

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

Interim Final

Date of Report December 16, 2019

Auditor Information

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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: May 6-10, 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> 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: High Desert State Prison
Physical Address: 475-750 Rice Canyon Road Susanville, California 96127
Mailing Address (if different than above): PO Box 750 Susanville, California 96127-0750
Telephone Number: 530-251-5100

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: *High Desert State Prison protects the public by providing humane and safe supervision of offenders. We give offenders quality mental health care through meaningful encounters with licensed medical, dental, and mental health practitioners, and aspire to improve patient satisfaction. We offer our offenders tools to effect change of culture, and inspire them to self-rehabilitate by facilitating education opportunities, re-entry services, recreational activities, and leisure time activity group programs to reduce recidivism."*

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:** Mr. M. E. Spearman**Title:** Warden**Email:** marion.spearman@cdcr.ca.gov**Telephone:** 530-251-5100 x5500**Facility PREA Compliance Manager****Name:** Mr. Anthony Lane**Title:** Associate Warden**Email:** anthony.lane@cdcr.ca.gov**Telephone:** 530-251-5055**Facility Health Service Administrator****Name:** Mr. Todd Murray**Title:** Chief Executive Officer**Email:** todd.murray@cdcr.ca.gov**Telephone:** 530-251-5100 x5492**Facility Characteristics****Designated Facility Capacity:** 1900**Current Population of Facility:** 3171**Number of inmates admitted to facility during the past 12 months**

2299

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:

2274

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:

2293

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:

62

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:

Click or tap here to enter text.

Facility security level/inmate custody levels:

I, III, IV

Number of staff currently employed by the facility who may have contact with inmates:

1443

Number of staff hired by the facility during the past 12 months who may have contact with inmates:

301

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:

25

Physical Plant

Number of Buildings: 45	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	43
Number of Open Bay/Dorm Housing Units:	2
Number of Segregation Cells (Administrative and Disciplinary):	100
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>HDSP has 1193 cameras installed and operational. Video footage is retained for more than 30 days and may be viewed by Investigative Services Unit staff or staff at or above the rank of Lieutenant.</p>	

Medical

Type of Medical Facility:	Correctional Treatment Center
Forensic sexual assault medical exams are conducted at:	Banner Lassen Medical Center

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	113
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	895 CDCR 12 HDSP

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, and 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 High Desert State Prison (HDSP) in Susanville, California from May 6-10, 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 nine other agencies (Colorado, Hawaii, Los Angeles County, Indiana, 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 March 19, 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 ten dated and time-stamped photographs on April 2, 2019, 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 and areas accessible to visitors, providing them with the opportunity to contact the auditor. The facility PCM converted the notice into a PowerPoint and broadcast it 24-hours a day on a dedicated inmate television channel. Prior to the onsite review, this auditor received one letter from an inmate at HDSP and interviewed the author while onsite. Prior to the issuance of the interim report, this auditor received one additional letter.

The Pre-Audit Questionnaire (PAQ) was initiated by the facility and sent to this auditor in the second week of March. 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. The *2015 Special Review of HDSP*, conducted by the Office of the Inspector General, and the *Independent Assessment of HDSP*, conducted by the Association of State Correctional Administrators in 2016, was also reviewed. This was the first PREA audit conducted at HDSP.

On March 19, 2019, this auditor sent an email to HDSP'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 HDSP 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 or agency administration as requested.

Prior to the onsite review of HDSP, this auditor conducted outreach to Just Detention International (JDI and the Lassen Family Services (LFS) to learn about issues of sexual safety at the facility.

- JDI advised this auditor that they receive about ten letters a year from incarcerated survivors at HDSP. The most recent correspondence documented a report of staff sexual harassment towards an inmate who identified as gay. JDI advised this auditor that they have files of letters from HDSP prior to the introduction of the PREA Standards, reporting inmate-to-inmate sexual harassment, abusive searches, staff retaliation and *"an ambivalence on the part of staff to take reports seriously"*.
- LFS advised this auditor that they interact with incarcerated survivors at HDSP via phone or written correspondence about once a month. Although they have been gate cleared by the facility, they have not yet provided any in-person services. The center has a designated PREA Advocate, and they attend Crisis Intervention Response Team meetings in the community with representatives from HDSP. The center stated they have an excellent relationship with the facility PCM and Investigative Services Unit (ISU) staff.

An entrance meeting was held in the morning of May 6, 2019 with facility leadership and members of the agency's central administration.

After the entrance meeting and through the morning of the second day onsite, the audit team began conducting the physical plant review of HDSP. 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. Cross-gender announcements were consistently observed when the audit team entered housing units. The audit notice, PREA posters and JDI's Sexual Abuse Advocacy posters were visible in all inmate areas. The contact information for LFS has been permanently stenciled on the walls in multiple areas of the facility. Inmate phones were tested in each housing unit to ensure the ability to contact the PREA Hotline and the confidential, community-based advocacy center. Locked boxes were in each housing unit for inmates to deposit grievance and discrimination forms. Unit log books were checked to ensure the completion of unannounced supervisory rounds, and signatures for supervisors and the Appeals Coordinator were verified.

During the physical plant review, the audit team looked for potential blind spots in areas accessible to inmates, and areas where cross-gender viewing may occur. The facility took immediate action to begin correcting deficiencies or creating a plan to correct deficiencies, to include:

- Labeling all restrooms to indicate their use by staff or inmates
- Improving the frosting on inmate restrooms in several locations
- Removing permanent signs reading *"Strip outs may be in progress"* and replacing them with signage that is utilized only when unclothed searches are in progress
- Adding security mirrors to blind spots in the Bake Shop, Cooling Room and Store Room of the Main Kitchen in Facility A
- Providing a larger portable partition for the inmate restroom on the "dirty side" of the Main Laundry in Facility A
- Increasing the partitions at each end of the inmate restrooms in the gymnasiums on each facility
- Providing portable partitions for the inmate restrooms in Auto Paint, Auto Body and Building Maintenance in the vocational areas of Facility B
- Removing a mirror near the inmate restroom in the Maintenance Shop of the vocational area of Facility B, and above the gymnasium restrooms of Facility B
- Extending the urinal partitions on the recreation yards of Facility A, B, C and D
- Increasing the urinal partitions in the dayrooms of Sections A and C of housing units in Facility C and D, and the dayroom of housing unit A4
- Increasing the privacy barriers on the housing unit showers in multiple units
- Increasing the privacy barriers around the small management yards (9, 2 and 19) of Facility Z
- Adding a privacy screen to the viewing monitor associated with the Low Dose Scanner in Receiving & Release
- Adding security mirrors in Dorm 1 of the Minimum Security Facility

No cameras were noted directly in areas where inmates may be using restrooms or showers. This auditor did note 24 cameras overlooking the small management yards of Facility Z, and two cameras in the work change area of

the Minimum Security Facility. This auditor reviewed both live feed and previously recorded video to ensure inmates could not be viewed using the restroom or during an unclothed search.

In all, HDSP utilizes 1193 cameras. High Desert State Prison *Operational Procedure 523* governs the use of the facility's Audio/Video Surveillance System (AVSS). Recorded audio and/or video can only be preserved for use as potential evidence in an investigation, or an administrative, civil, or criminal proceeding, after any of the following "triggering events":

- Any use of force incident;
- Riots;
- Suspected felonious criminal activity;
- Any incident resulting in serious bodily injury, great bodily injury, or a suspicious death;
- Sexual assault allegations;
- Allegations of inmate misconduct by staff;
- Allegations of staff misconduct by an inmate, employee, visitor or other person;
- Incidents that may be potentially referred to the District Attorney's office; and,
- An employee report to supervisor of injury.

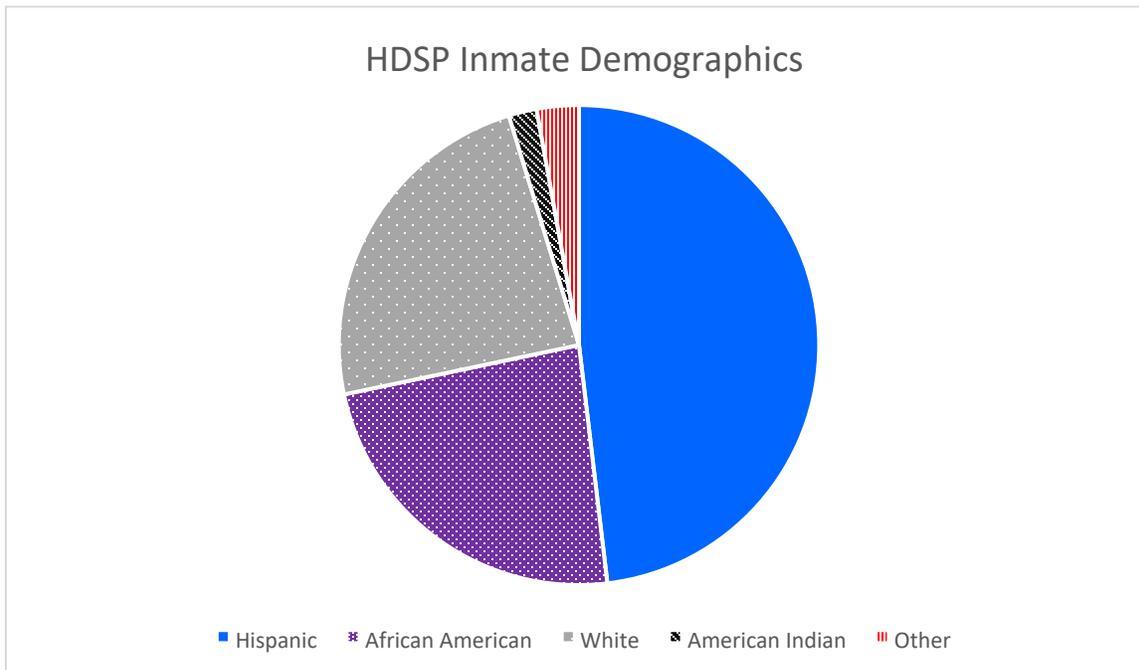
Staff requesting audio/video data from the AVSS must fill out and submit an *AVSS Evidence Request* form to the Investigative Services Unit (ISU) Supervisor, who will process the request and preserve two copies of the requested event. Video footage is retained for more than 30 days on the system if it is not preserved. Live feeds and previously recorded video can be monitored in limited areas of the institution, by ISU staff and staff at or above the rank of lieutenant.

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.

HDSP employs approximately 1443 staff. These staff include six captains, 29 lieutenants, 73 sergeants and 647 officers. 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 seven first watch staff, 15 second watch staff and seven third watch staff, for a total of 29 random interviews. Interviews of non-security staff were conducted, to include those in the mailroom and maintenance services.

The inmate population on the first day of the onsite review was 3171. 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 at least one random inmate from each housing unit (26 in total), in addition to any targeted inmates. Using an inmate roster sorted by housing unit, this auditor highlighted the inmate in a cell on the upper tier of each unit and the inmate in a cell on the

lower tier of each unit. If the inmate originally selected refused to participate, the next consecutive name was selected.



All reasonable efforts were made to conduct the required number of inmate interviews. High Desert State Prison did not have any who were youthful, or who were in segregated housing due to their high risk of sexual victimization. A list of transgender inmates was not provided, as HDSP is not designated by CDCR to house transgender inmates. During random and targeted inmate interviews, four inmates identified to members of the audit team as transgender. The names of those inmates were provided to the facility's PREA Compliance Manager for appropriate assessment. 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 53 random inmate interviews and 29 targeted inmate interviews were conducted.

This auditor was able to observe the intake process for new admits to HDSP in the afternoon of the second day onsite. After watching the PREA Orientation video, inmates were asked the PREA risk screening questions in a private area by the Watch Commander and provided pamphlets that included information about CDCR's zero-tolerance policy on sexual abuse and sexual harassment and reporting options.

The employee classroom training module for PREA was observed by this auditor mid-way through the third day onsite. The class was instructed by a supervisor of the Investigative Services Unit.

File reviews for staff, contractors, volunteers, inmates and investigations were conducted on the fourth day of the audit.

There were 62 inmates at HDSP who were admitted to the facility prior to August 20, 2012. This auditor reviewed comprehensive education documents for ten randomly-selected inmates. A list of inmates sorted by facility admission date was divided by ten, and subsequently counted off by six until the targeted number was reached.

The PAQ provided by the facility PCM indicated there were 29 allegations of sexual abuse and sexual harassment during the audit period. Since this was HDSP’s first PREA audit, this auditor reviewed investigative file information for all of 2018 and information to-date in 2019.

2018 Investigation Data

Allegation Type	Total Number of Allegations	Substantiated	Unsubstantiated	Unfounded	Ongoing Investigation
Inmate-on-Inmate Sexual Harassment	0	0	0	0	0
Staff-on-Inmate Sexual Harassment	4	0	1	3	0
Inmate-on-Inmate Sexual Abuse	26	1	20	2	3
Staff-on-Inmate Sexual Abuse	8	0	3	5	0
Totals	38	1	24	10	3

2019 Investigation Data

Allegation Type	Total Number of Allegations	Substantiated	Unsubstantiated	Unfounded	Ongoing Investigation
Inmate-on-Inmate Sexual Harassment	0	0	0	0	0
Staff-on-Inmate Sexual Harassment	2	0	1	0	1
Inmate-on-Inmate Sexual Abuse	6	0	4	0	2
Staff-on-Inmate Sexual Abuse	5	0	0	2	3
Totals	13	0	5	2	6

This auditor reviewed the inmate grievances (also known as “appeals” or “602s”) submitted at HDSP for the last 12 months:

	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	TOTAL
Total Received	474	584	494	576	537	452	493	447	475	489	486	530	583	6620
Screened Out	207	224	214	267	215	173	195	197	225	215	205	258	253	2848
Accepted	267	360	280	309	322	279	298	250	250	247	281	272	330	3745
PREA-related	0	0	1	0	0	1	2	0	0	0	2	1	0	7

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 HDSP'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 in the morning of May 10, 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 & 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 HDSP.

The facility was provided with an interim report on June 24, 2019, triggering the Corrective Action Period. On October 3, 2019, the facility PCM certified that all inmates at HDSP had received their comprehensive PREA education and began providing this auditor with photographs documenting the modifications made by the facility to prevent cross-gender viewing. The final photographs documenting modifications were sent to this auditor on November 15, 2019. Prior to the issuance of the final report, this auditor had a name change from Amanda Rasmussen to Amanda van Arcken.

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".

High Desert State Prison is located in Susanville, California, in Lassen County. Susanville is a relatively remote community, approximately 190 miles from Sacramento. HDSP was activated in September 1995 and covers 364 acres. The institution has a designed capacity of 1900, based on the implementation of single bunk cells. Since opening, there have been physical plant changes that allow for the total maximum capacity of 3601 inmates. At the time of the site review, the institution was at 88% capacity. While onsite, the audit team noted that the facility can house the actual number of inmates in a safe and secure manner.

HDSP is comprised of four facilities (A, B, C and D), a Correctional Treatment Center, a short-term restrictive housing unit (Facility Z) and a Level 1 Minimum Security Facility (E). Each facility has its own food services, health services, canteen, laundry, recreation yard, and educational, programming and vocational areas. The HDSP perimeter consists of three fences with a lethal electrified fence located between the outer and inner perimeter fences. In addition to the inmate housing units, there are approximately 87 program support buildings located on the grounds.

- Facility A houses Level III inmates in five, 270-degree designed units. Level I inmates who are transferred to HDSP are staged in Unit A5 for about two weeks prior to being moved to the Minimum Security Facility. Facility A has medium security general population inmates.
- Facility B Houses Level IV inmates in five, 270-degree designed units. Facility B has sensitive needs high security inmates.
- Facility C houses high security general population inmates in eight, 180-degree designed units.
- Facility D houses high security general population inmates in eight, 180-degree designed units.
- Facility E, the Minimum Support Facility, has two dorm-style housing units. Dorm 2 is not currently active. Dorm 1 houses non-camp eligible Level I inmates who perform job duties in various areas of the institution, outside the secure perimeter.
- Facility Z is a stand-alone Administrative Segregation Unit (ASU) used for short-term restrictive housing. Facility Z has one housing unit, with eight separate tiers.
- The Correctional Treatment Center (CTC) can house up to 35 inmates who require short-term medical and mental health crisis care, acute care and intermediate care. In addition to treatment and housing areas, patient services include laboratory, phlebotomy, radiology, pharmacy, trauma and triage.

The number of degrees refers to the view from a central elevated control booth. The 180-degree design is a configuration of the housing units, which are partitioned into three separate, self-contained sections, forming a half-circle. The 270-degree design is two tiers of cells configured in a U-shape around the central elevated control booth. "Sensitive needs" inmates are those who have been validated as a prison gang dropout, a victim of an assault, have significant enemy concerns or other safety concerns.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 2

- 115.17 Hiring and Promotion Decisions
- 115.86 Sexual Abuse Incident Reviews

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
- 115.18 Upgrades to Facilities and Technologies
- 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
- 115.87 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

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 HDSP, contains information about zero-tolerance on page 50. 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) HDSP has designated an Associate Warden as the facility PREA Compliance Manager. The PCM is currently assigned as the Associate Warden of Business Services, and reports to the Chief Deputy Warden. The PCMs duty statement indicates that as the PCM, he will *Act as the Prison Rape Elimination Act (PREA) Coordinator 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 a member of the PREA Institutional Review Committee, lead preparation for PREA audits, and attend meetings and training related to PREA policies.* When interviewed, he indicated that he has the time to manage all of his 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 and 2019, HDSP had 45 allegations of sexual abuse and six 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. The warden indicated the facility has approximately 100 vacancies each day -70 of those are considered "true" vacancies, and the remaining vacancies are due to sick leave coverage, hospital watches and construction supervision. Vacancies are covered by overtime.

(b) High Desert State Prison has a process in place to fill vacant posts and modify programming as necessary. A reporting mechanism is utilized, should not all posts be filled. Through these measures, the institution management team ensures that enough staff are present for each shift. The warden indicated in his interview that HDSP 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 are conducted and documented on all shifts over time. Facility sergeants make unannounced rounds multiple times each day, on all shifts. There were significantly less lieutenant and captain signatures. Captains and Associate Wardens are required to alter their schedule once a month to tour the institution and observe count. Written documentation of these tours is submitted to the Warden. While onsite, this auditor reviewed five examples of tour memorandums that occurred in January, February and May 2019.

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 HDSP 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 May 6, 2019 did not include any inmates under the age of 18. No interviews of staff or inmates indicated a youthful inmate may have been housed at HDSP.

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 Exploitation [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 HDSP.

(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 HDSP.

(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 HDSP, 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.

During the physical plant review, areas that did not prevent cross-gender viewing were identified, and the facility began taking steps to correct deficiencies while the audit team was onsite. Identified deficiencies included:

- Labeling all restrooms to indicate their use by staff or inmates
- Improving the frosting on inmate restrooms in several locations
- Removing permanent signs reading “*Strip outs may be in progress*”and replacing them with signage that is utilized only when unclothed searches are in progress
- Adding security mirrors to blind spots in the Bake Shop, Cooling Room and Store Room of the Main Kitchen in Facility A
- Providing a larger portable partition for the inmate restroom on the “dirty side”of the Main Laundry in Facility A
- Increasing the partitions at each end of the inmate restrooms in the gymnasiums on each facility
- Providing portable partitions for the inmate restrooms in Auto Paint, Auto Body and Building Maintenance in the vocational areas of Facility B
- Removing a mirror near the inmate restroom in the Maintenance Shop of the vocational area of Facility B, and above the gymnasium restrooms of Facility B
- Extending the urinal partitions on the recreation yards of Facility A, B, C and D
- Increasing the urinal partitions in the dayrooms of Sections A and C of housing units in Facility C and D, and the dayroom of housing unit A4
- Increasing the privacy barriers on the housing unit showers in multiple units
- Increasing the privacy barriers around the small management yards (9, 2 and 19) of Facility Z
- Adding a privacy screen to the viewing monitor associated with the Low Dose Scanner in Receiving & Release
- Adding security mirrors in Dorm 1 of the Minimum Security Facility

All corrections were made and photographs were submitted to this auditor for review and verification. All corrections were completed by November 15, 2019.

(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 HDSP, 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, except for 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 HDSP 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

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(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 two 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. Twelve 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. HDSP has appropriately contacted prior institutional employers. HDSP 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?*

(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 HDSP exceed this provision 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 be 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.* HDSP 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 HDSP 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

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(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 observed construction modifications in progress for pharmacies, and the construction of Building 492. The pharmacy expansions are not considered by this auditor to be *substantial expansions*. Building 492 will be used for psychiatric staff office space. The facility PCM indicated that prior to use by staff and/or inmates, each area under construction will be reviewed for potential blind spots and protection against cross-gender viewing.

(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. HDSP currently has 1193 cameras installed and operational. Installation was based on a needs-based, prioritized plan. Interviews with ISU staff, the facility PCM and the Warden indicated that cameras could be moved or augmented if necessary.

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

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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*)

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(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 HDSP.

(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 HDSP. Interviews with LDIs 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 Banner Lassen Medical Center, but if one were not available, the hospital would contact her directly to respond. The pre-audit questionnaire indicated there were no incarcerated survivors who received a forensic medical examination in the past 12 months.

(d-e) CDCR has a signed Memorandum of Understanding (MOU) with Lassen Family Services (LFS) to provide confidential community-based advocacy services to incarcerated survivors of sexual abuse at HDSP. LFS is a public non-profit 501(c)(3) organization in California, dedicated to providing compassionate and comprehensive services to survivors of crime, sexual assault/rape, and domestic violence. LFS' 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. LFS is not part of a governmental unit. LFS will accompany and support the incarcerated survivor through the forensic medical exam process and investigatory interviews. The MOU states LFS 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 LFS'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 LFS arranged through a HDSP chaplain, counselor, psychologist or Investigations Services Unit staff, assuming resources and scheduling allows. When this auditor contacted LFS, the advocacy center advised that they have an excellent relationship with the facility PCM and ISU staff. LFS has an advocate specifically assigned to PREA-related duties, and the center interacts with incarcerated survivors at HDSP via phone or written correspondence about one time per month. Contact information for LFS is permanently stenciled in many areas of the facility, in addition to paper postings.

(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 HDSP 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*)

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(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 HDSP 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 13 investigative files from 2019, 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/HDSP, 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/HDSP, 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*)

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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.*" This auditor reviewed all curriculum noted in the policy to ensure a comprehensive training program that provides detailed information on all ten required elements.

(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.

(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 HDSP 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.

Prior to the issuance of the interim audit report, the facility PCM provided this auditor with copies of certifications indicating all but three employees have been provided with the required training. Those three are out on long term leave and will complete training upon their return to work.

(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. Eight random names were selected to

review PREA training documents. Using an alphabetically-sorted list of 34 volunteers, this auditor highlighted every fourth name. Eleven contractors were selected using a similar method. All volunteers reviewed had a signed copy of CDCR 2301 *PREA Policy Information for Volunteers and Contractors* and a signed document indicating their understanding of the PREA On-the-job Training Module. All contractors reviewed had a signed *CDCR/California correctional Health Care Services Prison Rape Elimination Policy Information & Acknowledgment* form.

(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 volunteers 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. The eight volunteers and 11 contractor files reviewed contained this signed document.

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 inmates 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 50-51 of the HDSP Inmate Orientation Handbook, which is distributed to all inmates upon admission to the facility.

(b) The written informational resources provided upon arrival to HDSP are provided again when they attend Admission & Orientation. Inmates sign that they have received the information. A review of 25 randomly selected inmate files indicated that all inmates had been provided the education during the intake process. Only two of the 25 files indicated the comprehensive education had been received within 30 days of admission to the facility.

During the Corrective Action Period, the facility PCM coordinated a plan to ensure every inmate at HDSP received the comprehensive education regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and information on agency policies and procedures for responding to such incidents. On October 4, 2019, this auditor requested and received a roster of 3224 inmates currently incarcerated at HDSP, sorted by arrival date. This auditor divided the total number of names by 30, and then counted off by the resulting number of 107. Inmates randomly-selected by this method had been at HDSP from 1535 days to one day. The bottom five names were removed from the selection, as they had been at the facility for less than 30 days. The facility PCM provided this auditor with signed CDCR-128-B forms, documenting their receipt of the comprehensive education required by the standard. The signed forms were compared with HDSP arrival dates to ensure the education was received within 30 days of admission to the facility, or during a "catch up" period to reconcile corrective action.

(c) HDSP 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.

HDSP provided this auditor with a roster of 62 inmates who have been incarcerated at the facility prior to August 20, 2012. This auditor reviewed comprehensive education documents for 10 randomly-selected inmates. Random selections were made by dividing a list of inmates sorted by facility admission date by ten, and subsequently counting off by six until the targeted number of ten names was reached. A review of 10 inmate files from the pool of 62 indicated that none of 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 35 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 HDSP indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.

(c) CDCR has 895 LDIs, agency-wide. HDSP 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 Banner Lassen Medical Center 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 inmates arrival at the facility, does the facility reassess the inmates 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 inmates risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmates risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmates risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmates risk level when warranted due to a: Receipt of additional information that bears on the inmates 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 inmates 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

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(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. A file review of 25 randomly-selected inmate names indicated the intake screenings were conducted in a timely manner.

(f) A file review of 25 randomly-selected inmate names indicated the 30-day risk screenings were conducted in a timely manner.

(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 inmates own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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(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 he 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.

(b) Using the Unit Classification Committee, CDCR and HDSP 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. HDSP is not identified by policy or practice as an appropriate location for transgender inmates.

During targeted gay/bisexual inmate interviews, four inmates identified to a member of the audit team as transgender. Those names were provided to the facility PCM for appropriate referrals to medical/mental health and determination of appropriate housing and programming. Twice yearly reviews of transgender inmates do not take place at HDSP, as they are transferred to a more appropriate location upon identification.

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

(g) According to the Agency PREA Coordinator, HDSP 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 inmates' 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

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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 determined 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

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 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 HDSP. 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 38 allegations from 2018, four of the allegations were reported by the alleged victims themselves. In 2019, six of the 13 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. HDSP 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.

(d) HDSP 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

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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.

Inmates at HDSP can request a grievance (602 form) from any staff member, and deposit it into a secure collection box in the unit. The appeals are picked up by the Appeals Coordinator, who signs the unit log book. Her signature was verified in the unit log books by this auditor. The key for the collection point is only accessible to the Appeals Coordinator. Grievances from inmates in short-term restricted housing are collected directly by the Appeals Coordinator, during her daily tour.

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. HDSP had seven inmate grievances/appeals concerning PREA within the last year. This auditor reviewed all seven 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.* HDSP 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 signed Memorandum of Understanding (MOU) with Lassen Family Services (LFS) to provide confidential community-based advocacy services to incarcerated survivors of sexual abuse at HDSP. LFS is a public non-profit 501(c)(3) organization in California, dedicated to providing compassionate and comprehensive services to survivors of crime, sexual assault/rape, and domestic violence. LFS' 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. LFS is not part of a governmental unit. LFS will accompany and support the incarcerated survivor through the forensic medical exam process and investigatory interviews. The MOU states LFS 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 LFS'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 LFS arranged through a HDSP chaplain, counselor, psychologist or Investigations Services Unit staff, assuming resources and scheduling allows.

When this auditor contacted LFS, the advocacy center advised that they have an excellent relationship with the facility PCM and ISU staff. LFS has an advocate specifically assigned to PREA-related duties, and the center interacts with incarcerated survivors at HDSP via phone or written correspondence about one time per month. Contact information for LFS is permanently stenciled in many areas of the facility, in addition to paper postings.

When this auditor contacted Just Detention international (JDI), they advised that they receive about ten letters a year from incarcerated survivors at HDSP.

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

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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 two prior confinement facility notifications from HDSP 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

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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 and observed a classroom PREA training facilitated by ISU staff. The facilitator emphasized the direction to *request* the victim does not act to destroy potential physical evidence and *ensure* the alleged perpetrator does not act to destroy potential physical evidence. Interviews with custody and non-custody staff indicated they are aware of their duties as a first responder. HDSP 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*)

Instructions for Overall Compliance Determination Narrative

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HDSP 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 November 13, 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*)

Instructions for Overall Compliance Determination Narrative

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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

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 (*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.”

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 HDSP. The facility does not continue monitoring for retaliation when an allegation has been deemed unfounded.

This auditor reviewed 13 investigative files from 2019 to determine if they contained the appropriate documentation to indicate the monitoring was occurring at HDSP. LDI staff are tasked with conducting retaliation monitoring at HDSP. The file review indicated LDIs are conducting the monitoring, including periodic status checks. The staff member designated to coordinate and/or conduct the monitoring at HDSP outlined his process for ensuring monitoring is completed in a timely manner upon interview.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 HDSP 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 HDSP indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations. HDSP has 12 Locally Designated Investigators.

(d-e, h) Credibility assessments are made individually, and not determined by the person's status as staff or inmate. This auditor reviewed 13 investigative reports from 2019. All reports had been completed and the reasoning behind credibility assessments were clearly articulated in each report. Substantiated allegations were referred for prosecution appropriately. HDSP works in conjunction with one Lassen County Assistant District Attorney who prosecutes the corrections-related cases.

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 2019 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 13 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 2019 and interviews with LDIs indicated that an investigation does 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*)
- 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 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 13 investigative files from 2019, 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*)
- 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 54040.12.5 (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 inmates 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. HDSP provides outcome notifications to inmates in writing. A review of completed investigative files from 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*)
- 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 54040.3 (*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.*"

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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. HDSP 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.*

(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*)
- 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 54040.7 (*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 were in randomly-selected inmate files. Additionally, all investigative files reviewed contained copies of the mental health referrals after allegations were made. During one targeted inmate interview, an inmate stated that he had not been referred to mental health upon stating he had been previously sexually victimized. This auditor requested and received written verification from the facility PCM of the referral, which was timely.

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 Banner Lassen 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 for health care service(s) or 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

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

Instructions for Overall Compliance Determination Narrative

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

(a-c) 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. HDSP does not have any female inmates who may require 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 HDSP 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

- 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.

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. This proactive approach exceeds 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

- 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 54040.20 (*PREA Data Storage and Destruction*) states, *CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's [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.* HDSP 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 answer 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

- 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.

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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

- 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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HDSP 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

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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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 28 audits completed, with six 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 High Desert State Prison, 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*)
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Instructions for Overall Compliance Determination Narrative

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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 van Arcken

December 16, 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.