacted prior institutional employers. CCWF utilizes a "*Supervisory Reference Check*" form to ask former employers ten questions, including, *"Does the candidate have any substantiated and/or pending allegations of staff sexual misconduct or any resignation during a pending investigation of an allegation of staff misconduct?"* The form includes the reminder, *"This question must be included in any supervisory reference check completed for any candidate who works or worked in a jail, lock-up, community confinement facility, or other institution in compliance with federal Prison Rape Elimination Act (PREA)."*

(d) CDCR utilizes the Live Scan system to conduct criminal background checks of contractors who may have contact with inmates. Contractors carry an identification card for the duration of their project, or up

to five years from the date of issue. Background checks must be conducted prior to the issuance of a new identification card. Volunteers carry an identification card that expires on an annual basis. Background checks must be conducted prior to the issuance of a new identification card.

(e) CDCR and CCWF exceed the subsection of the standard requirement to conduct criminal background checks at least every five years, through their use of Live Scan. An arrest that may not otherwise discovered until a manual background check is reported in real time to the agency.

(f) Department Operations Manual, Chapter 5, Article 6, section 31060.3 *(Power of Appointment)* directs the hiring authority to *"ask all applicants and employees who have contact with inmates directly about previous staff sexual misconduct and sexual harassment of inmates, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations as part of reviews of current employees."* CCWF does not have employees conduct self-evaluations.

(g) The applicant's signature certifies there are no *"misrepresentations, omissions, or falsifications in the foregoing statements and that all statements and answers are true and correct."* It also acknowledges, *"I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employee application, this supplemental application, during my interview, or at any time prior to employment with CDCR, I may not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be disciplined, up to and including dismissal from State service."*

(h) Documentation from CCWF and an interview of Human Resource staff indicated that information is provided to other institutional employers regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

(a) The CDCR Design and Construction Policy Guidelines Manual, Volume I, For Adult Prisons, states, *"When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse."* Interviews with high level staff indicated they were all aware of the requirement to consider PREA when designing or acquiring any new facilities or planning modifications of existing facilities. During the onsite review, the audit team did not observe areas of the facility that were currently under construction.

(b) The CDCR Design and Construction Policy Guidelines Manual, Volume I, For Adult Prisons, states, *"When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse."* Interviews with high level staff indicated they were all aware of the requirement to consider PREA when considering changes. CCWF currently has 524 cameras installed and operational. Installation was based on a needs-based, prioritized plan. Once cameras were installed, the facility evaluated placement and after comparing incident data, discovered the need for additional cameras in particular areas of the housing unit. Those cameras were provided by agency administration and have been installed.

CCWF meets the requirements of Standard 115.18(b) by having policy and procedure to consider how technology can enhance the agency's ability to protect inmates from sexual abuse. This auditor believes they exceed the requirements of the standard by demonstrating how they have actively taken steps to put those policies and procedures into practice.

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 evidentiary 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) Department Operations Manual, Chapter 5, Article 44, section 54040.8.1 *(Evidence)* states, *"Care must be taken to ensure that any physical evidence is identified, preserved, and collected. Examples of evidence include, but are not limited to any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit). Based on when/where the incident occurred, a designated evidence officer will be requested to collect evidence that may be destroyed if not preserved. The designated evidence officer and any other employee who collects evidence will process it according to institutional procedure."* CDCR correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). Department Operations Manual, Chapter 5, Article 44, section 54040.3 *(Definitions)* outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. CDCR has 895 LDIs; 12 are assigned to CCWF.

(b) LDIs receive specialized training on sexual abuse and sexual harassment investigations. This training is based off the April 2012 edition of *"A National Protocol for Sexual Assault Medical Forensic Examination,"* published by the US Department of Justice. There are no youth housed at CCWF. Interviews with LDIs and random staff indicated they are knowledgeable on obtaining usable physical evidence.

(c) Department Operations Manual, Chapter 5, Article 44, section 54040.9 *(Forensic Medical Examination)* states, *"In accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report. These examinations will consist of an explanation of the process, the offender's signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred, and a detailed physical examination that will include evidence collection and photographs."* California Correctional Health Care Services has written directives in its Governance and Administration stating that copayments are not charged for health care service(s) considered to be treatment services relating to sexual abuse or assault. The auditor interviewed the Statewide SANE

Coordinator, who stated that there is always a SANE on duty at Community Regional Medical Facility, but if one were not available, the hospital would contact her directly to respond. The pre-audit questionnaire indicated there was one incarcerated survivors who received a forensic medical examinations in the past 12 months.

(d-e) CDCR has a Memorandum of Understanding (MOU) with Madera Community Action Partnership (MCAP) to provide confidential community-based advocacy services to incarcerated survivors of sexual abuse at CCWF. MCAP is a public non-profit 501(c)(3) organization in California, dedicated to providing comprehensive services to survivors of crime, sexual assault/rape, and domestic violence. MCAP' services include a 24-hour crisis hotline, counseling, hospital and court advocacy and accompaniment, community referrals, and community education and prevention programs. Services are available in English and Spanish. MCAP is not part of a governmental unit. MCAP will accompany and support the incarcerated survivor through the forensic medical exam process and investigatory interviews. The MOU states MCAP will provide emotional support services related to sexual abuse in response to request from incarcerated survivors through one or more of the following methods: non-confidential regular inmate telephone calls to MCAP's hotline; confidential written correspondence to and from victim advocates; in-person crisis counseling sessions with incarcerated survivors, or meetings arranged by the PCM; and/or telephone calls to MCAP arranged through a CCWF chaplain, counselor, psychologist or Investigations Services Unit staff, assuming resources and scheduling allows. This auditor made four attempts to contact someone at MCAP to learn more about their relationship with CCWF, but was unable to speak with someone directly, prior to the issuance of the interim report.

(f-g) CDCR correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations.

(h) CDCR and CCWF do not utilize qualified agency staff members in an advocacy capacity.

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-b) Department Operations Manual, Chapter 5, Article 44, section 54040.12 *(Investigation)* states, *"All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing."* Allegations of inmate on inmate sexual abuse and sexual harassment are reported through the Watch Commander at CCWF and investigated by a member of the Investigative Services Unit (ISU). Substantiated allegations are referred to the District Attorney to decide on prosecution. The collection of preliminary information concerning an investigation of staff sexual abuse or sexual harassment is conducted by ISU. If allegations are found to have potentially occurred, ISU refers the case to the Office of Internal Affairs (OIA), an entity within CDCR with authority to investigate all staff misconduct allegations. The OIA completes the investigation and works with the District Attorney to decide on prosecuting the perpetrator. While onsite, the auditor reviewed 45 investigative files, to ensure investigations were completed for allegations of sexual abuse and sexual harassment. Interviews with LDI and ISU staff indicated they are knowledgeable of the process for case referral. The interview

of a CDCR Director indicated the agency is committed to creating a sexually safe environment for all inmates and has an established relationship with agency investigators to ensure allegations are referred and investigated properly.

(c) This subsection of the standard is not applicable to CDCR/CCWF, as all investigations are completed by ISU or OIA.

(d) Department Operations Manual, Chapter 5, Article 44 governs the conduct of administrative and criminal investigations of sexual abuse and sexual harassment, and this policy is available on the agency's website at https://www.cdcr.ca.gov/Regulations/Adult_Operations/DOM_TOC.html.

(e) This subsection of the standard is not applicable to CDCR/CCWF, as all investigations are completed by ISU or OIA.

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) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, *"All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy."* This auditor reviewed all curriculum noted in the policy to ensure a comprehensive training program that provides detailed information on all ten required elements.

While training records indicated staff have been trained, and interviews with staff indicated they are aware of the agency's zero-tolerance policy on sexual harassment and the requirement to interact professionally with inmates who identify as LGBTI, interviews with all 11 transgender inmates indicated they are often misgendered with pronoun usage. Department Operations Manual, Chapter 5, Article 44, section 54040.4.1 (*Communication and Pronoun Usage with Transgender Inmates*) states, *"The language used by staff towards inmates helps to create a culture of safety and respect and can impact the emotional well-being of inmates, including transgender inmates.*

When communicating with a transgender inmates, there are acceptable methods for addressing the transgender inmate. These are:

- *Use of Gender-neutral language which means referring to them by the legal last name such as 'Inmate Jones' or 'Inmate Smith' or simply by the term 'Inmate'.*
- *Use of the preferred pronoun, if staff is aware of the preference of the inmate. These pronouns would be 'she' and 'her' for a transgender woman and 'he' and 'him' for a transgender man.*

The type of prohibited discriminatory, harassing, or retaliatory behavior which may be found to constitute a violations of CDCR's PREA policy includes, but is not limited to:

- *Bullying or abusive conduct, including repeated infliction of verbal abuse and use of derogatory remarks, insults, and epithets.*
- *Repeatedly calling a transgender inmate by the wrong pronouns or name, after the transgender inmate has provided notice of his or her gender identity to staff.* [sic]*"*

The audit term observed this take place on two occasions when transgender inmates were called for interviews with the audit team. Documentation showed training has taken place, but observation and interviews indicated it was not institutionalized in the facility.

During the corrective action period, CDCR implemented a new process for transgender inmates to access authorized property and canteen items while housed in designated institutions. A written memorandum was issued by the Director of the Division of Adult Institutions to all identified Transgender Hub Institutions, as follows:

"The purpose of this memorandum is to provide direction for transgender inmate's to access authorized property and canteen items that are approved for transgender inmates housed in designated institutions.

Transgender inmates may request a Transgender Access Card by submitting a request to a staff member utilizing a CDCR Form 22, Inmate/Parolee Request for Interview, Item, or Services. Once staff at the level of Correctional Sergeant or above has verified the inmate has been identified as Transgender on the medical classification chrono, the request will be forwarded to the appropriate area where the Transgender Access Card will be generated. The card shall include the following:

- *Inmates* [sic] *Name*
- *CDCR Number*
- *Inmates* [sic] *gender identity (male, female, non-binary)*
- *Preferred pronoun (he/him/his; she/her/hers; they/them/theirs)*
- *Preferred honorific (Mr./Ms./none)*

Transgender Access Cards shall be treated the same as inmate identification cards whereas; if the card is deliberately mutilated, lost, or destroyed within six months of the issuance of a new or replacement card, the inmate shall be charged for the cost of a new replacement card. Transgender Access Cards are not institution specific and shall transfer with the inmate.

Recognizing not all inmates who identify as transgender or have symptoms of gender dysphoria want others to know about their identity, institutions should not automatically issue an access card. Inmates can request this access card at the time they are identified as transgender, or any time thereafter. Inmates are not required to carry their access card at all times, however the Transgender Access Card along with their state-issued identification card will be required when an inmate is requesting/purchasing/picking up items approved only for the transgender population."

As a result of this direction, CCWF instituted *Operational Procedure C-099, Transgender Access Card*. The procedure was signed by the facility warden on July 8, 2019. Documentation of staff training was provided to and reviewed by this auditor on September 25, 2019. This auditor has determined that CCWF now meets compliance with this subsection of the standard.

(b) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, "*The training will be gender specific based on the offender population at the assigned institution."* The curriculum provided by CDCR is gender specific and includes information on working with female, male and transgender inmates. A training specific to female inmates (*Working Effectively with Female Offenders*) is provided by CCWF to all staff upon assignment to the facility. This auditor reviewed training rosters to verify staff attendance. All levels of staff complete this training.

(c) The In-Service Training (IST) Manager provided a written memorandum to this auditor indicating all staff members have completed training, with the exception of 29 staff who are out on long-term leave. Once those employees return to work, IST will assign the employee to the next available class. If there are no available classes at CCWF at the time of their return, IST will send the employee to Valley State Prison for training. While onsite, the auditor reviewed a random sample of employee training records to verify training. Interviews with randomly selected staff indicate they are aware of the agency's zero-tolerance policy, their responsibilities and inmate rights regarding PREA, as well as interacting professionally and communicating effectively with LGBTI and gender nonconforming inmates.

(d) Both electronic and written signatures are maintained of training delivery, verifying that employees understand the information they received.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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(a) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, *"All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy."* In addition, volunteers and contractors receive a PREA informational sheet that outlines the historical perspective of PREA, CDCR's zero

tolerance policy, expectations regarding professional interactions and how to prevent, detect and respond to information regarding sexual abuse and sexual harassment.

(b) All volunteer and contractors are provided one hour of mandatory training, to aid staff in understanding the dynamics of establishing positive, professional interactions with inmates in the performance of their duties. Although all volunteers and contractors are required to complete the same training, staff that have more contact with inmates or little to no supervision by custody staff are mandated to complete more extensive training.

Interviews with contractors indicated they understand and apply this training in their interactions with inmates.

(c) The PREA informational sheet provided to volunteers and contractors includes a place for signature, indicating they have read the information and understand their responsibility to immediately report any information that indicates an offender is or has been the victim of sexual violence, staff sexual misconduct or sexual harassment.

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) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Offender Training*) states, *"Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish."* PREA posters, containing departmental policy and reporting telephone numbers are posted at designated locations throughout the institution, to include receiving and release areas. These posters are in English and Spanish. Two PREA brochures (*"Sexual Violence Awareness" and "Sexual Abuse/Assault – Prevention and Intervention"*) are distributed to all inmates at receiving and release areas. These brochures outline CDCR's no tolerance policy, and provides information on how to report by telephone, in writing and anonymously. PREA information is provided on pages 38 –42 of the CCWF Inmate Orientation Handbook, which is distributed to all inmates upon admission to the facility. The handbook was last revised on February 1, 2019.

(b) The written informational resources provided upon arrival to CCWF are provided again by the peer health educators within 14 days. Inmates sign that they have received the information. A review of 25 randomly selected inmate files indicated that two had not been provided the education during the intake process. Five of the files indicated the comprehensive education had not been received within 30 days of admission to the facility.

As part of corrective action, the facility PCM provided this auditor with lists of inmates who were admitted to the Reception Center. Inmates were randomly selected from the lists by dividing the total number of admissions by five and counting off by the resulting number, to verify comprehensive education was provided as required by the standard:

Date Range	# of Admissions	Counted names off by	# of records reviewed
March 25 – March 29	34	6	5
April 1 –April 5	47	9	5
April 15 – April 19	67	13	5
April 21 – April 27	57	11	5
April 28 –May 4	60	12	5
May 12 – May 18	46	9	5
May 19 – May 25	32	6	5
June 9 – June 17	71	14	5
July 7 –July 13	61	12	5
July 8 – July 12	61	12	5
July 14 – July 20	48	9	5
July 28 – August 3	37	7	5
July 29 – August 2	37	7	5
August 4 – August 10	43	8	5
August 11 – August 17	33	6	5
August 12 – August 16	33	6	5

August 19 –August 23	41	8	5
17 weeks	**808 total admits**		**85**

Education was provided to all 85 inmates as required by the standard, during the corrective action period. This auditor has found the facility to be compliant with this provision of the standard.

(c) CCWF issues a copy of the PREA Information for Orientation Handbook to all inmates. Copies are made available in English and Spanish. The handbook contains information on the agency's zero tolerance policy, how to reports incidents of sexual abuse or sexual harassment, the right to be free from retaliation for reporting, and agency policy and procedures for responding to such incidents.

CCWF provided this auditor with a roster of 234 inmates who have been incarcerated at the facility prior to 2012. A review of 15 inmate files from the pool of 234 indicated those inmates had received the comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

(d) Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. When an inmate's Test of Adult Basic Education score is 4.0 or lower, employees are required to query the inmate to determine if assistance is needed to achieve effective communication. The employee is required to document on CDCR-128-B forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. If the inmate requires other accommodations for understanding educational material, the counselor will plan to provide it. Interviews with random inmates indicated they are aware of PREA and the agency's zero-tolerance policy.
(e) Documentation of inmate education is captured on CDCR-128-B forms, signed by the inmate and an employee, and retained in the inmate's file. While onsite, this auditor reviewed a random sample of inmate files to ensure proper documentation.

(f) Written information about PREA is readily available to inmates in the inmate handbook, as well as posters in housing units and common areas of the facility.

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 correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). Department Operations Manual, Chapter 5, Article 44, section 54040.3 *(Definitions)* outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. This specialized training is required per California Penal Code 13516. Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, *"All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC section 13516(c). The curriculum utilized in the class must be OTPD* [Office of Training and Professional Development] *approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained."*

(b) The auditor reviewed the curriculum utilized for CDCR's Basic Investigators Course, which was most recently updated in December 2016. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with LDIs at CCWF indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.

(c) CDCR has 895 LDIs, agency-wide. CCWF has 12 Locally Designated Investigators. The auditor reviewed training records for all 12 staff to ensure the required training was received.

(d) This provision is not required to be audited.

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) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, *"All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy."* This auditor reviewed all curriculum noted in the policy to ensure a comprehensive training program that provides detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff indicated they were knowledgeable of the required elements.

(b) As the agency does not employ medical staff to conduct forensic medical examinations, this subsection of the standard does not apply. Incarcerated survivors of sexual abuse are transported offsite to Community Regional Medical Facility for forensic medical examinations.

(c) While onsite, this auditor reviewed a random sample of employee files to ensure they contained training documentation.

(d) In addition to the PREA training provided to all employees, medical and mental health staff receive additional training specific to their responsibilities with PREA. This auditor reviewed the training module to ensure it provided detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews of medical and mental health staff indicated they have received the training and are knowledgeable of the required elements.

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-e) Department Operations Manual, Chapter 5, Article 44, section 54046.5 (*Initial Screening*) states, "*Upon arrival at an institution reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment.*" The screening requires an assessment of available information, a review of the inmate's file and an interview with the inmate. Screening staff are required to

review prior in-cell behavior towards a cell partner, any history of in-cell sexual abuse, assaults, or sexual abuse victimization. Screening staff complete the Strategic Offender Management System (SOMS) Initial Housing Review (IHR). SOMS includes an electronic PREA screening form that contains all ten considerations to assess an inmate's risk for sexual victimization as described in the standard. A second part of the PREA screening form assesses an inmate's risk of sexual abusiveness. Inmates are identified as *"at risk as a victim," "at risk as an abuser"* or *"not identified as a risk."* Based on information that the inmate has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the inmate and consideration will be given to housing the inmate with another inmate who has compatible housing needs. If it is determined that a single cell is the most suitable option, the custody supervisor will designate the inmate for single cell housing pending a classification review. When inmates are cleared for and assigned to dorm housing, the custody supervisor will assign inmates identified as *"at risk as a victim"* to a location close to the staff office or podium.

While onsite, this auditor observed the intake process. All inmates were asked the appropriate questions, in a private area.

(f) The required screening within 30 days of arrival were not conducted on inmates admitted to CCWF and assigned to the Reception Center.

As part of corrective action, CDCR administration was required to provide CCWF staff with the written procedure and appropriate training for conducting the 30-day risk assessments as required by the standard. The training curriculum and training verification was provided to this auditor. In total, 15 CCI/II/IIIs were provided training.

As part of corrective action, the facility PCM provided this auditor with lists of inmates who were admitted to the Reception Center. Inmates were randomly selected from the lists by dividing the total number of admissions by five, and counting off by the resulting number, to verify the screenings were conducted as required by the standard:

Date Range	# of Admissions	Counted names off by	# of records reviewed
March 25 – March 29	34	6	5
April 1 – April 5	47	9	5
April 15 – April 19	67	13	5
April 21 – April 27	57	11	5
April 28 – May 4	60	12	5 (1 late)
May 12 – May 18	46	9	5
May 19 – May 25	32	6	5
June 9 – June 17	71	14	5
July 7 – July 13	61	12	5
July 8 – July 12	61	12	5
July 14 – July 20	48	9	5
July 28 – August 3	37	7	5
July 29 – August 2	37	7	5
August 4 – August 10	43	8	5
August 11 – August 17	33	6	5
August 12 – August 16	33	6	5
August 19 – August 23	41	8	5
17 weeks	**808 total admits**		**84 on-time/1 late**

One screening was conducted late out of 808 total screenings. The facility PCM took action to correct the error prior to this auditor learning of the error. This auditor finds one screening of 808 to be an acceptable margin of error, and has determined the facility meets compliance with this provision of the standard.

(g) Risk levels are reassessed by the UCC when warranted due to a referral, request, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates with allegations of sexual abuse are reviewed by the UCC.

(h) Per policy, inmates may not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. Interviews with staff who conduct risk screening indicated that if an inmate refused to answer questions, they would complete the screening with information otherwise available to them. There were no interviews of inmates that indicated they had been disciplined for refusing to answer screening questions.

(i) Classification decisions are noted on a *"result sheet"* and distributed to facility staff on a need-to-know basis. Department Operations Manual, Chapter 5, Article 44, section 54040.3 *(Definitions)* defines need-to-know as when the information is *"relevant and necessary in the ordinary performance of that employee's official duties."*

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*)

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

Instructions for Overall Compliance Determination Narrative

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

(a) As part of an inmate's review with the Unit Classification Committee, the correctional counselor will review the completed PREA screening tool with the inmate the day before the committee meeting and ask if she has any additional relevant information that should be considered for future housing, program or work assignments. The counselor notes if the inmate feels the current assignments are appropriate, or if there is additional information or concerns. If additional information is provided by the inmate, the counselor notes the information and the action taken in response to the information. If the inmate does not have additional information but expresses concerns or has special needs related to assignments, the counselor notes the concerns and the action taken in response to the concerns. The audit team interviewed custody staff and work assignment supervisors to determine if inmates at risk of being victimization were appropriately placed and supervised. When the audit team toured work and program locations, they noted that multiple areas had sufficient security mirrors installed to reduce or eliminate blind spots, and doors were properly secured. Because not all inmates were screened for risk as required by 115.41, decisions for housing, program or work assignments could not be made in an informed manner.

As part of corrective action, CDCR administration was required to provide CCWF staff with the written procedure and appropriate training for conducting the 30-day risk assessments as required by the standard. The training curriculum and training verification was provided to this auditor. In total, 15 CCI/II/IIIs were provided training.

As part of corrective action, the facility PCM provided this auditor with lists of inmates who were admitted to the Reception Center. Inmates were randomly selected from the lists by dividing the total number of admissions by five, and counting off by the resulting number, to verify the screenings were conducted as required by the standard:

Date Range	# of Admissions	Counted names off by	# of records reviewed
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17 weeks	**808 total admits**		**84 on-time/1 late**

One screening was conducted late out of 808 total screenings. The facility PCM took action to correct the error prior to this auditor learning of the error. This auditor finds one screening of 808 to be an acceptable margin of error, and has determined the facility meets compliance with this provision of the standard.

(b) Using the Unit Classification Committee, CDCR and CCWF make individualized determinations about how to ensure each inmate in their custody is safe.

(c-e) Department Operations Manual, Chapter 5, Article 12, section 62080.14 (*Transgender Inmates*) states, *"Inmates who have been diagnosed as transgender or intersex, as documented on the Medical Classification Chrono, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment."* To ensure transgender inmates receive the necessary medical care/mental health treatment, CDCR has identified 14 of its facilities for transgender or intersex inmates. CCWF is identified by policy and in practice as an appropriate location for transgender inmates.

CCWF has 342 inmates who identified as transgender or intersex. The audit team conducted interviews with 11 randomly-selected inmates. CCWF provides gender-affirming clothing and commissary items to transgender inmates. When this practice was implemented, the gender-affirming clothing was only provided to inmates who identified as transgender and not universally available to all inmates at the facility. Interviews with transgender inmates indicated that some inmates were identifying as transgender solely for the purpose of obtaining this clothing. The facility has modified this practice to allow any inmate to obtain these articles of clothing and remove their name from the list of transgender inmates if they do not identify as transgender. One inmate requested the ability to remove her name from the list during her interview with this auditor.

In August 2017, the Director of Adult Institutions issued written direction to all Associate Directors, Wardens and PREA Compliance Managers regarding the biannual reassessments for transgender inmates. CDCR administrative staff send all PCMs a list of transgender and intersex inmates in August

and February of each year. While onsite, this auditor verified documentation of these reassessments. Transgender inmates indicated in their interviews that they are meeting regularly with staff regarding their safety and any concerns about their housing or programming.

(f) Showers at CCWF are constructed in a manner that allow each inmate to shower separately, regardless of gender identity.

(g) According to the Agency PREA Coordinator, CCWF is not subject to a consent decree, legal settlement, or legal judgment for protecting LGBTI inmates, and does not place those inmates in dedicated facilities, units, or wings solely based on such identification. No transgender inmates indicated in their interviews that they had been housed in such a manner.

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.

By CDCR policy, employees have a responsibility to protect the offenders in their custody. All staff are required 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 to the appropriate supervisor.

Department Operations Manual, Chapter 5, Article 44, section 54040.6 (Offender Housing) states, *"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. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization."* While onsite, this auditor reviewed housing records of those inmates designated to be at high risk of sexual victimization and confirmed that none had been assigned to protective custody housing based on their high risk. There were no inmate interviews that indicated this had been done in the past.

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

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(a) CDCR inmates have multiple internal mechanisms for reporting, to include providing the information verbally or in writing to any staff member, contractor or volunteer; calling the Office of Internal Affairs; calling or writing the Office of the Inspector General (OIG); by utilizing the Inmate Appeals Process; or, requesting a family member or friend report on their behalf. This information is available to inmates through postings throughout the facility and orientation information provided upon arrival to CCWF. This information is provided in English and Spanish. Appropriate provisions are made to ensure effective communication for inmates with low literacy levels, and those with disabilities. Interviews with inmates indicated they are aware of the multiple mechanisms for reporting. A review of documentation and interviews with staff indicated that inmates are using these mechanisms to report allegations. Of the 45 allegations from 2018, 44 of the allegations were reported by the alleged victims themselves. In 2017, all but two allegations were reported by alleged victims themselves.

(b) The "Sexual Violence Awareness" and "Sexual Abuse/Assault – Prevention and Intervention" PREA brochures indicate that inmates may request to keep their name anonymous when reporting to the Office of the Inspector General. One inmate interviewed was aware of her ability to write the OIG and remain anonymous, but the information is readily available to all inmates. CCWF does not have any inmates detained solely for civil immigration purposes.

(c) Department Operations Manual, Chapter 5, Article 44, section 54040.7 *(Detection, Notification, and Reporting)* states, "*Offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party.*" Any employee receiving information from any source is required to immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report may subject the employee who failed to report it to disciplinary action. Interviews with staff indicated they are aware of this responsibility. Documentation review and interviews with inmates did not indicate any reports had not been accepted when placed verbally, in writing, anonymously or by third parties. One allegation from 2018 was reported by a third party.

(d) CCWF staff, volunteers and contractors can report sexual abuse and sexual harassment privately to any supervisor. Interviews with staff and contractors did not indicate that any person had concerns with regards to private reporting mechanisms and all stated that they felt comfortable reporting.

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.

CDCR is not exempt from this standard, as they have administrative procedures in place to address inmate grievances regarding sexual abuse. Department Operations Manual, Chapter 5, Article 8, section 3084.9 *(Exceptions to the Regular Appeal Process)* states that both staff sexual misconduct and inmate-on-inmate sexual violence is not subject to time limits and is processed on an emergency basis. A risk assessment determination must be immediately completed to determine if the inmate is in substantial risk of imminent sexual violence, and if so, immediate corrective action must be taken. All PREA-related grievances are considered *"emergency appeals"* and require a response within 48 hours. Appeals are collected Monday through Friday from the secure collection points on each facility.

Department Operations Manual, Chapter 5, Article 8, section 3084.9 *(Exceptions to the Regular Appeal Process)* states, *"An inmate or parolee alleging staff misconduct by a departmental employee shall forward the appeal to the appeals coordinator."* The complaint is reviewed by the appeals coordinator and hiring authority and referred to the Investigative Services Unit or Office of Internal Affairs if warranted. The pre-audit questionnaire indicated that CCWF had eight inmate grievances/appeals concerning PREA within the last year. This auditor reviewed all eight grievances. This auditor interviewed the staff member assigned over inmate grievances/appeals, who indicated all grievances regarding sexual abuse are reported to the hiring authority for immediate action, even if they are not properly completed.

Department Operations Manual, Chapter 5, Article 44, section 54040.7.2 *(Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer)* allows a third party to file complaints on behalf of an inmate. The term *"third party"* is defined in this section as including *"inmates, family members, attorneys or outside advocates."* When third-party files a complaint on behalf of an inmate, a supervisory employee will take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. Third party reports are documented and forwarded to the hiring authority, who will forward the complaint to a Locally Designated Investigator to conduct inquiry work and determine if the report warrants an Office of Internal Affairs investigation.

Department Operations Manual, Chapter 5, Article 44, section 54040.15.1 (Alleged Victim –False Allegations) states, *"Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations were made not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to a disciplinary action. A charge of 'making a false report of a crime,' a Division E' offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting."* CCWF did not have any dispositions related to falsely filing a PREA-related grievance within the reporting period. Interviews with inmates did not indicate any had been subject to discipline for falsely filing a PREA-related grievance.

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

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CDCR has a Memorandum of Understanding (MOU) with Madera Community Action Partnership (MCAP) to provide confidential community-based advocacy services to incarcerated survivors of sexual abuse at CCWF. MCAP is a public non-profit 501(c)(3) organization in California, dedicated to providing comprehensive services to survivors of crime, sexual assault/rape, and domestic violence. MCAP' services include a 24-hour crisis hotline, counseling, hospital and court advocacy and accompaniment, community referrals, and community education and prevention programs. Services are available in English and Spanish. MCAP is not part of a governmental unit. MCAP will accompany and support the incarcerated survivor through the forensic medical exam process and investigatory interviews. The MOU states MCAP will provide emotional support services related to sexual abuse in response to request from incarcerated survivors through one or more of the following methods: non-confidential regular inmate telephone calls to MCAP's hotline; confidential written correspondence to and from victim advocates; in-person crisis counseling sessions with incarcerated survivors, or meetings arranged by the PCM; and/or telephone calls to MCAP arranged through a CCWF chaplain, counselor, psychologist or Investigations Services Unit staff, assuming resources and scheduling allows. This auditor made four attempts to contact someone at MCAP to learn more about their relationship with CCWF, but was unable to speak with someone directly, prior to the issuance of the interim report.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Department Operations Manual, Chapter 5, Article 44, section 54040.7.2 *(Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer)* allows a third party to file complaints on behalf of an inmate. The term *"third party"* is defined in this section as including *"inmates, family members, attorneys or outside advocates."* When a third-party files a complaint on behalf of an inmate, a supervisory employee will take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. Third party reports are documented and forwarded to the hiring authority, who will forward the complaint to a Locally Designated Investigator to conduct inquiry work and determine if the report warrants an Office of Internal Affairs investigation.

There is a link on the CDCR webpage (https://www.cdcr.ca.gov/PREA/reporting.html) for information on the Prison Rape Elimination Act. The page provides an overview of PREA, agency policy, definitions, and PREA-related reports and audits. The website provides three ways to report incidents of sexual abuse.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Department Operations Manual, Chapter 5, Article 44, section 54040.7 *(Detection, Notification, and Reporting)* states, *"CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner."*

CDCR medical and mental health staff are required to report information regarding sexual abuse and sexual harassment. Interviews with those staff indicated they are aware of their responsibility. CDCR inmates sign an informed consent form prior to receiving services that states medical and mental health staff will report if inmates disclose they have been sexually assaulted or harassed by other inmates or staff.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Department Operations Manual, Chapter 5, Article 44, section 54040.7 *(Detection, Notification, and Reporting)* states, *"CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner."*

This auditor reviewed the lesson plan for training staff on PREA, and confirmed it reiterates the expectation that staff take immediate action if an inmate is at *"substantial risk of imminent sexual abuse."* Interviews with specialized staff, random staff and random inmates did not indicate any immediate actions had been necessary. Staff were aware of the requirements if it were to be necessary.

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.

Department Operations Manual, Chapter 5, Article 44, section 54040.7.4 *(Notification from/to Other Confinement Facilities)* states, *"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 sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation…The Hiring Authority or agency office receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is*

investigated and reported in accordance with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported."

This auditor reviewed one prior confinement facility notification for CCWF to ensure it was sent from facility head to facility head.

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.

Department Operations Manual, Chapter 5, Article 44, section 54040.8 *(Response)* states, *"Upon initial contact with an employee, that employee will take the alleged victim to a private secure location. The employee shall make every effort to request the victim does not: shower; remove clothing without custody supervision; use the restroom facilities and/or; consume any liquids."*

CDCR has developed a form (*"Sexual Assault Interview Guidelines"*) to assist with first responder duties. This form has a checklist to indicate if action has been taken that could compromise physical evidence, as well as identifying information critical for isolating a potential crime scene until appropriate steps can be taken to collect any evidence. CDCR has developed a form (*"Watch Commander Notification Checklist"*) to ensure that appropriate actions are taken by the Watch Commander when there is an allegation of sexual assault. Both forms indicate the first responder will *"request the victim"* does not act to destroy potential physical evidence.

This auditor reviewed training materials that indicated all staff are trained on first responder duties. Interviews with custody and non-custody staff indicated they are aware of their duties as a first responder. CCWF had one custody staff member who acted as a first responder during the audit period, who was interviewed by a member of the audit team.

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*)

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CCWF has a supplement to CDCR Department Operations Manual, which outlines the facility's plan to coordinate actions taken in response to incidents involving suspected or alleged sexual assaults. This supplement clearly identifies the responsibilities of all staff involved, from first responders to medical and mental health services. It was most recently revised on April 5, 2018.

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*)

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CDCR employees are represented by the California Correctional Peace Officers Association, Bargaining Unit 6. This auditor reviewed the 2018-2019 Collective Bargaining Agreement (CBA). Page 12 of the CBA states that management retains the right to "*establish and change work schedules, assignments and facilities locations; to hire, transfer, promote and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees.*" This auditor's interview of the agency head indicated there is good communication between management and labor. The disciplinary and grievance process outlined in the CBA are consistent with the provisions of 115.72 and 115.76.

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

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Department Operations Manual, Chapter 5, Article 44, section 54040.7 *(Detection, Notification, and Reporting)* states, "*CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual*

misconduct, or sexual harassmentStaff shall ensure the reporting of information is done as soon as possible and in a confidential manner."

For at least 90 days following a report of sexual violence or staff sexual misconduct, the PCM is designated to monitor the conduct and treatment of inmates or employees who reported or cooperated with an investigation, to ensure there are no changes that may suggest retaliation. This monitoring is to be documented on form CDCR 2304.

The Warden indicated in her interview that retaliation of any form would not be tolerated at CCWF. The facility does not continue monitoring for retaliation when an allegation has been deemed unfounded.

This auditor reviewed 45 investigative files from 2018 to determine if they contained the appropriate documentation to indicate the monitoring was occurring at CCWF. LDI staff are tasked with conducting retaliation monitoring at CCWF. The file review indicated LDIs are conducting the monitoring, including periodic status checks, but not for the full 90 days required by the standard in many cases.

During the corrective action period, the facility PCM provided this auditor with 15 completed Protection from Retaliation forms, verifying that retaliation monitoring was occurring as required at the facility. This auditor has determined CCWF meets compliance with the standard, based on the review of this documentation.

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*)

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Department Operations Manual, Chapter 5, Article 44, section 54040.14.1 (*PREA Victims Non-Disciplinary Segregation*) states, "*PREA victims being removed from general population may be placed on non-disciplinary segregation status, in accordance with CCF Section 3335(b) and shall be assessed for any ongoing safety concerns. The assessment shall be documented on the inmates* [sic] *CDC Form 114-A, Inmate Isolation Segregation Record. The assigned custody supervisor will be responsible for reviewing the circumstances of the incident and documenting his/her observations on a CDC Form 128-B, General Chrono. The assigned custody supervisor will attend the initial ICC and will make a recommendation regarding the need for continued housing on this status. ICC will consider the supervisor's input and make the final decision on retention or release from non-disciplinary segregation status. A custody supervisor is required to conduct assessments every thirty days from the date the inmate is initially placed on non-disciplinary segregation status. These assessments will be documented on the CDC Form 114-A. When the assigned custody supervisor determines the inmate's non-disciplinary segregation status is no longer needed, he/she shall submit a CDC Form 128-B requesting the inmate be seen by ICC for housing review.*" The facility PCM advised this auditor that CCWF has not housed any incarcerated survivors in non-disciplinary segregation housing during the audit period. Interviews with inmates who had alleged sexual abuse did not indicate they had been placed in segregated housing because of their reports.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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(a-c) CDCR correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). Department Operations Manual, Chapter 5, Article 44, section 54040.3 *(Definitions)* outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. This specialized training is required per California Penal Code 13516. Department Operations Manual, Chapter 5, Article 44, section 54040.4 (*Staff Training*) states, *"All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be OTPD [Office of Training and Professional Development] approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained."*

The auditor reviewed the curriculum utilized for CDCR's Basic Investigators Course, which was most recently updated in December 2016. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with LDIs at CCWF indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations. CCWF has 12 Locally Designated Investigators.

In this auditor's review of 2018 investigative files indicated that in at least two cases, witnesses mentioned were not interviewed during the investigation. If prior complaints and reports of sexual abuse involving a suspected perpetrator were reviewed, they were not articulated in reports. Because the elements of (c) are not compliant, the requirement that investigations be completed *"thoroughly"* in provision (a) had not been met.

This auditor had concern with the low number of substantiated and high number of unfounded allegations at CCWF over the last three years. The audit team was informed several times that PREA allegations are used as a tool by the inmate population to exact revenge on each other, and in fact, one inmate admitted to this behavior during an interview. However, the summary statements in nine 2018 investigations stated the investigator was *"unable to validate the allegations"* or *"the victim's statements were inconsistent"* as the reasoning behind closing the case as unfounded.

On March 8, 2019, an ISU Lieutenant issued written direction to all LDIs regarding the expectations for determining the outcome of PREA investigations. The expectation is considered "*on going*" and will be provided to any new LDI that is assigned to CCWF. The expectation is as follows –

"This is to reiterate the expectations of Locally Designated Investigators (LDI) and their responsibilities to make appropriate determinations regarding the outcome of PREA related investigations. Upon completion of a sexual violence, staff sexual misconduct, or sexual harassment investigation, the assigned LDI will determine if an allegations is Substantiated, Unsubstantiated, or Unfounded. This decision will be based on articulable facts, physical evidence, and corroborating information provided by the victim, suspect and witnesses. During the investigation the investigator will gather direct and circumstantial evidence, including physical and DNA evidence when available; interview alleged victims, suspected perpetrators (offender on offender), and witnesses; and review prior complaints and reports of sexual abuse. To assist the assigned LDI in determining the appropriate outcome of a PREA related investigation, the definition of each possible outcome has been listed below;

Substantiated means: An allegation that was investigated and determined to have occurred.

Unsubstantiated means: An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Unfounded means: An allegation that was investigated and determined not to have occurred."

During the corrective action period, this auditor was provided with revised documentation for 12 investigations that reflected updated outcomes and the subsequent notifications to inmates. The outcomes were appropriately determined, based on the investigation reports.

Based on a review of this documentation, this auditor as determined CCWF meets compliance with this provision of the standard.

(d-e, h) Credibility assessments are made individually, and not determined by the person's status as staff or inmate. This auditor reviewed 45 investigative reports from 2018. All reports had been completed and the reasoning behind credibility assessments were clearly articulated in each report. Substantiated allegations were referred for prosecution appropriately.

Department Operations Manual, Chapter 5, Article 20, section 14030.5 (*Who May Request a Polygraph Examination)* states, "*An employee, inmate, or parolee under investigation for an alleged violation of the law or a regulation may make a request for a polygraph examination. No person shall be ordered to take a polygraph examination.*" None of the 2018 investigative reports indicated that a truth-telling device had been used during any investigation. Staff interviews indicated truth-telling devices were not used on inmates who alleged sexual abuse.

(f-g) A review by the auditor of 45 completed administrative and criminal investigation files indicated they contained the required information on employee actions or failures to take actions, descriptions of physical and testimonial evidence, credibility assessments and investigative facts and findings.

(i) Department Operations Manual, Chapter 5, Article 44, section 54040.20 (*PREA Data Storage and Destruction)* states, *"CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCRs [sic] 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."

(j) A review of investigative reports from 2018 and interviews with LDIs indicated that an investigation did not end if an alleged victim or suspected perpetrator leaves employment or control of the agency.

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*)

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

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Department Operations Manual, Chapter 3, Article 22, section 33030.13.1 (*Investigative Findings)* states that allegation findings will be made by the Hiring Authority. The definition for *"not sustained"* and *"sustained"* indicate that a preponderance of evidence is necessary to prove or disprove an allegation. Interviews with the warden and ISU staff indicated they are aware of this standard in determining if allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated or unfounded. This auditor reviewed 45 completed investigative files from 2018, and found this determination is made based on a preponderance of the evidence.

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*)

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Department Operations Manual, Chapter 5, Article 44, section 54040.12.5 (Reporting to Offenders) states, *"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 policy directs the PCM or designee to inform the offender if the alleged abuser is no longer posted within the inmate's unit, no longer employed at the facility, indicted on the alleged sexual misconduct, or convicted on the alleged sexual misconduct. Following an investigation into an inmate's allegation that he suffered sexual violence by another inmate, the institution will inform the alleged victim if the allegation is substantiated, unsubstantiated or unfounded. The institution will inform the inmate whenever the alleged abuser has been indicted on the alleged sexual violence or convicted of the charge. The agency's obligation to report/inform terminates if the alleged victim is released from the agency's custody.
CCWF provides outcome notifications to inmates in writing. A review of 45 completed investigative files from 2018 indicated this is being completed consistently.

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*)

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

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Department Operations Manual, Chapter 5, Article 44, section 54040.3 (*Definitions*) states that staff sexual misconduct includes any *"threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders. The legal concept of 'consent' does not exist between staff and offenders; any sexual behavior between them constitutes sexual misconduct and shall subject the staff member to disciplinary action and/or to prosecution under the law."* Department Operations Manual, Chapter 3, Article 22, section 33030.19 (*Employee Disciplinary Matrix)* contains a comprehensive list of disciplinary infractions and corresponding sanctions. While this list is not considered all inclusive, it does indicate that staff sexual misconduct with an inmate warrants dismissal from state service. Department Operations Manual, Chapter 5, Article 44, section 54040.3 (*Reporting to Outside Agencies*) states, *"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."*

CCWF had four cases of staff sexual misconduct during the audit period. Dismissal was ordered by CDCR administration in one case and the staff member subsequently retired. Two cases remain in progress.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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☒ **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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Department Operations Manual, Chapter 5, Article 44, section 54040.12.4 (*Reporting to Outside Agencies for Contractors)* states, *"Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee."*Interviews with the Agency PREA Coordinator, the Warden and PCM indicated that any contractor or volunteer who was found to have violated agency policy related to sexual abuse and sexual harassment would not be permitted to have further contact with inmates.

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

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(a-d) Department Operations Manual, Chapter 5, Article 44, section 54040.15 (*Disciplinary Process)* states, *"Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated."* Sanctions for rule violations are determined on a matrix, 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. This auditor reviewed CDCR Form 115s to ensure these determinations were made in accordance with the standard.

(e) In accordance with California Code of Regulations, Title 15, section 3323 (*Disciplinary Credit Forfeiture Schedule*), inmates are only disciplined for sexual contact with a staff member if it is found to have occurred against the staff person's will. CCWF did not have any disciplinary actions against inmates for sexual conduct with staff during the audit period.

(f) Department Operations Manual, Chapter 5, Article 44, section 54040.15.1 (Alleged Victim – False Allegations) states, *"Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations were made not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to a disciplinary action. A charge of 'making a false report of a crime,' a Division E' offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting."* This auditor interviewed one inmate who had been sanctioned for making a false allegation of sexual abuse. The inmate admitted that she was angry with her significant other and made the allegation maliciously.

(g) CDCR prohibits sexual activity between inmates. Notices around the facility pertaining to sexual abuse state, *"No means no and yes is not allowed."* Interviews with ISU and custody staff indicated they would investigate any sexual activity to determine if it was consensual prior to pursuing it as a PREA matter or disciplinary matter.

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*)

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

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Department Operations Manual, Chapter 5, Article 44, section 54040.7 (*Detection, Notification, and Reporting)* states, *"If it is reported by an offender during initial intake screening or at any other time during his/her confinement within CDCR, 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."* Inmates who are not identified at Reception or upon arrival at an institution as needing mental health services, but develop such needs later, may be referred to mental health at any time. Urgent referrals must be seen within 24 hours, and routine referrals are seen within five working days. Referrals are made for those who identify as having been victimized, as well as those who have sexually inappropriate behavior. Inmates sign an *Informed Consent* for medical and mental health care services, which indicates information is confidential, except for those with a need to know. CDCR Form 7552 is used when sexual violence outside of an institutional setting is reported, upon authorization of the victim. This information is routed to ISU for appropriate action. Interviews with medical and mental health staff indicated they were aware of and followed standard requirements. Documentation of these referrals was located in randomly-selected inmate files. Additionally, all 45 of the 2018 investigative files contained copies of the mental health referrals after allegations were made.

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

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Inmates in CDCR custody are provided with emergency medical response, treatment and transportation 24-hours a day, per policy. Incarcerated survivors who require forensic medical examinations are transported to Community Regional Medical Center. Inmates may request medical treatment for urgent/emergency needs from any CDCR employee. Interviews with medical health services staff members indicated incarcerated survivors are offered sexually transmitted infection prophylaxis information and treatment during the forensic medical exam and upon their return to the facility.

California Correctional Health Care Services has written directives in its Governance and Administration stating that copayments are not charged is health care service(s) is treatment services relating to sexual abuse or assault. The victim's level of cooperation with any investigation does not impact this directive.

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

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(a-c) Department Operations Manual, Chapter 5, Article 44, section 54040.7 (*Detection, Notification, and Reporting)* states, *"If it is reported by an offender during initial intake screening or at any other time during his/her confinement within CDCR, 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."*Inmates who are not identified at Reception or upon arrival at an institution as needing mental health services, but develop such needs later, may be referred to mental health at any time.

Urgent referrals must be seen within 24 hours, and routine referrals are seen within five working days. Referrals are made for those who identify as having been victimized, as well as those who have sexually inappropriate behavior. This auditor reviewed documentation indicating evaluations are taking place as required. Interviews with medical and mental health services staff members indicated ongoing treatment is provided to victims of sexual abuse, as well as to known inmate-on-inmate abusers. When asked about the comparison with a community-level of care, they indicated they believed the facility's standard of care to be higher, as inmates are scheduled for appointments and do not have to seek these services out on their own.

(d-f) Chapter 16 of California Correctional Health Care Services Governance and Administration, *1.16.1 Prison Rape Elimination Act Policy*, states, "*The California Correctional Health Care Services shall provide medically necessary emergency and follow-up treatment, follow-up plans, and when necessary, referrals, including testing for pregnancy, any sexually transmitted infections/disease, and HIV, to patients who are alleged victims of sexual violence, staff sexual misconduct, and sexual harassment in compliance with their duties under the California Department of Corrections and Rehabilitation's Prison Rape Elimination Act policy, CDCR Department Operations Manual.*" Tests for sexually transmitted infections/diseases and HIV are offered as medically appropriate for victims or suspects of sexual abuse, and pregnancy tests are offered for victims of sexually abusive vaginal penetration. Health care staff offer follow-up testing for pregnancy, sexually transmitted infections/diseases and HIV as indicated. If a pregnancy results from sexual abuse, victims receive timely and comprehensive information and timely access to all lawful pregnancy-related services.

(g) Chapter 10 of California Correctional Health Care Services Governance and Administration, *1.10 Copayment Program Policy*, states, "*Medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the patient's ability to pay. The copayment shall not be charged if the health care service(s) is considered to be treatment services relating to sexual abuse or assault.*" No inmate indicated they had been charged a fee for any medical or mental health services in conjunction with an allegation of sexual abuse.

(h) Mental health evaluations are conducted at CCWF for inmates who are alleged to be victims, as well as suspected perpetrators.

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

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PREA standards require that sexual abuse incident reviews are conducted within 30 days of the conclusion of every sexual abuse investigation when the allegation is substantiated or unsubstantiated. Department Operations Manual, Chapter 5, Article 44, section 54040.17 (Institutional PREA Review Committee) directs that each Hiring Authority is required to conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not be substantiated. The PCM schedules IPRC reviews within 60 days of the date of the discovery of the allegation. The IPRC considers all the elements required by the standard, as the information becomes available. A report is prepared after the IPRC meeting. These reviews are conducted after discovery of the allegation on an on-going basis to ensure the facility is taking appropriate corrective action to prevent further incidents, and not waiting until the conclusion of an investigation.

The audit team had the opportunity to observe an IRPC for three allegations that had recently reported. When the investigative files for 2018 were reviewed, this auditor was unable to find IRPCs that were conducted within 30 days of the conclusion of the investigation -only the IRPCs after the allegation was reported and during the course of the investigation.

During the corrective action period, the facility PCM provided this auditor with documentation of 13 IPRCs that were held within the required timelines. Each IPRC provided included meetings minutes and an attendance sheet. Based on a review of the additional documentation, this auditor has determined CCWF meets compliance with the standard.

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

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Department Operations Manual, Chapter 5, Article 44, section 54040.20 (*PREA Data Storage and Destruction)* states, "*CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCRs* [sic] *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.*" CCWF provided this auditor with a copy of their 2016 Survey of Sexual Victimization, and a copy of their 2015 and 2016 PREA Annual Reports. The 2017 PREA Annual Report was reviewed on the agency website. The annual reports include the data necessary to answers all questions from the most recent version of the Survey of Sexual Victimization conducted by DOJ. The 2015, 2016 and 2017 annual reports are available to the public via the CDCR website at https://www.cdcr.ca.gov/PREA/Reports-Audits.html.

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

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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

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CCWF has a separate records retention schedule for PREA. Investigatory files are retained in 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. Interviews with human resource staff, the PCM and ISU staff indicated they were aware of and follow this requirement.

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

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Instructions for Overall Compliance Determination Narrative

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

CDCR has operates 35 facilities. The agency began receiving audits in the third year of Cycle 1. To date in Cycle 2, CDCR has had 27 audits completed, with eight currently in corrective action. CDCR has submitted an Assurance of Intention to Adopt and Achieve Full Compliance with the standards. All audits were conducted by DOJ-certified auditors, and all final audit reports were posted on CDCR's website, available to the public at: https://www.cdcr.ca.gov/PREA/Reports-Audits.html.

While onsite at Central California Women's Facility, the audit team was provided with access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documents and was permitted to conduct private interviews with staff and inmates. Inmates were permitted to send confidential correspondence to the auditor, prior to the onsite review. There were no barriers to conducting the audit.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

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AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Amanda Rasmussen September 30, 2019

Auditor Signature **Date**

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

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