

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

Interim Final

Date of Report January 6, 2020

Auditor Information

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Company Name: Department of Public Safety- Hawaii	
Mailing Address: 42-477 Kalaniana'ole Hwy.	City, State, Zip: Kailua, HI 96734
Telephone: 808-266-9520	Date of Facility Visit: 04/07/19 – 04/12/19

Agency Information

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

Agency Chief Executive Officer

Name: Ralph Diaz	Title: CDCR Secretary
Email: Ralph.Diaz@cdcr.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, Female Institutions	Number of Compliance Managers who report to the PREA Coordinator 36
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Facility Information

Name of Facility: California Institute for Women			
Physical Address: 16756 Chino Corona Road, Corona, California 92880			
Mailing Address (if different than above): Same as Above			
Telephone Number: (909) 597-1771			
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: Provide a safe and secure environment for primary Level I/III female offenders. This mission is further defined to provide health care and institutional programs specifically geared to meet the special needs of female offenders.			
Facility Website with PREA Information: https://www.cdcr.ca.gov/PREA/			

Warden/Superintendent

Name: Molly Hill / Richard Montes (eff.11/2019)	Title: Warden
Email: Richard.Montes@cdcr.ca.gov	Telephone: (909) 597-1771 Ext. 4920

Facility PREA Compliance Manager

Name: Joseph Spinney	Title: Captain
Email: Joseph.Spinney@cdcr.ca.gov	Telephone: (909) 597-1771 Ext. 5972

Facility Health Service Administrator

Name: James Elliot	Title: Chief Executive Officer
Email: James.Elliot@cdcr.ca.gov	Telephone: (909) 597-1771 Ext. 3771

Facility Characteristics

Designated Facility Capacity: 1,390	Current Population of Facility: 1,866
Number of inmates admitted to facility during the past 12 months	1,837
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1,472
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	365

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		543	
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 19-87	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			
Average length of stay or time under supervision:			
Facility security level/inmate custody levels:		Level I through IV	
Number of staff currently employed by the facility who may have contact with inmates:		1,164	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		165	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		57	
Physical Plant			
Number of Buildings: 67		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		10	
Number of Open Bay/Dorm Housing Units:		17 Dorms (located at CIW Fire Conservation Camps: Malibu, Puerta La Cruz & Rainbow)	
Number of Segregation Cells (Administrative and Disciplinary):		100	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): California Institute for Women has limited electronic monitoring technology. The visiting room area and PIA Sewing area are the only areas in the facility that are monitored electronically and recorded. The center corridor (control area) has electronic viewing only (no recording) to monitor the egress into the secured perimeter of the facility.			
Medical			
Type of Medical Facility:		Outpatient Housing Unit/Correctional Treatment Facility/Mental Health Crisis Bed	
Forensic sexual assault medical exams are conducted at:		Riverside University Health System Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		790	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		18	

Audit Findings

Audit Narrative

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

A Department of Justice (DOJ) Prison Rape Elimination Act (PREA) audit was conducted at the California Institute for Women (CIW) in Corona, California and its three (3) affiliated Fire Conservation Camps: Malibu Conservation Camp #13 (Malibu, California), Rainbow Conservation Camp #2 (Fallbrook, California), and Puerta La Cruz Conservation Camp #14 (Warner Springs, California) based on the Western State Consortium Agreement. This audit was the first PREA audit for the CIW facility and Fire Conservation Camps. CIW is under the jurisdiction of the California Department of Corrections and Rehabilitation (CDCR). The PREA Audit team consisted of DOJ Certified Auditor Nicole Fernandez (lead auditor) with support staff of DOJ Certified PREA Auditor Charles Owens, Kevin Rego and Puanani Cummings, hereafter referred to as the PREA Audit Team. Support staff assisted the lead auditor and participated in the site review, conducting interviews with staff and inmates and file reviews. The on-site audit was conducted from April 7, 2019 to April 12, 2019.

Pre-Onsite Phase

Prior to the onsite audit a posting of the PREA Audit Notices and auditor's contact information was distributed throughout CIW, Camp Malibu, Camp Rainbow and Camp Puerta La Cruz and posted on February 18, 2019, at least six (6) weeks prior to the first day of the on-site audit. The facility provided email documentation, including pictures, to demonstrate the notices were posted in accordance with audit requirements in English and Spanish. The notices included instructions for inmates that all correspondence must include "for CIW PREA Audit" on the envelope; otherwise it will not be considered confidential. Further, that all written and verbal correspondence and disclosures provided to the auditor are confidential and will not be disclosed unless required by law.

CIW's Pre-Audit Questionnaire (PAQ) and supporting documents was completed on February 15, 2019 and received on a disk sent overnight mail with FedEx on February 22, 2019. The PAQ and documents submitted were reviewed and several PREA Standards documentation were noted that it would be provided onsite. Documentation reviewed prior to the onsite audit included agency policies and procedures; forms; organizational charts; PREA related posters, brochures; and memorandums of agreements.

A pre-audit correspondence was facilitated on March 7, 2019 between the auditor, CIW PREA Compliance Manager and CDCR PREA Coordinator to discuss the review of the PAQ, issue log process, documents and file/records needed for review while on site and the schedule for the on-site phase. The following was provided to CIW's PREA Compliance Manager and CDCR PREA Coordinator: 1) CIW issue log; 3) listing of list and/or documents needed for sampling while on-site; and 4) listing of files/records needed to review. The CIW issue log consisted of communication between the auditor and the CIW PREA Compliance Manager on any issues, questions or concerns that needed further documentation, clarification or follow-up, prior to the on-site phase of the audit. Subsequently, the on-site audit scheduled was provided to the CIW PREA Compliance Manager and CDCR PREA Coordinator on March 12, 2019.

A follow-up pre-audit phone conference was facilitated on April 2, 2019, between the auditor, CIW PREA Compliance Manager and CDCR PREA Support Staff to discuss logistics of the on-site audit, review of the purpose and general process of the audit, goals and expectations about accessibility to areas of the facility, files, inmates and staff.

Additionally, a request for the following lists were requested to be provided on the first day of the audit, if not sooner: complete list of inmates, inmates with disabilities, inmates who are limited English proficient, inmates who identify as LGBTI, inmates in segregated housing, inmates reported sexual abuse, inmates who reported sexual victimization during risk screening; complete list of staff, specialized staff, and contractors and volunteers that have contact with inmates. The following documents were also requested to be provided by the first day of the on-site review: all PREA related grievances and incident reports made within the 12-month period preceding the audit, all allegations of sexual abuse and sexual harassment reported for investigation within the 12-month period preceding the audit, and all hotline calls made within the 12-month period preceding the audit. The following files were requested to be available for review during the on-site phase of the audit: human resource files for background checks and promotional clearances, staff training logs, inmate records for inmate PREA 72 hour and 30-day review screenings, medical and mental health records for referrals and follow-ups, notification for reports received by inmates that were sexually abused while confined at another facility and CIW PREA investigations.

Additionally, the auditor made contact with Just Detention International (JDI) as it related to PREA related services at CIW. On April 3, 2019, the auditor facilitated a phone call with Just Detention International Mental Health Program Director to discuss the current Memorandum of Understanding (MOU) with CIW and the direct services that are being provided at CIW on a weekly basis.

The auditor received two (2) confidential correspondence from inmates prior to the on-site phase. The auditor spoke with both inmates during the on-site phase of the audit as further follow-up to their correspondence.

On-Site Phase

CIW currently houses Level I – IV female offenders to include those inmates with special needs such as pregnancy, psychiatric and medical care needs. All housing units within CIW are single floored with cells for single or double occupancy, with the exception of the Administrative Segregation Unit (SHU), which is two-tiered with single cell occupancy. Additionally, CIW serves as a hub institution for selection and physical fitness training of female offenders selected to be firefighters for conservation camp placement at Malibu, Rainbow or Puerta La Cruz. CDCR in cooperation with the California Department of Forestry and Fire Protection (CAL FIRE) and Los Angeles County Fire Department (LAC FIRE), jointly operate the conservation camps, commonly known as fire camps. All camps are minimum-security facilities and are staffed with CDCR correctional staff. All housing units at the conservation camps are open dorm with a capacity of 100 inmates at each camp. On April 7, 2019, the CIW inmate population was 1,799, inclusive of the three fire conservation camps.

On April 7, 2019, the audit team met with CIW assigned Investigative Services Unit (ISU) escort staff and CDCR PREA support team at Malibu Conservation Camp (Camp Malibu). The inmate population at Camp Malibu on April 7, 2019 was 63 inmates. Camp Malibu has five (5) open bay dorms for inmate housing and can house a total of 100 inmates.

Inmate showers and toilets are located in a central area of the camp, near the housing units, that all dorms share and ensure privacy from opposite gender viewing. All areas of the camp were reviewed to include the LAC FIRE office and living units. PREA Audit notices and posters were displayed throughout the facility. During the

site review several areas of concern with blind spots were identified to include the laundry room, LAC Fire tool room, and the bus barn where the LAC fire vehicles are parked. In addition to formal interviews of staff, contractors and inmates, the audit team conducted informal interviews throughout the site review. Two buildings (maintenance shop and dorm 5) were not reviewed as they have been condemned due to fire damage incurred during a recent wildfire in the area.

On April 8, 2019, the audit team met with CIW key administrators to include PREA Compliance Manager and the CDCR PREA support team from Sacramento. The purpose of the meeting was to introduce the team, convey the expectations for the PREA audit and go over the tentative schedule for the week. Following the initial meeting, the audit team along with assigned escorts began the site review of the facility.

During the site review of CIW, the following areas were observed: Staff Training, Carpentry, Auditorium, Education Units, Laundry, Annex Warehouse, Prison Industry Authority (Sewing), Support Warehouse, Canteen, Maintenance Warehouse, Plant Operations, Firehouse, Records, Culinary/Dining Hall, Psychiatric Intensive Patient (PIP) Unit, Correctional Treatment Center (CTC) Unit, Health Care Main Clinic, Substance Abuse Programs Unit, Chapel, Community Resource Office, Mental Health Office, Mailroom, Recreation Yard, Administrative Segregation (SpHU) Unit, Outpatient Health Unit (OpHU), and all outlying areas that inmates have access to with or without escort were observed.

The Psychiatric Intensive Patient (PIP) Unit provides health care services 24 hours per day to inmates who are in need of professionally supervised health care. The Correctional Treatment Center (CTC) Unit provides inpatient health services to inmates who do not require a general acute care level of essential services and are in need of professionally supervised health care that cannot be provided on an outpatient basis. These units at CIW are single floor, single celled and can house up to 63 inmates. The Outpatient Health Unit (OpHU) provides supportive services, including low-intensity nursing care, for inmates who may require limited assistance with activities of daily living or short-term observation and is a single floor, single cell unit that can house up to 10 inmates. The Administrative Segregation Unit (SpHU) is a two-tiered, 270° design, 100 cell housing unit that can house up to 200 inmates, double bunked. All housing unit cells contain toilets within each cell and individual showers are located on each wing of the units. The Reception and Release (Intake) was also observed and the audit team was walked through the intake process. The audit team also conducted informal interviews with staff and inmates throughout the site review.

During the site review there were several areas of concern with blind spots that were identified primarily in the plant operations area. Additional blind spots were identified in the auditorium, laundry room, annex warehouse, culinary/dining hall dry storage room, and intake property room. During the site review, it was also recommended by the auditor that modesty screens be placed around the restrooms on the Administrative Segregation (SPHU) and Psychiatric Inpatient (PIP), Supportive Care Unit (SCU) and Psychiatric Services Unit (PSU) housing unit's recreation yard to ensure privacy from opposite gender viewing. PREA auditor notices and posters were observed posted throughout the entire facility.

CIW has limited electronic monitoring technology. The visiting room and Prison Industry Authority (PIA) sewing room are the only areas that are monitored electronically and recorded. The center corridor to the entry into the secured perimeter of the facility is monitored by electronic view only (no recording).

On April 9, 2018, the audit team split up throughout CIW and continued the facility site review with housing units and began interviews with inmates and staff. The following housing units were reviewed: Barneberg, Emmons, Forestry (GP Hall), Harrison, Latham, Miller, Supportive Care Unit (SCU) and Psychiatric Services Unit

(PSU), Wilson and Walker. Housing Units Barneberg, Emmons, Latham, Miller and Wilson are general population housing units. Each unit is single floor, with two wings that each contain 60 cells. Each housing unit can house up to 240 inmates and cells may be used as single or double banded based on the needs of the facility. The Forestry (GP Hall) is a 110 cell unit and serves as the training dorm for the fire conservation camps. The Forestry (GP Hall) can house up to 220 inmates and cells may be used as single or double banded based on the needs of the facility. The Supportive Care Unit (SCU) and Psychiatric Services Unit (PSU) contains 47 cells that may be used as single or double banded based on the facility needs and 20 single cell units. These units provide housing to inmates who experience adjustment difficulties in general population settings but do not require 24-hour inpatient services as well as serving as the administrative segregation unit for inmates with mental health care. All housing unit cells contain toilets within each cell and individual showers are located on each wing of the units. There were no issues relating to blind spots identified in the housing units. During the audit site review, it was noted that although PREA informational posters are prevalent throughout the facility, the audit team recommended that the PREA hotline and reporting numbers be placed near the inmate phones to allow for better access and to help protect the confidentiality of reporting by inmates. Grievance collection boxes are located at two centralized locations for inmates: Culinary/Dining Hall and Auditorium. The only staff authorized to access these grievance boxes are the Appeals (Grievance) Unit staff and Investigation Services Unit (ISU) Lieutenant.

The audit team also began reviewing CIW inmate medical records, human resource (employee and volunteer/contractors) files and inmate records. The following files were reviewed throughout the course of the on-site phase:

- Human Resource (Employee) – reviewed 26 of 1,164
- Human Resource (Volunteer/Contractor) – reviewed 15 of 790
- Training - reviewed 41 of 1,954
- Inmate – reviewed 41 of 1,799
- Medical/Mental Health - reviewed 16 of 67
- Investigation – reviewed 16 of 67
- Grievances – reviewed 5 of 5

On April 10, 2019, the audit team conducted an onsite review of Camp Rainbow and Camp Puerta La Cruz. The inmate population at Camp Rainbow on April 10, 2019 was 67 inmates. Camp Rainbow has seven (7) open bay dorms that can house a total of 100 inmates. Inmate showers and toilets are located in a central area of the housing unit that all dorms share and ensure privacy from opposite gender viewing. During the site review, three dorms (dorm 2, 5 & 6) were vacant with no inmates presently housed in those units. All areas of the camps were observed, including the CAL FIRE office and living units. PREA Audit notices and posters were displayed throughout the facility at both camps. During the site review several areas of concern with blind spots were identified at Camp Rainbow to include the saw shop, warehouse, automotive shop, kitchen and the bus barn where the CAL fire vehicles are parked.

The inmate population at Camp Puerta La Cruz on April 10, 2019 was 66 inmates. Camp Puerta La Cruz has five (5) open bay dorms that can house a total of 120 inmates. Inmate showers and toilets are located in a central area of the housing unit that all dorms share and ensure privacy from opposite gender viewing. All areas of the camps were observed, including the CAL FIRE office and living units. During the site review of Camp Puerta La Cruz, areas of concern with blind spots included the kitchen bakery room and bus barn where CAL fire vehicles are parked. In addition to formal interviews of staff, contractors and inmates, the audit team conducted informal interviews throughout the site review.

On April 11, 2019, the audit team split up throughout CIW and continued interviews with inmates and staff. The audit team continued to review human resource files, staff training records, inmate records and CIW PREA investigations located in the Investigative Services Unit (ISU). The auditor reviewed 16 of the 67 PREA investigation files in addition to 5 PREA related grievances. All PREA related grievances are assigned an investigation case number and investigated. The investigative files contained reports of the allegation, investigation, monitoring and referrals for medical and mental health follow-up, applicable sexual assault incident review and notifications to the inmates and/or attempts to notify the inmate, if the inmate has been transferred to another facility. ISU PREA investigative files were thorough, well-documented and organized. Additionally, inmate PREA related grievances were reviewed and found to be complete and answered in a timely manner.

CIW reported a total of 67 allegations of sexual abuse and sexual harassment in the 12-month period preceding the audit period as follows:

- Total number of allegations – 67
 - Staff on Inmate Sexual Abuse - 38
 - Inmate on Inmate Sexual Abuse – 18
 - Staff on Inmate Sexual Harassment – 10
 - Inmate on Inmate Sexual Harassment – 1
- Alleged Incidents reported at:
 - 63 reported at CIW to have occurred at CIW
 - 1 reported at another facility to have occurred at CIW
 - 3 reported at CIW to have occurred at another facility
- Dispositions:
 - Substantiated – 0
 - Unsubstantiated - 7
 - Unfounded – 42
 - Criminal Investigations – 0
 - Investigations still in progress – 18

The following list compares the required category/numbers of interviews versus the actual category/numbers of interviews conducted for the inmate population size of CIW. On April 7, 2019, there were 1,799 inmates at CIW, inclusive of the three fire conservation camps. Though the PREA Audit team was unable to reach all target minimum requirements for interviews there were significantly enough random interviews to compensate for the shortfall. There were no identified blind or deaf inmates and inmates who were in segregated housing for high risk of sexual victimization. This was corroborated through the facility site review, interviews with the PREA Compliance Manager, and listing of inmates that are identified as having a disability at CIW. There were only two inmates who had reported sexual victimization during risk screening that were presently at CIW during the audit period. All other targeted inmates were randomly selected by the audit team based on list provided by the facility and ensured a diversity of inmates based on age, ethnicity and lengths of stay at the facility.

Random and Targeted Interviews were conducted in one on one and in available rooms or office space within the housing units and throughout the facility to ensure privacy. Selection of inmates were made by housing roster assignments and staff who were present in the area were randomly picked unless the qualified for specialized staff interviews. An online random number generator was used to randomly select inmates to be interviewed and every 2nd, 6th, 10th, 11th and 14th inmates was selected on housing unit rosters. Additionally, the auditor rotated between starting at the beginning and ending of housing unit rosters to select inmates to be interviewed. This process allowed for a diverse sample of inmates by interviewing one or more inmates in every

housing unit and section and included a range of ages, ethnicities, and length of stays at CIW. Throughout the on-site review, the audit team was able to also conduct informal interviews with inmates.

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	51
Targeted Inmates* (Total):	30
Total Inmates Interviewed	85
Breakdown of Targeted Inmate Interviews:	
▪ Youthful Inmates	N/A
▪ Inmates with a Physical Disability	3
▪ Inmates who are Blind, Deaf, or Hard of Hearing	2
▪ Inmates who are LEP	2
▪ Inmates with a Cognitive Disability	N/A
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	14
▪ Inmates who Identify as Transgender or Intersex	2
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	N/A
▪ Inmates Who Reported Sexual Abuse	5
▪ Inmates Who Reported Sexual Victimization During Risk Screening	2
Total Targeted Inmate Interviews	30

CIW has approximately 1,164 staff at the facility and 790 volunteers and contractors combined. The audit team randomly chose a diverse sample of staff by interviewing staff on three (8) hour rotating shifts throughout the facility in the housing units and various other post locations throughout the facility. The sample also included a diversity of staff based on gender, length of time employed by CIW and job titles. Throughout the on-site review, the audit team was able to also conduct informal interviews with staff, volunteers and contractors.

The audit team conducted interviews with 47 staff members. It should be noted that every staff member and volunteer / contractor serve in more than one role. All employees are mandated reporters, and most are first responders as such most interviews conducted included multiple interview questionnaires. Staff, volunteers and contractors that have inmate contact were asked 1st Responder interview protocol in addition to the interview that they were initially identified for therefore double counting of staff did occur.

Category of Staff	Number of Interviews Conducted
Random Staff Interview Protocols (Total):	30
Specialized Staff Interview Protocols * (Total):	51
Total Staff Interview Protocols:	81
Breakdown of Specialized Staff Interviews:	
▪ Agency Head (Designee)	1
▪ Warden (Designee)	1
▪ PREA Coordinator	1
▪ PREA Compliance Manager	1
▪ Agency contract administrator	1
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	8
▪ Line staff who supervise youthful inmates, if any	N/A
▪ Education staff who work with youthful inmates, if any	N/A
▪ Program staff who work with youthful inmates, if any	N/A
▪ Medical and Mental Health staff	4
▪ Non-Medical staff involved in cross-gender strip or visual searches	N/A
▪ Administrative (human resources) staff	2
▪ SAFE and/or SANE staff	1
▪ Volunteers and Contractors who have contact with inmates	8
▪ Investigative staff	3
▪ Staff who perform screening for risk of victimization and abusiveness	3
▪ Staff who supervise inmates in segregated housing	2
▪ Staff on the sexual abuse incident review team	1
▪ Designated staff member charged with monitoring retaliation	1
▪ First responders, security and non-security	10
▪ Intake staff	3
Total Specialized Staff Interviews*	

*Note: Random and Specialized staff interviewed were responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews present in the table above exceeds that total number of staff interviewed.

The audit team tested the inmate phone system in several areas to contact the local rape crisis center, as listed on the posters throughout the CIW facility and at all three fire conservation camps. All calls were processed, and the facility was notified of a report being made in a timely manner, as verified by email correspondence.

On April 12, 2019, a debrief with CIW key administrators to include PREA Compliance Manager and the CDCR PREA support team from Sacramento was conducted with a summary of preliminary findings relating to the PREA standards being discussed. Interviews with staff and inmates throughout the on-site phase indicated that

both have been informed and are knowledgeable about PREA. CDCR and CIW started to work with the auditor on areas identified in the preliminary discussion that required corrective action prior to the interim report.

The Interim Report was provided to the facility on June 11, 2019, triggering the corrective action period. Eight (8) standards required corrective action:

- Standard 115.13 – Supervision and Monitoring
- Standard 115.15 – Limits to Cross Gender Viewing
- Standard 115.31 – Employee Training
- Standard 115.32 – Volunteer and Contractor Training
- Standard 115.33 – Inmate Education
- Standard 115.35 – Specialized Training: Medical and Mental Health Care
- Standard 115.53 - Inmate Access to Outside Confidential Support Services
- Standard 115.67 – Agency Protection against Retaliation

During the corrective action period, the facility PREA Compliance Manager provided the auditor with all requested information and documentation necessary to show compliance with the identified standards. CIW had a change in leadership due to retirement during the corrective action period in November 2019. The corrective action period ended on December 8, 2019.

Facility Characteristics

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

The California Institute for Women (CIW) is a female prison located in Corona, California who houses female offenders that have been sentenced to state prison by the court. CIW has been at its current location since 1952 and was originally called "California Institute for Women at Corona" and changed its name to "Frontera", a feminine derivative of the word frontier, symbolic of a new beginning. At that time, it housed the location of death row for women in the state and was California's only female prison until 1987. CIW sits on 120 acres and houses all custody levels of female offenders. CIW houses High, Medium, and Minimum-security general population Level I through IV offenders. In addition to its general population, CIW houses offenders with special medical and mental health needs and also serves as a higher security facility for female offenders in Administrative Segregation. CIW provides both outpatient and inpatient mental health services for patients with serious mental health disorders. The licensed Psychiatric Inpatient Program (PIP) at CIW is designed to provide more intensive treatment for patients who cannot function adequately or stabilize in an outpatient program. CIW also serves as the hub institution for the selection and physical fitness training of female firefighters selected for conservation camp placement. The primary mission of CIW is to provide a safe and secure environment for primary Level I/III female offenders. The mission is further defined by CIW's responsibility to provide quality health care and institution programs specifically geared to meet the special needs of female offenders. Specialized programs include academic and vocational programs, pre-release and substance abuse programming, pre-forestry and camp training, an arts in corrections program and a wide variety of inmate self-help groups and community betterment projects.

CIW currently consist of the main prison (12 housing units and treatment areas) and three (3) fire conservation camps. The three (3) fire conservations camps are: Malibu Conservation Camp #13 (Malibu, California), Rainbow Conservation Camp #2 (Fallbrook, California), and Puerta La Cruz Conservation Camp #14 (Warner Springs, California). The California Department of Corrections (CDCR), in cooperation with the California Department of Forestry and Fire Protection (CAL FIRE) and the Los Angeles County Fire Department (LAC FIRE) jointly operate the fire conservation camps. All camps are minimum-security facilities and staff with CDCR correctional staff. An inmate must volunteer for the fire camp program; no one is involuntarily assigned to work in the fire camp. The primary mission of the fire camp program is to support state, local and federal government agencies as they respond to all types of emergencies such as fires, floods, and other natural or manmade disasters. All fire camp firefighters receive the same training that Cal Fire's seasonal firefighters receive, which includes a week of classroom instruction and a second week of field exercises. When not fighting fires, inmate firefighters perform conservation and community services projects.

CIW's campus-like design was in keeping with the 1950's progressive notion of rehabilitation. All housing units, excluding the Administrative Segregation Unit, are single floored, contain single or double occupancy cells with a sink and toilet within, and individual showers on the unit. The twelve (12) housing units consists of: Barenberg, Emmons, Forestry (CAL-FIRE training), Harrison, Latham, Miller, Outpatient Housing Unit (OpHU), Special Housing Unit (SpHU – general population administrative segregation); Supportive Care Unit (SCU)/Psychiatric Services Unit (PSU), Wilson, Walker and Psychiatric Inpatient Program (PIP). Programing and support buildings of the facility consist of Staff Training, Carpentry, Auditorium, Education Units, Cosmetology, Laundry, Annex Warehouse, Prison Industry Authority (Sewing), Support Warehouse, Canteen, Maintenance Warehouse, Plant Operations, Firehouse, Records, Culinary/Dining Hall, Correctional Treatment Center (CTC) Unit, Health Care Main Clinic, Substance Abuse Programs Unit, Chapel, Community Resource Office, Mental Health Office, Mailroom, Recreation Yard, Reception and Release (Intake) and Visiting. In addition to the assigned regular visiting area for regular and official/attorney visits, CIW's main facility and its three fire conservation camps all have a family visit apartment(s) which are for extended overnight visits, provided for eligible inmates and their immediate family members.

CIW provides direct and indirect supervision of inmates. Security rounds are conducted throughout each shift by custody staff assigned to the specific area. Video monitoring systems are limited at CIW and are only in place in the facility visiting area and the Prison Industry Authority (PIA) Sewing building.

The average daily population for CIW in the last 12 months, including conservation camps, was 1,866. CIW has 2,392 authorized beds as follow:

- Level I through IV General Population – 1,754
- Administrative Segregation Unit (inclusive of Psychiatric Services Unit) – 220
- Psychiatric Inpatient Program (PIP) – 45
- Outpatient Housing Unit – 16
- Mental Health Crisis Beds – 19
- Correctional Treatment Center (CTC) – 18
- Conservations Camps (Malibu, Rainbow & Puerta La Cruz) – 320

CIW is currently authorized to have 1,179.7 overall staffing positions as follows:

- Custody staff – 518.5
- Medical/Mental Health – 430
- Non-Custody/Support staff – 231.2

CIW offers rehabilitative programs, to include academic courses and career technical education, which are provided through CIW's EL Prado Adult School. CIW also provides rehabilitative and reentry programming, substance abuse treatment and job training for its female population. Current programs at CIW consist of:

- Prison Industry Authority: Clothing and textile manufacturing (shirts, shorts, jeans, smocks, aprons, bedspreads, handkerchiefs, bandanas, Nomex firefighting clothing), Construction;
- Educational Programs - Adult Basic Education (ABE), General Education Development (GED), High School Diploma Program (HSDP), Continuing Education and Post-Secondary Education, Library Services and Student Support Services;
- Treatment Programs - Long-Term Offender Program and Cognitive Behavioral Treatment (Anger Management, Criminal Thinking, Family Relationships, Substance Use Disorder Treatment);
- Pre-Release Programs - Transitions Program, California Identification Card Program and Career Technical Education (Building Maintenance, Computer Coding, Computer Related Technologies, Cosmetology and Electronics);
- Other: Alpha Faith-Based Re-entry, Prison Puppy program, Victim Awareness, Substance Use Disorder Treatment (SUDS), Forestry/Camp Training and Arts in Corrections.

CIW has a Women's Advisory Council (WAC). The council is covered by CDCR California Rules and Regulations Title 15 Section 3230. The purpose of the WAC is to establish an inmate advisory council that acts as a representative of that facility's ethnic groups and specialized segments of the inmate population. There are set procedures on how the representatives of the WAC are picked and voted in by inmates, they follow a set of rules to assure fairness, integrity and proper staff supervision. The WAC is responsible for effective communication between inmates, staff and Warden in matters of common interests and concerns. Council members meet monthly with the Warden or designee to bring up those matters and concerns and propose resolutions. Emergency and PREA related issues may be brought to the attention of staff members at any time and do not need to go through the WAC. Equally, the WAC may bring emergency and PREA related issues to the attention of the Warden or designee without prearranged agenda.

At CIW, the WAC members assist in orientation of newly assigned inmates to the facility. A WAC member is designated to greet a group of new inmates at Intake (Receiving and Release/R&R), assist them in going to their assigned housing unit and provides them with a small welcoming packet of paper, pencils and small snacks. Additionally, the WAC familiarizes newly assigned inmates with the facility, staff, processes and programs available at CIW and participates in the mandatory orientation process for all newly assigned inmates.



Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Number of Standards Met: 45

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standard 115.13 – Supervision and Monitoring: The Interim Report identified corrective action as it related to the three (3) fire conservation camps: Malibu, Rainbow and Puerta La Cruz institutionalizing a practice and ensuring that weekly unannounced rounds are conducted and documented by intermediate or higher-level staff on all shifts, to include 1st watch. Additionally, the facility was able to address and correct all identified blind spots where recommended.

Standard 115.15 – Limits to Cross Gender Viewing: The Interim Report identified corrective action by having CIW institutionalize a practice of conducting opposite gender announcements that include when non-security staff of the opposite gender enter a unit through the reissuance and training of opposite gender announcements. Additionally, the facility was able to address and implement modesty screens where recommended.

Standard 115.31 – Employee Training: The Interim Report identified corrective action by ensuring that all CIW staff complete and are up to date with annual PREA training.

Standard 115.32 – Volunteer and Contractor Training: The Interim Report identified corrective action by ensuring that all active volunteers and contractors have completed background checks and PREA training and that documentation of completion is included in the human resource files.

Standard 115.33 – Inmate Education: The Interim Report identified corrective action by ensuring that within 30 days of intake, CIW provides comprehensive education to inmates either in person or through video regarding: their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents and the agency policies and procedures for responding to such incidents.

Standard 115.35 – Specialized Training: Medical and Mental Health Care: The Interim Report identified corrective action by ensuring that all medical and mental health staff, including contractors, received the PREA Specialized Training for Medical and Mental Health staff.

Standard 115.53 - Inmate Access to Outside Confidential Support Services: The Interim Report identified corrective action by ensuring that all inmates are informed that mail to the Riverside Rape Crisis Center must state: "EVD. CODE 1035.4 PRIVILEGED COMMUNICATION", so that it is treated as confidential mail.

Standard 115.67 – Agency Protection against Retaliation: The Interim Report identified corrective action by CIW ensuring and documenting that the monitoring of the conduct and treatment of inmates or employees who reported an allegation to ensure there are no changes that may suggest retaliation are initiated immediately following the report of a sexual abuse or staff sexual misconduct incident.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Article 44, Section 54040 – Prison Rape Elimination Act
3. CDCR Agency Organizational Chart
4. CDCR PREA Coordinator Duty Statement
5. CIW Organizational Chart
6. CIW Captain (Adult Institutions)-Housing Operations Duty Statement
7. Interviews with the following:
 - a. CDCR PREA Coordinator
 - b. CIW PREA Compliance Manager

115.11(a) – CDCR's Department of Operations Manual (DOM), Section 54040.1, Policy (Pg. 469) states that, CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.

CDCR DOM Section 54040.2, Purpose (Pg.469) identifies the purpose of the policy and provides guidelines for prevention, detection, responses, investigation, and tracking of sexual violence, staff sexual misconduct and sexual harassment against CDCR offenders. The policy also informs staff of their responsibility and liability as specified in the law. CDCR DOM Section 54040.3 includes general PREA related definitions as well as definitions specific to prohibited behaviors regarding sexual abuse and sexual harassment. CDCR DOM Section 54040.15 identifies the disciplinary process (sanctions) for those found to have participated in prohibited behaviors related to sexual abuse and sexual harassment.

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

115.11(c) –Review of CIW's Organization Chart and CIW Captain of Housing Operations Duty Statement confirm that CIW has designated a Captain as the facility PREA Compliance Manager (PCM) who is under the direct supervision of the CIW Associate Warden of Custody, Housing and Programming Services. The CIW PREA

Compliance Manager reports that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA.

CDCR and CIW has shown that there is a zero-tolerance policy for sexual abuse and sexual harassment, has a designated PREA Coordinator and PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. Interviews with staff and inmates while on-site confirmed their knowledge and practice of CDCR's zero-tolerance policy therefore the agency and facility has complied with all sections of this standard.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department of Operations Manual
 - a. Article 13 – Contracts, Section 22040.1-22040.4
3. CDCR Current Contracts for Confinement of Inmates (9)
4. CDCR Contract Agreement - Special Terms and Conditions (Exhibit D)
5. CDCR 2301 -PREA Policy Information for Volunteers and Contractors
6. CDCR Contract Agreement – PREA Policy – Volunteer/Contract Information Sheet (Exhibit M)
7. Interviews with the following:
 - a. CDCR Agency Contract Administrator

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

115.12(a) – CDCR, DOM Article 13- Section 22040.1-22040.4, Contracts (Pg. 105-106), requires that the Contracts Management Branch (CMB) shall administer all contracts through execution by the Department in a manner which ensures compliance with all applicable laws, rules and regulations of the department. All contracts for the confinement of inmates entered into (or renewed) after August 20, 2012, contains language in CDCR Contract Agreement Exhibit D that requires that all Contractors and their employees are expected to ensure compliance with CDCR’s zero tolerance policy for sexual abuse and sexual harassment as described in the CDCR DOM, Chapter 5, Article 44. Further, it requires that the Contractor and their staff adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR’s DOM, Chapter 5, Article 44, including any updates to this policy. Contract agreements for the nine (9) contracted facilities were reviewed by the auditor and confirm that contractors are required to adopt and comply with PREA standards.

115.12(b) – Of the nine (9) contracted facilities for the placement of CDCR inmates, all nine (9) of the facilities have successfully completed a PREA audit. Contract language also contains provisions for contract monitoring to monitor the Contractor’s performance under each agreement or contract. CDCR’s CBU Captain reported that his unit conducts monthly on-site inspections for the in-state facilities and quarterly on-site inspections for the out of state facilities. Further, he reported that each contracted agency has a PREA Coordinator and PREA Compliance Manager at each facility to assist in ensuring each contracted facility is complying with PREA standards.

Based on contract documentation submitted for review and interview with the CDCR CBU Captain, CDCR has demonstrated compliance with all sections of this standard.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CDCR Policy – Department Operations Manual (DOM)
 - a. Article 26, American Correctional Association Standards
 - b. Chapter 5, Section 54040
2. CIW Staffing Plan Analysis Fiscal Year 2018-2019
3. CIW Standardized Staffing Plan Fiscal Year 2018-2019
4. CIW Daily Activity Reports
5. CIW Inmate Population Reports
6. CDCR PREA Annual Data Collection Tool and Staffing Plan Review for CIW
7. CIW Memorandum Re: Supervisory Unannounced Rounds at Inmate Fire Camps (July 22, 2019)
8. CIW Post Order Addendum: Weekly Unannounced Supervisor Rounds on All Watches (July 2019)
9. CIW Post Order Acknowledgement Forms
10. Interview with the following:
 - a. CDCR PREA Coordinator
 - b. CIW Warden
 - c. CIW PREA Compliance Manager
 - d. CIW Random Intermediation or Higher-Level Facility Staff
11. On-Site review of housing areas and programs areas
12. On-Site review of security log books
 - a. Weekly log book entries from fire conservation camps: Malibu, Rainbow and Puerta La Cruz from July 25, 2019 to October 25, 2019
13. Photos of identified blind spots and corrective action taken

115.13(a) - CDCR has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate staffing levels, video monitoring, and considers factors identified in section a. 1-11. The average daily population for CIW since August 2012 has been 1,886 and the average daily population on which the staffing plan was predicated for is 1,986. The facility provided the auditor with the most recent staffing plan analysis which covered the period from January 1, 2018 to December 31, 2018. Interviews with the CDCR PREA Coordinator and the CIW Warden confirmed that CIW regularly develops a staffing plan and adequate staffing levels to protect inmates against sexual abuse are considered in the development of the plan. The auditor reviewed the CIW Staffing Plan Analysis for Fiscal Year 2018-2019 and confirmed that the staff plan includes a detailed analysis addressing items (1) through (11) and has complied with section (a) requirements.

115.13(b) – CIW did not have any deviations from the staffing plan in the last twelve (12) months as reported on the PAQ. During the interview with the CIW Warden, she reports that CIW is able to ensure adequate staffing for all watches and provide overtime to staff if needed to do so. Additionally, programs may be closed for the shift/day if there is not adequate staffing to provide coverage. Further, CIW Warden indicated that if the staffing plan is deviated from it is noted on the daily activity report and reported to CDCR Headquarters. The auditor

reviewed a sample of the CIW daily activity reports that confirmed there were no deviations from the staffing plan in the last twelve (12) months prior to the audit.

115.13(c) – CDCR DOM, Section 54040.17.1, Annual Review of Staffing Plan (pg. 447) states that, whenever necessary, but no less than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility’s deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan. Review of the CIW annual data collection and staffing plan along with interviews with the CDCR PREA Coordinator, CIW Warden and CIW PREA Compliance Manager demonstrate and confirm that CIW assess the staffing plan, at least once a year, facilities use of monitoring technologies and resources to ensure adherence to the staffing plan. Additionally, the staffing plan is taken into consideration when the facility conducts sexual abuse incident reviews.

115.13(d) – CDCR DOM, Section 54040.4 requires that a custody supervisor shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct and sexual harassment of any kind. During the site review of CIW, supervisors (intermediate and higher-level staff) were consistent with their unannounced rounds as indicated by interviews with staff and reviews of unit log books that provided documentation of unannounced rounds being conducted. Intermediate-or high-level facility staff reported that they prevent staff from alerting other staff member of their unannounced rounds by making their rounds throughout the shift to different buildings and at different times and never in a pattern. This was confirmed through the auditor’s review of unit logs books.

This subsection required corrective action as it related to the three (3) fire conservation camps: Malibu, Rainbow and Puerta La Cruz. During the onsite review of Camps Malibu, Rainbow and Puerta La Cruz, while interviews with staff acknowledged that unannounced rounds are conducted throughout the shifts, a review of the Unit Logs books by the auditor identified that these security checks were not being documented in the Unit Log Book in red pen, to include the date, time and location that the security check was conducted. Further, there is only (1) one assigned correctional officer on duty during 1st watch (2200hrs– 0600hrs) at each camp. CIW provided Post Order Addendum dated July 2019 and Post Order Acknowledgement forms on September 4, 2019. CIW provided verification of weekly log book entries from the three (3) fire conservation camps: Malibu, Rainbow and Puerta La Cruz from July 25, 2019 to October 25, 2019 showing documentation of unannounced rounds, to include 1st watch on November 7, 2019.

Additionally, CIW was able to address and correct all identified blind spots where recommended and submitted verification through photo documentation on November 27, 2019. CIW has demonstrated compliance with all sections of this standard.

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.

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

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 52050.16.4– Clothed Body Searches of Female Inmates
 - b. Chapter 5, Section 52050.16.5 – Unclothed Body Search of Inmates
 - c. Chapter 5, Section 52050.16.7 – Unclothed and Clothed Body Searches of Transgender Inmates
 - d. Chapter 5, Section 54040.5 – Searches
 - e. Chapter 5, Section 54040.4 – Education and Prevention
3. CDCR Memorandum Re: Changes in the Use of the ADANI CONPASS Low Dose Scanner
4. CDCR Office of Training and Development – Searches and Inmate Property Curriculum
5. CDCR Office of Training and Development – Transgender Inmates Curriculum
6. CDCR Office of Training and Development – PREA (2-Hour In Service Training) Curriculum
7. CIW Training Logs
8. Interviews with the following:
 - a. CIW Intake staff
 - b. CIW Random staff
 - c. CIW Random inmates
9. Photos of modesty screens implemented

115.15(a) – CDCR DOM, Chapter 5, Section 52050.16.5, Unclothed Body Search of Inmates (pg.388) states that, Correctional personnel, other than a qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. Additionally, per the CDCR Memorandum Re: Changes to the Use of the ADANI COMPASS scanner, operators viewing the image from the scanner system shall be the same gender as the inmates being scanned. If the scanner is used by cross-gender staff during exigent circumstances, the search must be documented in a Notice of Unusual Occurrence (NOU). There were no cross-gender strip searches or cross-gender visual body cavity searches at CIW in the past 12 months as reported in the PAQ. Staff that were interviewed were well aware of the policy and inmates had no reports of cross-gender strip searches occurring. Review of training curriculum, written policy, and interviews with random staff and inmate confirm that CIW does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Additionally, CIW had no incidents of cross gender strip searches or visual body cavity searches during the audit period. CIW has met the requirement for this section.

115.15(b) –CDCR DOM, Chapter 5, Section 52050.16.4, Clothed Body Search of Female Inmates (pg. 386), states that, clothed body searches of female inmate shall be conducted by female corrections staff only, except in emergency situations and under no circumstances shall male correctional staff perform non-emergency clothed body searches of female inmates. In the past twelve (12) months prior to the audit, CIW reported no instances of cross gender pat down searches on female inmates. Interviews with random inmates confirmed that clothed body searches (pat down searches) are conducted only by female correctional staff at CIW.

115.15(c) - CDCR DOM, Chapter 5, Section 54040.5, Searches (pg.471) requires that institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5. If the search is incidental to an emergency situation or crime that constitutes a CDCR Form 837 (Crime Incident Report), the search shall also be documented within the incident report. CIW did not have any incidents of cross gender strip searches or visual body cavity searches with the last 12 months. This was corroborated through interviews with inmates who confirmed that strip searches are performed by female staff.

115.15(d) – CDCR DOM, Chapter 5, Section 54040.4, Education and Prevention (pg.471) requires that institutions 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. Further, 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 subsection required corrective action by having CIW institutionalize a practice of conducting opposite gender announcements that should include when non-security staff of the opposite gender enter into a unit. During the on-site review, random inmate interviews indicated that the announcements were inconsistently being made at the point of entry or change of watch. CIW provided verification of training for all staff on the Annual In-Service PREA Training, which includes training on the conducting of opposite gender announcements that should include when non-security staff of the opposite gender enter a unit, through submission of training logs on December 4, 2019. As of December 4, 2019, there were 113 employees identified as out on long term sick leave, Workers Compensation, Long Term Military Deployment or on Administrative Time Off pending separation from state service. All employees returning to duty will be provided the required Annual In-Service PREA training upon their return.

Additionally, during the on-site review, it was recommended by the auditor that modesty screens be placed around the restrooms on the Administrative Segregation (SPHU) and Psychiatric Inpatient (PIP), Supportive Care

Unit (SCU) and Psychiatric Services Unit (PSU) housing unit's recreation yard to ensure privacy from opposite gender viewing, as opposite gender staff may be assigned to monitor inmates in that area. CIW was able to address and implement modesty screens where recommended, to ensure privacy from opposite gender viewing, and submitted verification through photo documentation on November 27, 2019.

115.15(e) – CDCR DOM, Chapter 5, Section 52050.16.7, states if there is an individual going through Receiving and Release (Intake), who self-identifies as transgender or with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. If an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate's records. If staff are unable to determine the genital status through medical records or an interview with the inmate, it will be determined during the standard intake medical evaluation that all inmates received upon admission to the facility. Interviews with identified transgender inmates confirmed that CIW does not conduct strip searches for the sole purpose of determining an inmate's genital status. Interviews with staff confirmed that staff is knowledgeable on the policy and process of cross-gender searches.

115.15(f) – CDCR DOM sections 52050.16.4 and Section 52050.16.7 addresses the policy for this standard. As it states that body search procedures for clothed female inmates recognize, address, and minimize the effects of cross-gender contact inherent in the body search process by limiting this function to female correctional staff unless an emergency exists that threatens death, inmate escape, or great bodily injury to staff, inmates, or visitors. Clothed Body Searches performed by male correctional staff during the emergency circumstances shall sweep the inmate's breast and genital area with the back of the hand for the purpose of discovering contraband directly related to the threat posed by the emergency. If cause exists for a more thorough search, the female inmate shall be detained until a female correctional staff member is available to conduct the search.

Additionally, CDCR Office of Training and Professional Development has step by step training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, Training and Professional Development, Searches of Inmates and Property, Instructors Guide 6/2018. DOM section 54040.4 states, Employees shall also be trained in how to conduct cross-gender pat-down searches, transgender pat-down searches, and unclothed body cavity searches. When conducting these types of searches, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs. Searches shall be conducted in accordance with policy, procedure and training as per CCR, Title 15, and Section 3287(b).

Based on interviews with random staff, review of training logs and lesson plans, it is evident that staff have been trained to ensure that pat down searches are conducted in a professional and respectful manner. All staff receive training on pat down searches as part of the annual PREA block training. CIW has implemented refresher Cross-Gender Searches and Searches of Transgender inmates training as part of the annual PREA block training since the beginning on 2019. Training records were reviewed and confirmed that staff are receiving training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?
 Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?
 Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?
 Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?
 Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?
 Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. California Code of Regulations – Title 15
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Section 5, 54040.4 – Education and Prevention
 - b. Section 5, 54040.12 - Investigations
3. CDCR Memorandum Re: Standard 115.16(a) 1 – Dated October 6, 2017
4. CDCR Executed Contract with Natural Languages, LLC. (07/01/17 – 12/31/17)
5. CDCR Executed Contract with Interpreters Unlimited, Inc. (03/03/17-06/30/19)

6. CIW Operational Procedure 327 – Disability Placement Program
7. CIW Operational Procedure 304 – Developmental Disability Program
8. CIW Staff Training Records for inmates with disabilities
9. Interviews with the following:
 - a. CDCR Director of Adult Institutions
 - b. CIW Random Staff
 - c. CIW Random Inmates

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

CDCR Memorandum dated October 6, 2017, states that CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population’s knowledge and understanding of PREA and sexually transmitted diseases. CDCR has current contracts in place for communication assistance: Natural Languages, LLC contract period from July 1, 2017 through December 31, 2019, to provide American Sign Language Interpreter Services at state prisons and Interpreters Unlimited, Inc. contract period from March 3, 2017 to June 30, 2019, to provide interpreter services over the telephone, facsimile or internet, for 140 languages to assist CDCR with inmates that are limited English proficient. Interpreter services are available twenty-four (24) hours a day, seven (7) days a week. Additionally, the facility has designated staff who are bilingual certified to provide translation services. During the on-site review, several interviews with inmates who identified as limited English proficient were conducted with the use of certified bilingual staff that confirmed that CIW has a process in place to accommodate inmates.

During the onsite audit, random inmates that identified with physical disabilities as being partially blind or deaf and limited English proficient were interviewed and confirmed that tools and aids are present at CIW to assist them with PREA information, education and any investigation process. Inmates were aware of PREA standards, what their rights were and what to do in the event of a PREA incident. PREA posters and information were observed throughout the facility in English and Spanish. Interview with CDCR Director of Adult Institutions confirmed that PREA educational materials are available, written and verbally as well as in English and Spanish. Further CDCR Director of Adult Institutions stated that all CDCR staff are trained on providing effective communication to inmates. Review of CIW staff training records confirm staff are trained effective communication and the developmental disability program.

115.16(c) - CDCR DOM, Section 54040.12, Investigations (pg.475) states that except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations. CIW has designated staff that are tested and proficient in other languages to assist with interviewing inmates who

may be limited or have disabilities. The PAQ indicated that CIW did not utilize inmate interpreters during the twelve-month period. Interviews with random staff indicated that staff is aware of the policy and does not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations, Title 15, Section 3401.5 – Staff Sexual Misconduct
3. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 3, Section 31060 – Appointments
 - b. Chapter 3, Section 31060.16 – Criminal Records Checks
 - c. Chapter 3, Section 3106.17 – Pre-Employment Documentation
 - d. Chapter 3. Section 31070.1 – Personnel Identification Cards
 - e. Chapter 3, Section 33030.16 – Employee Disciplinary Matrix Penalty Levels
4. CDCR Personal Information Bulletin #2016-005
5. CDCR Supplemental Application – CDCR 1951 (Rev. 07/18)
6. CDCR Employment Reference Questionnaire – CDCR Form 2025
7. CDCR Contract Agreement (Exhibit D)
8. CDCR Memorandum: Completion of Background Checks Under PREA – Dated July 14, 2017
9. CDCR Memorandum Re: Standard 115.17(e)1 – Dated October 6, 2017
10. CDCR Memorandum Re: Personal Identification Card – Dated February 26, 2016
11. CDCR 2164 Form – Live Scan Response Form
12. CIW Human Resource files
13. Interviews with the following:
 - a. CIW Institutional Personnel Officer (Human Resources)
 - b. CIW Community Resources Manager (Human Resources)

115.17(a)- (b) - CDCR DOM, Section 31060.3, Power of Appointment (pg.159) addresses this standard by prohibiting the hiring and promoting of anyone, or utilizing the services of any contractor or volunteer, who: 1) has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively

adjudicated to have engaged in the activity described above. Further, hiring authorities shall: 1) implement and enforce departmental EEO policy and 2) maintain the highest standards of personnel selection.

CDCR Supplemental Application for all CDCR Employees (Form 1951, Rev.07/18) must be completed for any applicant, transfers, and promotional opportunities. Section D for Form 1951 includes questions that are specific to PREA and this substandard. In the past 12 months, 165 people were hired at CIW who may have contact with inmates. Interview with the CIW Institutional Personnel Officer and review of 26 human resource files of new hires, promotions and transfers confirmed compliance with this process.

115.17(c) - CDCR DOM, Section 31060.16, Criminal Records Check (pg.170-171) states that a criminal records check is a requirement for employment with the Department. The process for checks involved using CI&I SSCH, Live Scan finger printing alert system, USINS Form I-9, Physical examination report and CDCR Form 1951, Supplemental Application for all CDCR employees. This process is used for internal and external applicants. The Live Scan system allows CDCR human resource staff to be alerted 24/7 on relevant background information for staff, contractors, and volunteers. The CDCR 2164 Form – Live Scan Response Form is used to verify that a request and response for a background check was completed, date it was completed and the staff that received it. In the past twelve (12) months, CIW hired 165 people who may have contact with inmates. Interview with CIW Institutional Personnel Officer and review of 26 human resource files confirmed that the background check process is completed utilizing the CDCR 2164 Form – Live Scan Response Form.

115.17(d) -CDCR Contract Agreement (Exhibit D) states “Security Clearance/Fingerprinting” as one of the special terms and conditions. The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor’s employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined. It stipulates that the contractor shall conduct a criminal background records check for each contract employee, who will have contact with CDCR inmates and provide a written certification that it was done. Contract employees, who have contact with inmates, shall be provided training to learn their responsibilities under the agency’s sexual abuse and harassment prevention, detection, and response policies and procedures. In the past twelve (12) months, CIW hired 57 contractors who may have contact with inmates. Interviews with CIW Institutional Personnel Officer and review of human resource files confirmed that background check process for contractors.

115.17(e) - California Code of Regulations, Title 15, Section 3411 (pg.257) states that if an employee is arrested or convicted of any violations of law; the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. CDCR memorandum Re: Standard 115.17(e) dated October 6, 2017, requires that all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire. The Live Scan system notifies CDCR of any subsequent arrest an employee or contact has in an on-going basis. CDCR memorandum dated February 26, 2016, Personnel Identification Card Issuance states the procedure for issuance of identification cards. The pre-employment procedures found in CDCR DOM 31060.16 apply to all employees, contractor or volunteer. Interviews with CIW Institutional Personnel Officer and Community Resources Manager confirmed that all employees, contractors and volunteers are required to participate in the Live Scan system.

115.17(f) - (h)-CDRC Form 1951- Supplemental Application, includes background and PREA misconduct questions for all CDCR employees. Prior to signature acknowledgement of CDCR Form 195, it states that the applicant understands and agrees that if material facts are later discovered which are inconsistent with or differ from the

facts they furnished before beginning employment, they may be disciplined, up to and including dismissal from State service.

California Code of Regulations, Title 15, Section 3401.5, Staff Sexual Misconduct (pg.253) describes employee sexual misconduct and penalties that all allegations of sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution. Interview with CIW Institutional Personnel Officer, review of CDCR Form 1951 and human resource files confirmed compliance with sub-standards (f) – (h).

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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Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Design and Construction Policy Guidelines, Section H.1.c
3. CDCR Design and Construction Policy Guidelines, Section H.1.n
4. Interviews with the following:
 - a. CDCR Director of Adult Institutions
 - b. CIW Warden

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

CIW has not had any substantial expansions or modifications to its existing facilities since August 20, 2012. Interviews with the CDCR Director of Adult Institutions and CIW Warden affirmed that CDCR/CIW take into consideration ensuring a level of privacy for inmates in addition to protecting inmates from sexual abuse. CIW Warden further stated that every PREA allegation is reviewed and recommendations have been made to the hire authority for more video monitoring technology to be installed throughout the facility to assist in the facility’s ability to protect inmates from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.8.1 – Custody Supervisor Responsibilities
 - b. Chapter 5, Section 54040.8.2 – Victim Advocate and Victim Support Person
 - c. Chapter 5, Section 54040.9 – Forensic Medical Examinations
3. CDCR Memorandum Re: Standard 115.21(a) 3– Dated 10/06/17
4. California Health Care Services Policy
 - a. Volume 1, Chapter 10, 1.10 – Copayment Program Plan
5. CDCR PREA Specialized Training for Locally Designated Investigators Curriculum
6. CDCR and Riverside University Health System – Medical Center Standard Agreement
7. CDCR and Riverside Rape Crisis Center Memorandum of Understanding (MOU)
8. CIW Additional Services for Victims of Sexual Abuse Poster
9. CIW PREA Investigation files
10. Interviews with the following:
 - a. CIW Medical Staff
 - b. SANE/SART Nurse at Riverside University Health System Hospital

- c. CIW Random staff
- d. CIW Investigative staff
- e. CIW Inmates who reported sexual abuse

115.21(a) - (b) – CDCR Correctional staff/Peace Officers are under the California Penal Code and are authorized and trained to conduct both administrative and criminal investigations. CIW utilizes Locally Designated Investigators (LDI) and other designated institutional staff who have been trained to conduct criminal and administrative investigations into allegations of sexual violence and/or staff misconduct. The investigative office at CIW is called the Investigative Services Unit (ISU). CIW PREA Garrity type of investigations against staff are managed at the department level by the Office of Internal Affairs (OIA). According to CDCR Memorandum Re: Standard 115.21(a) and CDCR DOM, Section 54040.9, Forensic Medical Examination (pg. 476), the designated supervisor and investigators follow a uniform evidence protocol and procedure when conducting sexual abuse investigations. The process addresses assault examinations appropriate for adult/adolescent and child/adolescent. Interviews with random staff, medical staff and responsible investigators confirmed that all investigations alleging sexual abuse will be investigated and follow evidence protocols.

115.21(c) - CDCR DOM Section 54040.9, Forensic Medical Examination (pg.476) states that the victim will be taken to the designated hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The designated hospital for CIW is the Riverside University Health System-Medical Center. CDCR has a standard agreement with Riverside University Health System- Medical Center to perform sexual assault forensic examinations for inmates/patients referred by CDCR. This agreement is for the period of July 1, 2017 through June 30, 2020. California Health Care Services Policy, Chapter 10, 1.10 states that copayment shall not be charged to the inmate if health care service(s) is considered to be treatment services related to sexual abuse or assault. Interview with the SANE/SAFE at the Riverside University Health System- Medical Center verified that they conduct the sexual assault forensic exams for CIW and that if for any reason a certified SANE/SAFE staff is not available on hand, they can outreach to Eisenhower Medical for assistance. CIW's PAQ reported that there were four (4) forensic medical exams conducted in the last 12 months and documentation of those exams were reviewed by the auditor and confirmed compliance with this sub-standard.

115.21(d) – (e) – CIW has a Memorandum of Understanding (MOU) with the Riverside Rape Crisis Center and to provide victim support and emotional support services related to sexual abuse. The final draft of the MOU was reviewed by the auditor and is pending final approval from CDCR. The MOU shall remain in effect for five (5) years from the date of approval. CDCR DOM, Section 5, 54040.8.1 requires that the facility Watch Commander contact the Rape Crisis Center to request a Victim Advocate to be dispatched. This is documented via the Watch Commander Notifications Checklist. Additionally, posters were visible throughout CIW for additional services for victims of sexual abuse that include a hotline number and address in which they can contact the Riverside Rape Crisis Center. The auditor reviewed a random sample of PREA investigation files which contained the completed Watch Commander Notifications Checklist confirming CIW's practice in requesting for victim advocates for inmates.

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.12 – Investigations
 - b. Chapter 5, Section 54040.3 – Definitions
 - c. Chapter 5, Article 14– Internal Affairs Investigations
3. CDCR Memorandum Re: Standard 115.22(b) 1- Dated October 6, 2017
4. CDCR PREA Annual Report – Calendar Year 2017
5. CIW PREA Investigation files
6. Interviews with the following:
 - a. CDCR Director of Adult Institutions
 - b. CDCR PREA Coordinator
 - c. CIW Investigative Staff

115.22(a) - CDCR DOM, Section 54040.12, Investigations (pg.447-478) requires that all allegations of sexual violence, staff sexual misconduct, sexual abuse and sexual harassment shall be investigated and the findings documented in writing. Further, all terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, are reported to any relevant licensing body by the hiring authority or designee. This also applies to CDCR contractors and volunteers. A review of CDCR DOM, Chapter 5, 54040.3, Definitions (pg.469-470) confirms that CDCR's definitions for sexual violence, sexual abuse, and sexual harassment are in line with PREA Standards. Further, review of 16 CIW PREA investigation files confirmed that allegations of sexual violence, staff sexual misconduct, sexual abuse and sexual harassment are being investigated and documented.

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

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

CIW had 67 allegations of sexual abuse and sexual harassment reported in the past 12 months preceding the audit period. There were 64 cases that reported to have occurred at CIW and 3 reported at CIW to have occurred at other institutions. All 67 cases were investigated with eighteen (18) that are still on-going investigations or have been referred to OIA and are pending final disposition. Of the 49 completed investigations: 0 were substantiated, 7 were unsubstantiated, and 42 were unfounded.

(c)- (e) – Not applicable as all CDCR CIW investigations are completed through the ISU.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040 – Prison Rape Elimination Act
 - b. Chapter 5, Section 54040.4 – Education and Prevention
3. CDCR Memorandum Re: PREA Policy Training Proof of Practice – Date June 19, 2015
4. CDCR In-Service PREA Training Lesson Plan
5. CDCR On the Job Training (OJT) PREA Lesson Plan
6. CIW Training Records
7. Interviews with the following:
 - a. CIW Random staff
 - b. CIW Training staff

115.31(a)–(d) - CDCR DOM, 54040.4, Education and Prevention (pg.472-473) requires that all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. Training is gender specific based on the inmate population at the assigned institution. PREA training is conducted during new employee orientation with annual refresher trainings occurring subsequently through CDCR On-the-Job Training. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.

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

The PAQ indicated that there are 1,164 staff at CIW and 970 have had annual PREA training. A list of employees who are not current with PREA training was also provided. There were 194 employees that still required annual PREA refresher training. Interviews with random staff confirmed that they received comprehensive PREA training and on-going refreshers. Interview with training staff and review of training records confirm that staff receive training as required. This standard required corrective action by CIW ensuring that all staff complete and are up to date with annual PREA training. CIW provided verification of training for all staff on the Annual In-Service PREA Training through submission of training logs on December 4, 2019. As of December 4, 2019, there were 113 employees identified as out on long term sick leave, Workers Compensation, Long Term Military Deployment or on Administrative Time Off pending separation from state service. All employees returning to duty will be provided the required Annual In-Service PREA training upon their return.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. CDCR DOM, Chapter 5, Section 54040.4 – Education and Prevention
 - b. CDCR DOM, Chapter 3, Section 32010.8.3 – Record Keeping Forms
3. CDCR Memorandum Re: Standard 115.32(b)-Volunteer and Contractor Training- Dated October 6, 2017
4. CDCR PREA Information and Acknowledgement Form
5. CDCR PREA Policy Volunteer/Contractor Informational Sheet
6. CIW Human Resource File Review (Volunteers/Contractors)
7. CIW DOM Supplement 101090, Chapter 10 – Adult Programs, Article 9 – Volunteers (March 2018)
8. Interviews with the following:
 - a. CIW Volunteers and Contractors who have contact with inmates
 - b. CIW Training staff

115.32(a) – CDCR DOM, 54040.4, Education and Prevention (pg.472) requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. All contractors and volunteers are

required to complete a background check and acknowledge CDCR's PREA policy prior to entry into a state prison by certifying their responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct or sexual harassment. CIW reported to have 790 volunteers and contractors who have contact with inmates that have been trained on the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response.

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

115.32(c) -CDCR, DOM, Section 32010.8.3, Record Keeping Forms (pg.207-208) outlines record keeping and documentation through CDC form 843 Training Record and Instruction Sheet and CDCR 844 Training Participation Sign-in Sheet.

Interviews with volunteers and contracts indicated that they have been trained and are knowledgeable on their responsibilities as it relates to PREA. However, interviews with two long-term volunteers demonstrated that they are informed of the agency's zero tolerance policy on PREA and their responsibilities but did not recall if they attended any PREA training (initially and annually) or if they had to sign anything to confirm their knowledge and understanding of the agency's PREA policy. Review of 15 human resource files for contractors and volunteers found that while CIW is following its policy and practice for background checks, training and training documentation for volunteers and contracts in the last 12 months. However, spot checks of older volunteer and contractor human resource files found that they were missing background checks and training documentation. Additionally, some files that were initially selected for review were deemed to be inactive volunteers/contractors at CIW.

This standard required corrective action by CIW ensuring that all active volunteers and contractors have completed background checks and PREA training and that documentation of completion is included in their human resource files. CIW provided CIW DOM Supplement 101090, Chapter 10 – Adult Programs, Article 9 – Volunteers (March 2018), a listing of all active CIW volunteers and contraction, verification of completed background checks and PREA training to the auditor on November 6, 2019. CIW has demonstrated compliance with all sections of this standard.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.4 – Education and Prevention
3. CDCR PREA Sexual Abuse/Assault Prevention and Intervention booklet (English and Spanish)
4. CDCR PREA Sexual Violence Awareness Brochure (English and Spanish)
5. CIW Inmate Orientation Handbook (English and Spanish)
6. CIW General Chrono (CDCR128-B) – Issuance of PREA Written Materials
7. CIW DOM Supplement 72020.4.1 – Receiving and Release (March 2019)
8. CDCR PREA Posters (English and Spanish)
9. Review of Inmate Records
10. Interviews with the following:
 - a. CIW Intake staff
 - b. CIW Random inmates

115.33(a) and (f) - CDCR DOM, Section 54040.4, Education and Prevention (pg. 472-473) requires that verbal and written information shall be provided to offenders which will address: Prevention/Intervention, Reporting, Treatment and Counseling. Initial offender orientation on PREA is provided to the offender population in

Reception Centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. Approved PREA posters which contains departmental policy and sexual violence, staff sexual misconduct, and harassment reporting telephone numbers shall be posted in designated locations throughout the institution. The PREA brochures titled “Sexual Assault Awareness” and the PREA booklet titled “Sexual Abuse/Assault: Prevention and Intervention” are distributed during initial processing and the materials are also available through the correctional counselors and the institution’s offender orientation handbook.

Upon admission to CIW, all inmates are provided information on the agency’s zero-tolerance policy on sexual abuse and sexual harassment, how to report an incident or suspicion of sexual abuse and sexual harassment, and support services for those that have been sexually abused. This information is provided to inmates through posters, inmate orientation handbooks and brochures. All inmates must sign-off on the CDCR General Chrono form acknowledging that they received this handbook and PREA brochures and booklets. Samples of inmate CDCR128-B forms and inmate records were reviewed by the auditor and confirmed this practice. Interviews with Intake Staff affirmed that inmates are provided with this information as part of the intake process before they are released to their assigned housing unit. Informal interviews and interviews with random inmates confirmed that they are provided this information and substantiate facility compliance with this substandard.

115.33(b) – Within the first two weeks of arrival to CIW, the CDCR PREA information video is played as part of the inmate orientation process. The PREA educational video informs inmates on their right to be free from sexual abuse and sexual harassment and from retaliation for reporting sexual abuse and sexual harassment and the agency’s policies and procedures to responding to a reported incident. Further, CDCR PREA posters which contain departmental policy on sexual violence, sexual harassment reporting contact information are posted throughout the institution. CIW reported that for calendar year 2018, they had 1,472 admissions of which 802 completed PREA Orientation. The remaining 512 that did not complete the PREA Orientation were identified and provided with PREA Orientation by March 2019. As a result of CIW identifying this gap, a new PREA Orientation process was initiated in March 2019 and was scheduled to being in April 2019. CIW’s DOM Supplement 72020.4.1 – Receiving and Release (March 2019), requires that all newly assigned inmates to CIW that are processed through intake (R&R) shall receive PREA Information/Training. This includes viewing of the PREA educational video, “What You Need to Know” prior to being housed. All inmates will also be provided with the CDCR PREA Sexual Abuse/Assault Prevention and Intervention booklet, CDCR PREA Sexual Violence Awareness Brochure, and Transgender –Women’s Health Informational Brochure. The Intake (R&R) staff shall provide the inmate a CDCR 128-B receipt of inmate PREA Education Chrono acknowledging that they received the information and training material.

This subsection was identified for corrective action by ensuring that that within 30 days of intake, inmates are provided comprehensive education either in person or through video regarding: their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents and the agency policies and procedures for responding to such incidents. CIW had 764 admissions from May 1, 2019 – September 30, 2019, of which 76 randomly selected inmate files were selected for review by the auditor for proof of practice of inmate education within 30 days of intake. On November 6, 2019, CIW provided the auditor with the CDCR 128-B receipt of inmate PREA Education Chrono for the 76 randomly selected inmates acknowledging that they received the information and training material within 30 days of intake. CIW has demonstrated compliance with this subsection.

115.33(c) –All inmates at CIW are provided information on the agency’s zero-tolerance policy on sexual abuse and sexual harassment, how to report an incident or suspicion of sexual abuse and sexual harassment, and support services for those that have been sexually abused. This information is provided to new inmates and

inmates transferred from other facilities through posters, inmate orientation handbooks and brochure titled “Sexual Violence Awareness” and the PREA booklet titled, “Sexual Abuse/Assault – Prevention and Intervention” through the initial processing process into the facility at intake.

115.33(d) – CDCR DOM, Section 54040.4, Education and Prevention (pg. 472-473) requires that appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider using offender peer educations to enhance the offender’s knowledge and understanding of PREA. Interview with intake staff confirmed this practice. All inmates sign an acknowledgement form that they have seen the PREA Education video and are able to ask any questions if they have any. Interpreter services with Natural Languages, LCC and American Sign Language Interpreter Services are available for use to for inmates who are Limited English proficient and deaf to ensure that they receive inmate PREA education. Additionally, the facility has some staff who are bilingual certified to provide translation services. The PREA inmate education video is played with sound and includes closed-captioning in intake to ensure inmates with limited reading skills and visual impairments are receiving inmate PREA education. The video was observed by the auditor during the on-site review.

115.33(e)- Inmate education on PREA are documented on General Chrono that is signed by the offender indicating that they received the training and is forwarded to the inmate’s records for scanning into the Electronic Records Management System (ERMS). Review of inmate’s records confirmed that the General Chrono was signed by the inmates and placed in their electronic records.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.3 – Definitions
 - b. Chapter 5, Section 54040.4 – Education and Prevention
3. CDCR PREA Specialized Training for Locally Designated Investigators Curriculum
4. Interviews with the following:
 - a. CIW Investigative staff

115.34(a) – CDCR DOM, Section 54040.3, Definitions (pg.469) defines the Locally Designated Investigator (LDI) as institutional staff, who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. Section 54040.4, Education and Prevention (pg.472) also states that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the institution PREA Compliance Manager shall ensure employees investigating PREA incidents are properly trained.

115.34(b) –(c) - The curriculum for the CDCR PREA Specialized Training for Locally Designated Investigators was reviewed by the auditor and includes training on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and evidence required to substantiate a case for administrative action or prosecution referral.

CIW has 18 designated Locally Designated Investigators. Interviews with CIW Investigative Staff (ISU) indicated that investigators are well trained in conducting sexual abuse and sexual harassment investigations and confirmed their understanding of the specialized training curriculum. Review of training records confirmed that all 18 LDI's completed CDCR's PREA Specialized Training for Locally Designated Investigators.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.3 – Definitions
 - b. Chapter 5, Section 54040.4 – Education and Prevention
3. CCHCS Memorandum Re: PREA Specialized Training for Medical and Mental Health Staff – dated August 9, 2017
4. CDCR PREA Specialized Training for Medical and Mental Health Staff Curriculum
5. Training records for medical and mental health staff
6. Interviews with the following:
 - a. CIW Medical and Mental Health staff

115.35(a) – CDCR DOM, Section 54040.4, Education and Prevention (pg.472) requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be

conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. The Specialized Training for Medical and Mental Health staff was reviewed by the auditor and covers how to identify potential signs of sexual abuse and sexual harassment; how and whom to report allegations or suspicions of sexual abuse and sexual harassment; methods to respond effectively and professionally to victims of sexual abuse and sexual harassment; and steps required to preserve evidence of sexual abuse. Interviews with medical and mental health staff confirmed their knowledge and participation in PREA Specialized Training for Medical and Mental Health Staff. The auditor reviewed two medical and mental health staff training records that confirmed that they had completed PREA Specialized Training for Medical and Mental Health staff. However, additional training verification records provided to the auditor as part of the PAQ identified that 118 medical and/or mental health staff at CIW had not completed the PREA Specialized Training. This standard required corrective action by CIW ensuring that all medical and mental health staff, including contractors, received the PREA specialized Training for Medical and Mental Health Staff. CIW provide verification of all medical and mental health staff receiving PREA Specialized Training for Medical and Mental Health staff to the auditor on November 5, 2019, which confirmed that all medical and mental health staff had received the required training.

115.35(b) – CDCR DOM, Section 54040.3, Definitions (pg.470) states that unless an institution has been previously authorized for contracted onsite SART exams, they will utilize the resources available via contract at the local community hospital for SART examination of the victim and offender-suspect. As CDCR/CIW contracts with a local hospital (Riverside University Health System-Medical Center) to perform SART exams, this substandard is not applicable to CIW

115.35(c) – CCHCS Memorandum Re: PREA Specialized Training for Medical and Mental Health Staff – dated August 9, 2017, requires that once staff have completed the specialized training on the Learning Management Systems (LMS), they must provide a copy of their certificate, with signature, to their local In-Service Training office.

115.35(d) - CDCR DOM, Section 54040.4, Education and Prevention (pg. 470) requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. Review of training records confirmed that medical and mental health care practitioners employed by the agency received training as mandated for employees by §115.31.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.6 – Offender Housing
 - b. Chapter 5, Section 54040.7 – Detection, Notification and Reporting
 - c. Chapter 5, Section 54046.5 – Initial Screening
3. CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017
4. CDCR Memorandum Re: PREA Risk Screening – Correctional Counselor Responsibilities – dated September 29, 2017
5. CDCR PREA Risk Screening Tool
6. Review of Inmate Records
7. Interviews with the following:
 - a. CDCR PREA Coordinator
 - b. CIW PREA Compliance Manager
 - c. CIW Intake Staff
 - d. CIW Staff Responsible for Screening
 - e. CIW Random Inmates

115.41(a) –(b)- CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017 requires that during the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for complete a PREA screening form for every inmate. In addition, if the PREA screening form identifies an inmate to be at risk of being sexually abused by other inmates or sexual abusive towards other inmates, the custody supervisor shall also enter an alert into the Inmate Precaution section in SOMS. All PREA Screening forms will be completed electronically and submitted directly into ERMS. During the onsite phase, Intake staff was able to demonstrate the screening process and provided a copy of the PREA risk screening to the auditor. In the past 12 months, 1,837 inmates entered CIW and all (100%) were screened with the CDCR PREA risk screening tool. Interviews with intake staff confirmed that staff was informed and knowledgeable on the PREA risk screening process and that the screening occurs before inmates are placed into an assigned housing unit. This was further corroborated through interviews with inmates, who acknowledged receiving screening upon admission to CIW, and review of inmate records.

115.41(c) – (d) – CDCR’s PREA Risk Screening Tool was reviewed by the auditor and was determined to be an objective screening instrument that considers the minimum criteria listed in subsection d (1-10). The CDCR PREA Risk Screening Tool considers the following items when assessing inmates for risk of sexual victimization: 1) Victim of substantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years; 2) Victim of sexual victimization in a non-correctional setting; 3) Mental, Physical or Developmental disability; 4) Age ; 5) Physical build; 6) Any prior or current convictions for sex offenses against an adult or child; 7) Whether they consider themselves or have ever been perceived by others as Lesbian, Gay, Bi-Sexual, Transgender, Inter-sex or Gender Non-Conforming; 8) Prior incarcerations; 9) Exclusively non-violent criminal history; and 10) Whether they currently consider themselves vulnerable to sexual victimization. Interviews with staff responsible for conducting risk screening confirmed that all factors of this subsection are taken into consideration when they conduct the risk screening on inmates and that the information is gathered through interviewing the inmate as well as SOMS and ERMS.

115.41 (e) – CDCR’s PREA Risk Screening Tool was reviewed by the auditor and considers risk for sexual abusiveness by considering: 1) History of sexual violence in a correctional setting; 2) Prior convictions for sex offenses in a non-correctional setting; 3) Conviction for non-sexual violent offenses in a non-correctional setting within 5 years; and 4) any guilty finding for non-sexual violent offense in a correctional setting within 5 years. Interviews with staff responsible for conducting risk screening confirmed that all factors of this subsection are taken into consideration when they conduct the risk screening on inmates and that the information is gathered through interviewing the inmate as well as SOMS and ERMS.

115.41(f) – (g) -CDCR DOM, Section 54040.7, Detection, Notification, and Reporting (revised July 27, 2017) states that an inmate’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization. CDCR Memorandum Re: PREA Risk Screening – Correctional Counselor Responsibilities – dated September 29, 2017, states that Correctional Counselors will identify if any new information has been received related to PREA victimization or sexual abusiveness towards other inmates during the Classification Committee process. CIW inmates appear before a classification committee generally within 14 days of their admission to the facility. During the classification committee meeting, the inmate is asked if they have any new or relevant information related to the PREA screening that was initially completed upon admission. In the past 12 months, 1,559 inmates entered CIW and were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after arrival. Interviews with staff who complete screenings corroborate that staff is knowledgeable and aware of their responsibilities to complete 30-day reviews of the PREA risk screening. Interviews with inmates and review of inmate records indicated that 30-day reviews were occurring consistently.

115.41(h) – CDCR DOM, Section 54040.6, Offender Housing (revised July 27, 2017) states that offenders will not be disciplined for refusing to answer, or not disclosing complete information related mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. Interviews with intake staff and random inmates confirmed that inmates are not disciplined for refusing to answer, or not disclosing complete information on the PREA Risk Screening.

115.41(i) – Interviews with CDCR PREA Coordinator, CIW PREA Compliance Manager and Intake staff and staff responsible for risk screening affirm that only certain approved personnel within the facility and agency have access to the screening information and that access is given on a need-to-know basis. Approved personnel consist of Correctional Counselors, most supervisors, managers, and anyone involved with classification and housing process would have access to this information, however, the housing officers (line-staff) do not.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
 - a. Section 3269- Inmate Housing Assignments
 - b. Section 3375 – Classification Process
3. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.6 – Offender Housing
 - b. Chapter 5, Section 54040.7 – Detection, Notification and Reporting
 - c. Chapter 5, Section 54046.5 – Initial Screening
 - d. Chapter 6, Section 62080.14 – Transgender Inmates
4. CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017
5. CDCR Memorandum Re: PREA Risk Screening Correctional Counselor Responsibilities – dated September 29, 2017
6. CDCR's Roadmap for Standard 115.42
7. CDCR PREA Risk Screening Tool
8. CDCR's Transgender Biannual Assessment (Form CDC 128-B)
9. CDCR Memorandum Re: Transgender Biannual Reassessment for Safety in Placement and Programming – dated August 25, 2017
10. Review of Inmate Records
11. Interviews with the following:
 - a. CDCR PREA Coordinator
 - b. CIW PREA Compliance Manager
 - c. CIW Staff Responsible for Screening

115.42(a) – (b) – CDCR DOM, Section 54040.6, Offender Housing (pg.473) indicates that factors for single cell housing includes the initial housing review assessment and responses to sexual violence and victimization. California Code of Regulations, Title 15, Section 3269 also notes a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner. CDCR's CDCR Memorandum Re: PREA Risk Screening – dated

August 28, 2017 directs the assigning staff to review the inmate precaution screen to determine if the inmate(s) are identified as being “at risk as a victim” or “at risk as an abuser”. If either precaution exists, the custody supervisor is required to review the potential cellmate’s precaution screen(s) and case factors to ensure potential victims and potential abusers are not housed together in a cell. The PREA Risk Screening is reassessed within 30 days (generally 14 days) of arrival at CIW by the Initial Unit Classification Committee. During the committee, the PREA screening is reviewed and considered in all decisions affecting the inmate to include housing, work, education and program assignments. Interviews with the CIW’s PREA Compliance Manager and staff responsible for risk screening, in addition to review of inmate records, affirm that screening information is considered and used to make determinations to ensure the safety of each inmate.

115.42(c) – (d) & (g) - CDCR DOM Section 62080.14, Transgender Inmates (pg.575-576) specifies that inmates who have been diagnosed as transgendered shall be housed at designated facilities “to the maximum extent practical” based on the need to ensure the inmate’s medical care and mental health treatment. If the inmate has multiple case factors which make it difficult to house in the specified institutions, a case conference with key CDCR staff shall be conducted to determine the most appropriate level of care and institution suitable for the inmate’s case factors. Additionally, per California Code of Regulations, Title 15, Section 3375, the classification and housing process shall take into consideration the inmate’s needs, interest and desires, his/her behavior and placement score in keeping with the CDCR and institution’s/facility’s programs and security missions and public safety. Interview with the CDCR PREA Coordinator confirmed that CDCR has 14 designated transgender institutions and that the institutions were selected as they have more specialized medical and mental health staff that are experienced and able to provide services better in line with the needs of transgender inmates and that the classification and housing process takes into account all factors listed above and is done on a case-by-case basis. Further, CDCR PREA Coordinator affirmed that if transgender inmates are housed at a designated facility that they are housed throughout the facility in all housing types, not in one housing unit. Additionally, CDCR PREA Coordinator further affirmed that an inmate who identifies as transgender is not housed at one of the designated facilities solely because they identify as transgender and that transgender inmates are housed throughout all CDCR facilities, not just designated facilities, depending on the needs and classification of the inmate.

Interviews with the CIW PREA Compliance Manager and transgender inmates affirm that CIW makes housing and program assignments for transgender or intersex inmates on a case by case basis. Further, interviews acknowledged that an inmate’s own views with respect to his or her safety shall be given consideration and that inmates are able to request housing/bed moves if they felt the need to do so.

115.42 (e) - CDCR Memorandum Re: Transgender Biannual Reassessment for Safety in Placement and Programming requires that Correctional Counselors will conduct a Biannual Assessment-PREA and complete CDC Form 128-B, General Chrono. This form includes information that is asked of the inmate during a face-to-face interview to assess any threats to their safety. Interviews with the CIW PREA Compliance Manager, staff responsible for risk screening and inmate file reviews confirmed that housing and programming assignments for transgender inmates are reassessed at least twice a year.

115.42 (f) - During the onsite review, it was affirmed through the site review and interviews with the CIW PREA Compliance Manager, staff responsible for risk screening and transgender inmates that transgender inmates are able to shower separately from other inmates as CIW has individual shower stalls.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.6 – Offender Housing
3. California Code of Regulations Title 15 – Article 7. Segregation Housing
4. CDCR/CIW Memorandum Re: PREA Standard 115.43(a)-2
5. CDCR/CIW Memorandum Re: PREA Standard 115.43(c)-1
6. CDCR/CIW Memorandum Re: PREA Standard 115.43(d)-1
7. CDCR/CIW Memorandum Re: PREA Standard 115.43(e)-1
8. Interviews with the following:
 - a. CIW Warden
 - b. CIW Staff who Supervise Inmates in Segregated Housing
 - c. CIW Random Inmates in Segregation

115.43(a) – CDCR DOM, Section 54040.6, Offender Housing (pg.471) states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing. CIW Warden confirmed in her interview that the facility does their best to exhaust all means before placing an inmate in involuntary segregation. There were no inmates at high risk for sexual victimization placed in involuntary segregated housing in the last 12 months at CIW and confirmed by facility list and interview with random inmates in the segregation housing unit.

115.43(b) – (e) – California Code of Regulations, Title 15, Article 7 states that, Non-Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include but are not limited to: (d) Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident. If the placement in NDS is related to being the victim, the inmate will be afforded all programs, privileges, and education in accordance with section 3044-Inmate Work Groups and subsection 3190 (b) (5) (c), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days, if so, a review by assigned supervisor shall be completed to determine whether there is a continuing need for separation. Interviews with staff who supervise inmates in segregated housing confirmed that should an inmate be identified to be at risk they would be re-evaluated and only if no available alternative means of separation from likely abusers could be made, a transferred to another facility would be an option. Further, that access to programs, privileges and education is done through review with the assigned counselors.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
 - a. Section 3401.5 – Employee Sexual Misconduct
3. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.4 – Education and Prevention
 - b. Chapter 5, Section 54040. 7 – Detection, Notification and Reporting

4. CDCR PREA Volunteer/Contractor Training – Informational Sheet
5. CDCR PREA Sexual Abuse/Assault Prevention and Intervention booklet (English and Spanish)
6. CDCR PREA Sexual Violence Awareness Brochure (English and Spanish)
7. CIW Inmate Orientation Handbook
8. CDCR PREA Posters (English and Spanish)
9. Review of Inmate Records
10. Interviews with the following:
 - a. CIW Intake staff
 - b. CIW Random inmates

115.51(a) – (b) – CDCR DOM, Section 54040.7, Detection Notification and Reporting (pg. 472) outlines that an offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member, volunteer, contractor, Office of Internal Affairs, Office of the Inspector General, the Inmate Appeals Process, the sexual assault hotline or through a third party. These reports can be verbally or in writing. In addition, offenders being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security. During the site review, posters were observed up all around the facility in both English and Spanish informing inmates of the various ways of reporting – to staff, Internal Affairs, Inspector General, or via third party through a family member. The Inmate Orientation Handbook provided to every inmate at intake likewise lists the above. Both interviews with intake staff and random inmates confirmed that they are aware of the various ways to report, to include but not limited to contacting the PREA hotline number, to staff in writing or in person, and on a form 602 (grievance form).

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a

grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)

Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.15.1 – Alleged Victim – False Allegations
 - b. Chapter 5, Section 54040.7 – Notification via Third Party Reporting
3. California Code of Regulations Title 15 – Article 8. Appeals, Section 3084
4. Sexual Abuse/Assault Prevention and Intervention inmate pamphlet
5. CIW grievances alleging sexual abuse or staff sexual misconduct
6. CIW Appeals Log
7. CIW PREA Investigation Log
8. Interviews with the following:
 - a. CIW Warden
 - b. CIW Staff who Supervise Inmates in Segregated Housing

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

115.52(b)-(c) – California Code of Regulations, Title 15 – Article 8 states that there shall be no time limits for allegations of sexual violence or staff sexual misconduct. While the department maintains the right to defend against an inmate lawsuit on the grounds of the applicable statute of limitations, a time limit shall not be imposed upon when an appellant may file such a grievance. Further, Article 8, Section 3084.7 states that appeal responses shall not be reviewed and approved by a staff person who participate in the event of the decision being appealed. The Sexual Abuse/Assault Prevention and Intervention pamphlet that is provided to all inmates upon reception, informs inmates that appeals relating to the reporting of employee sexual misconduct will go directly to the Warden or Superintendent for immediate review and action.

115.52(d) - California Code of Regulations, Title 15 – Article 8, Section 3084.8 (pg.79) states that appeal time limits indicates that the first and second level responses have a time limit of 30 days, third level responses have 60 days. If an exceptional delay prevents completion of the review within specified time limits, the inmate shall be provided an explanation of the reasons for the delay and the estimated completion date. Additionally, Section 3084.9 (pg.79-80) states that second and third level reviews may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the appeals coordinator. The appellant may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level. CIW had five (5) grievance filed that alleged sexual abuse in the last 12 months. All five (5) sexual abuse related grievances reached final decision within 90 days. Grievance records were reviewed which confirmed all grievances reached final decision within 90 days and did not require an extension.

115.52(e) – CDCR COM, Chapter 5, Section 54040.7.2, Notification via Third Party Reporting of Misconduct Against an Employee, Contractor or Volunteer (pg.474) discusses how a third party can file a complaint on behalf of an inmate and it is to be submitted to the hiring authority of the alleged perpetrator. When a third-party files a complaint on behalf of an inmate, a supervisory employee shall take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. The agency/facility does not require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf. A review of CIW PREA Investigations files confirmed that all allegations of sexual misconduct are investigated, to include those received via third party.

115.52(f) – California Code of Regulations, Title 15- Article 8, Section 3084.9 (pg. 79-80) establishes a timeframe of 48 hours for an initial risk assessment to be conducted and documented upon submission of an emergency grievance. An inmate is allowed to file an emergency grievance should she be subject to a substantial risk of imminent sexual abuse, with an initial response within 48 hours, and a final decision within 5 calendar days. CIW’s PAQ reported that they had no emergency grievances alleging substantial risk of imminent sexual abuse. The auditor reviewed the five (5) PREA related inmate grievances and confirmed that an initial response was completed within 48 hours and a final decision within 5 calendar days.

115.52(g) – CDCR DOM, Section 54040.15.1, Alleged Victim – False Allegations (pg.478) states that following an investigation, if it is determined that the allegations were made not in good faith the offender making the allegations may be subject to disciplinary action. An allegation that is deemed to be unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. CIW had two (2) instances in the past 12 months of inmates filing grievances alleging sexual abuse in bad faith. Disciplinary reports of those that filed grievances alleging sexual abuse in bad faith were reviewed by the auditor.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM) Chapter 5,
 - a. Chapter 5, Section 54040.8 – Victim Advocate and Victim Support Person
3. CDCR Sexual Abuse/Assault Prevention and Intervention Pamphlet
4. CDCR Sexual Violence Awareness Pamphlet
5. CIW Inmate Orientation Handbook
6. CDCR “Shine the Light on Sexual Abuse” Posters
7. PREA Information for Orientation Handbook
8. Memorandum of Understanding between CIW and Just Detention International
9. Memorandum of Understanding between CIW and Riverside Rape Crisis Center
10. Review of Inmate Records
11. Interviews with the following:

- a. CIW Random Inmates
- b. CIW Inmates who Reported Sexual Abuse

115.53(a) - CDCR DOM, Section 54040.8.2- requires that victims of rape, unlawful sexual intercourse with person under 18, rape of spouse, sodomy, oral copulation, forcible acts of sexual penetration have a right under PC 264.2 and PC 679.04 to victim advocate and victim support person for both the medical examination and investigatory interview. CIW provides access to victim advocates for emotional support services related to sexual abuse through the local rape crisis center, Riverside Rape Crisis Center (RCC) and Just Detention International (JDI). Inmates are informed of these services and the contact information (phone and mailing address) of the Riverside RCC and JDI through the inmate handbook and the CDCR/CIW "Sexual Abuse/Assault Prevention and Intervention" pamphlet, and the CIW Additional Services of Sexual Abuse poster. The audit team tested the inmate phone system in several areas to contact the local rape crisis center, as listed on the posters throughout the CIW facility and at all three fire conservation camps. All calls were processed, and the facility was notified of a report being made in a timely manner, as verified by email correspondence.

CDCR/CIW has established a way to inform inmates through the PREA Informational Sheet for Orientation Handbook that services from the Riverside Rape Crisis Center will maintain confidentiality as required by state and federal laws for Sexual Assault Counselors. Additionally, if inmates chose to write to the Riverside Rape Crisis Center, they are informed that the envelope must state: "EVID. CODE 1035.4 PRIVILEGED COMMUNICATION" so that it is treated as confidential mail. However, through the handouts received from the PAQ and onsite phase, in addition to inmate interviews, it was unclear on the process of which that information is being distributed/communicated to the inmates. This subsection required corrective action by CIW ensuring that all inmates are informed that mail to the Riverside Rape Crisis Center must state: "EVID. CODE 1035.4 PRIVILEGED COMMUNICATION", so that it is treated as confidential mail. CIW including this information in their Inmate Orientation Handbook insert effective July 25, 2019. CIW had 764 admissions from May 1, 2019 – September 30, 2019, of which 76 randomly selected inmate files were selected for review by the auditor for proof of practice. On November 6, 2019, CIW provided the auditor with the CDCR 128-B receipt of inmate PREA Education Chrono for the randomly selected inmates acknowledging that they received the information through the Inmate Orientation Handbook.

Inmate interviews acknowledge that inmates are aware of the services, or at least where to find the information to contact them, should they feel the need for them. Inmates who reported sexual abuse affirmed through interviews that they were informed about support services available to them and also knew where they could find the contact information should they choose to receive further services. Inmates reported that they received the information through paperwork at intake, orientation class and that it is also located on posters throughout the facility.

115.53(b) – CDCR/CIW has established a way to inform inmates through the PREA Informational Sheet for Orientation Handbook that the telephone calls from the inmate telephone system are recorded and if PREA allegations are identified on this system, it will be referred to appropriate staff for inquiry and investigation. Interviews with inmates noted that they overall felt that the information they shared would be confidential but also noted that they understood that if it was regarding an incident that occurred at the facility that it would have to be reported so that it could be addressed.

115.53(c) – CDCR/CIW is working towards finalizing a Memorandum of Understanding (MOU) with the Riverside RCC and Just Detention International (JDI), agencies that provide emotional support services related to sexual

abuse and victim advocate service. The auditor was provided with a copy of the draft MOU with Riverside RCC and Just Detention International (JDI) which is pending signature for approval. Once signed, the MOU will be effective for five (5) years from the date of signature. Contact information for the Riverside RCC and JDI is listed in the Inmate Orientation Handbook, and in the Sexual Violence Awareness brochures provided to inmates. The auditor facilitated a phone interview with JDI staff who confirmed that they are presently providing art therapy, wellness workshops and counseling related to trauma at CIW.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR, DOM, Section 54040.7.3 – Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender
3. CDCR Agency web page
4. CDCR/CIW PREA Posters
5. CIW Sexual Abuse/Assault Prevention and Intervention inmate pamphlet
6. Interviews with the following:
 - a. CIW Random inmates

b. CIW Random staff

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

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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Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.12 – Investigations
 - b. Chapter 5. Section 54040.7 – Detection, Notification and Reporting
 - c. Chapter 5, Section 54040.8 – Response
3. CDCR Health Care Services Policy, Chapter 16, 1.16.1
4. CIW PREA Investigation Files
5. Interviews with the following:
 - a. CIW Warden
 - b. CIW Medical and mental health staff
 - c. CIW Random inmates
 - d. CIW Random staff

115.61(a) - (b) - CDCR DOM, Section 54040.7, Detection, Notification and Reporting (pg.473) requires that staff immediately and confidentially report any PREA violation by staff or inmates whether witnessed or reported, to the appropriate supervisor. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical and mental health for evaluation. Volunteers/Contractors are also required to report

incidents of sexual violence, harassment and staff sexual misconduct to appropriate staff. CDCR DOM, Section 54040.8 outlines the expectations of staff to ensure that reporting of information is done in a confidential manner and that incident-specific information shall be treated as confidential, and disclosure made only to employees who have a “need to know” and to other entities as permitted or requested by law. All staff interviews confirmed that all staff are aware of the agency’s policy for reporting any information related to an inmate sexual abuse and compliance with this substandard.

115.61(c) - CDCR Health Care Services Policy, Chapter 16, 1.16.1 requires that providers report allegations of sexual violence, staff sexual misconduct, and sexual harassment to include informing patients of the provider’s duty to report, and the limitation of confidentiality, at the initiation of services. Interviews with medical and mental health staff confirmed that they inform patients on their duty to report and limitations of confidentiality.

115.61(d) – CIW does not house inmates under that age of 18 or those considered a vulnerable adult under a State statute, therefore this substandard is not applicable.

115.61(e) - CDCR DOM, Section 54040.12, Investigations (pg.475) requires that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing, it further states that for allegations reported to the Hiring Authority, the allegation will be assigned to an LDI to conduct an investigation and utilizing standard investigatory procedures. Interview with the CIW Warden confirmed this practice at CIW. CIW provided all completed PREA investigations during the audit period that were referred to the LDI to investigate for review. The Auditor reviewed a random sample of sixteen (16) PREA investigations that confirmed compliance with this substandard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.6 – Offender Housing
 - b. Chapter 5. Section 54040.7 – Detection, Notification and Reporting
3. Interviews with the following:
 - a. CDCR Director of Adult Institutions
 - b. CIW Warden
 - c. CIW Random staff

115.62(a) - CDCR DOM, Section 54040.7, Detection, Notification and Reporting (pg. 473-474) establishes a responsibility for CDCR employees to protect the inmates in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. Additionally, CDCR DOM, Section 54040.6 states that inmates at high risk for sexual victimization, as identified on the electronic Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed and a determination has been made that there is no available alternative means of separation from likely abusers.

CIW reported on the PAQ to have eight (8) instances in the past 12 months of determining that an inmate was at risk of imminent sexual abuse. CDCR Director of Adult Institutions and CIW Warden both confirmed in interviews that housing alternatives are always available to ensure protection of inmates at risk of imminent sexual abuse. Some of the alternatives considered would be moving the inmate to a different housing unit, single cell placements, and recommending a transfer to a different facility if deemed necessary. Based on staff interviews, it was evident that staff is aware of their responsibility to protect inmates in their care and that any perceived threat of harm including sexual abuse would result in immediate reporting and preventative action by staff.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.7.4 – Notification from/to Other Confinement Facilities
3. CIW PREA Investigation Files
4. Interviews with the following:
 - a. CDCR Director of Adult Institutions
 - b. CIW Warden

115.63(a) – (c) – CDCR DOM, Section 54040.7.4, Notification from/to Other Confinement Facilities (pg.473) states that upon receiving an allegation that an upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged incident occurred. The notification shall be made via telephone contact or electronic mail and will be followed up with a written summary. Notifications must be made as soon as possible but no later than 72 hours. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. In the past 12 months, CIW received three (3) allegations of an inmates being sexually abused while confined at another confinement facility. CIW ISU were assigned the investigations and investigation files randomly selected and reviewed by the auditor confirmed that CIW completes an investigation report and documentation of notification to the other confinement facility via email.

115.63(d) – CDCR DOM, Section 54070.7.4, Notification from/to Other Confinement Facilities (pg.474) further states that the agency receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in according with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported. In the past twelve months, CIW received one (1) allegation of sexual abuse occurring at CIW from other facilities. PREA investigation file reviews confirmed that an appropriate, standard compliant investigation was conducted and completed.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.8 – Response
3. CDCR PREA Initial Contact Guide
4. CDCR Custody Supervisor PREA Checklist
5. CIW PREA Investigation Files
6. Interviews with the following:
 - a. CIW Random staff
 - b. CIW Staff and non-security first responders
 - c. CIW Inmates who reported sexual abuse

115.64(a) – (b)- CDCR DOM Section 54040.8, Response (pg.474) requires that the employee who the inmate makes initial contact with will take the alleged victim to a private secure location and utilize the Initial Contact Guide to complete the tasks associated with the initial contact which includes preservation of evidence, requesting that the alleged victim and alleged abuser not take any actions that could destroy physical evidence. The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area and keep a chronological log of all persons entering the crime scene area and purposes for doing so. CDCR developed a checklist for watch commanders to follow in these incidents and is currently in use. The CDCR Custody Supervisor PREA checklist clearly outlines the steps and covers items (1) through (4) in this substandard.

In the past 12 months preceding the audit, CIW reported to have 57 allegations of sexual abuse of which 8 cases involved unknown suspects. The remaining 44 cases where the suspect was identified and separation from victim and alleged abuser was ensured. Eight (8) of the allegations involved tangible evidence that was collected and based on timelines and allegations:

- Six (6) cases involved an identifiable and active crime;
- Four (4) involved asking the victim not to shower, wash or destroy evidence;
- Two (2) involved asking the alleged abuser not to shower, wash or destroy evidence.

Review of 16 randomly selected CIW PREA Investigation files confirmed that the CDCR Custody Supervisor PREA checklist is followed and completed. Interviews with security and non-security staff confirmed that staff is aware of the procedures and their responsibilities as a first responder to a PREA incident. Additionally, most of the CIW

staff carry a pocketsize PREA Initial Contact Guide on their person while at work that they can refer to should they be the first responder to a PREA incident.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.8 – Response
3. CDCR CCHCS, Volume 1, Chapter 16, 1.16.2 – Prison Rape Elimination Act Procedure
4. CIW Supplement to CDCR DOM Section 54040.3–Revised June 2018
5. Interviews with the following:
 - a. CIW Warden
 - b. CIW Random Staff

115.65(a) – CIW Supplement to CDCR DOM Section 54040.3 outlines and addresses CIW's institutional plan to responding to incident and coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, required by PREA standard 115.65. CIW Supplement to CDCR DOM Section 54040.3 is reviewed annually by the CIW PREA

Compliance Manager and was last reviewed in June 2018. Interviews with CIW Warden and facility staff confirmed that staff is aware of the coordinated response in place at CIW.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 3, Article 22 – Employee Discipline, Section 33030.1
3. California Correctional Peace Officers Association Bargaining Unit 6 Agreement
4. Interviews with the following:
 - a. CDCR Director of Adult Institutions

115.66(a) - CDCR Collective Bargaining Agreement (CBA) for Unit 6 contract is effective July 3, 2018 through July 2, 2019. The CBA does not limit management's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The CBA section 4.01: Management Rights (pg. 23) states that management has the authority to hire, transfer, promote and demote employees as the employer may determine to be necessary for the orderly, efficient, and economical operation of CDCR. Interview with the CDCR Director of Adult Institutions confirmed that involuntary actions related to the removal and reassignment of staff is within their authority.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
 - a. Section 3401.5 – Employee Sexual Misconduct
3. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040 – Prison Rape Elimination Act Policy
 - b. Chapter 5, Section 54040.13 – Allegation Follow-Up
4. CDCR Protection Against Retaliation Form (CDCR 2304)
5. CIW PREA Investigation Files
6. Review of CIW Protection Against Retaliation (PAR)
7. Interviews with the following:
 - a. CDCR Director of Adult Institutions
 - b. CIW Warden
 - c. CIW PREA Compliance Manager
 - d. CIW Staff Charged with Monitoring Retaliation

115.67(a) – (e) – CDCR DOM, Section 54040.13, Allegation Follow-Up (pg.478) requires that for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PREA Compliance Manager shall assign a supervisory staff member to monitor the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation. The assigned supervisor shall notify the PREA Compliance Manager of any changes and the PREA Compliance Manager shall act promptly to remedy any such retaliation and ensure a CDCR form 2304 or 2305, Protection Against Retaliation (PAR) is initiated which includes; periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. This section also states that the monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the investigation determines that the allegation is unfounded or proven false.

The CIW PREA Compliance Manager reported that he assigns the monitoring of retaliation to a Sergeant who will inform him of any changes to the CDCR Form 2304. Sergeants that were tasked to monitor retaliation were interviewed and were very knowledgeable on their responsibilities and duties to monitor and report any changes to the PREA Compliance Manager. Review of the CIW PREA Investigation Files and interview with staff charged with monitoring retaliation revealed that while CIW does have a policy and practice in place, monitoring the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation were not occurring immediately after the initial report but rather from the time an investigation is completed and found to be substantiated or unsubstantiated. In the 12 months prior to the audit, CIW did not receive any reports of retaliation from PREA related incidents.

CDCR DOM, Section 54040.1, PREA Policy (pg.471) also states that retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. This is also reiterated in California Code of Regulations, Title 15, Section 3401.5. Interviews with CDCR Director of Adult Institutions and CIW Warden affirm the zero-tolerance for retaliation.

This standard required corrective action by CIW ensuring and documenting that the monitoring of the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation are initiated immediately following the report of a sexual abuse or staff sexual misconduct incident. CIW implemented a practice of ensuring and documenting that monitoring for retaliation is initiated immediately following a report of sexual abuse or staff sexual misconduct on August 9, 2019. CIW had 14 new PREA cases from August 9, 2019 through September 30, 2019. CIW provided the auditor with documentation of all CDCR 2304 -Protection Against Retaliation (PAR) forms for all 14 PREA cases on November 5, 2019 as verification of their proof of practice. CIW has demonstrated compliance with this standard.

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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Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
 - a. Article 7 – Segregation Housing

3. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.6 – Offender Housing
4. Interviews with the following:
 - a. CIW Warden
 - b. CIW Staff who Supervise Inmates in Segregated Housing

115.68(a) -CDCR DOM, Section 54040.6, Offender Housing (pg.473) states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing.

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

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

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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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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
 - a. Section 3316 – Referral for Criminal Prosecution
3. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 1, Section 14030.5 – Who May Request a Polygraph Examination
 - b. Chapter 3, Section 31140.6 – Authority to Conduct Investigations
 - c. Chapter 5, Section 54040 – Prison Rape Elimination Act
 - d. Chapter 5, Section 54040.17 – Records Retention
 - e. Chapter 5, Section 54040.4 – Education and Prevention (Staff Training)
 - f. Chapter 5, Section 5404.8.1 – Custody Supervisor Responsibilities
 - g. Chapter 5, Section 54040.12 – Investigations
4. CDCR PREA Specialized Training for Locally Designated Investigators Curriculum
5. CDCR Office of Internal Affairs (OIA) Investigator’s Field Guide – Compelled Interviews (May 2008)
6. CDCR – PREA Instructions for Records Retention Schedule (RRS) Update
7. CIW PREA related investigation files
8. Interviews with the following:
 - a. CDCR PREA Coordinator
 - b. CIW Warden
 - c. CIW PREA Compliance Manager
 - d. CIW Investigative Staff
 - e. CIW Inmates who reported sexual abuse

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

115.71(a) – CDCR DOM, Section 54040.12, Investigations (pg.477) requires that all allegations of sexual violence, staff sexual misconduct, and sexual harassment be investigated, and findings documented in writing. This includes any allegations made through a third-party or anonymous report. CDCR DOM, Section 54040.8.1 requires immediate notification to the Hiring Authority which will assign an LDI to conduct inquiry work-until sufficient information is obtained to warrant an Office of Internal Affairs (OIA) investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. Information will be thoroughly documented on a Confidential Memorandum that shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion the alleged victim will be provided written notification of the findings as described in section 54040.12.5. This section states that all incidents shall be investigated, and the findings documented in writing. CDCR DOM, Section 54040.8.1, Custody Supervisor Responsibilities (pg.474-475) further states that if it is believed by staff to constitute an emergency they shall report immediately to a supervisor where notifications to OIA, Regional Office, SAC or OIA AOD can be made.

Interviews with Investigative Staff confirmed that an investigation is immediately started when there is an allegation of sexual abuse or sexual harassment. When there is an anonymous or third-party report,

Investigative Staff handles it immediately and appropriately. Investigation files of sexual abuse/sexual harassment completed during audit period were provided to auditor for review and review of the files confirmed that investigations are completely promptly and thoroughly.

115.71(b) – (c) - CDCR DOM, Section 54040.4, Education and Prevention (pg.470) requires that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the Facility PREA Compliance Manager shall ensure employees investigating these incidents are properly trained. CDCR PREA Specialized Training for LDI curriculum and training records for LDI's were provided and reviewed by the auditor. Review of training records confirmed that all LDI's received specialized training in sexual abuse investigations, interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and identifying evidence required to substantiate a case for administrative action or prosecution referral. Interviews with Investigation staff affirmed that they received specialized training and are highly knowledgeable in completing PREA related investigations.

115.71(d) –California Code of Regulations, Title 15, Section 3316, states that all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution, when there is evidence substantiating each of the elements of the crime to be charge. Review of PREA investigation files and interviews with the CDCR PREA Coordinator and CIW Investigation staff affirmed that this process was being followed and that when quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors.

115.71(e) – CDCR DOM, Section 14030.5, Who May Request a Polygraph (pg.52) states that no person shall be ordered to take a polygraph examination. No coercion or offer of reward shall be used to induce any person to take a polygraph examination. Interviews with Investigations staff confirmed that they treat any alleged victim as a victim and do not discriminate or have a bias based on the inmate or staff's status during an investigation. Interviews with Investigation staff and inmates who reported sexual abuse confirmed that CIW does not require alleged victims, suspects or witnesses to submit to a polygraph examination as a condition of proceeding with an investigation.

115.71(f) – (h) – Interviews with CIW Investigation staff affirmed that thorough investigations are done and that all pertinent information such a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings is gathered and documented, to include an effort to determine whether staff actions or failures of actions contributed to the abuse. This includes statements, staff rosters, inmate housing assignments, etc. Interviews also affirmed that all investigations are documented in writing and that all cases that appear to be criminal are referred for prosecution. Since August 20, 2012, CIW has seven (7) substantiated allegations of conduct that appear to be criminal that were referred for prosecution. In the past 12 months, CIW did not have any completed investigations of sexual abuse that were referred for prosecution. Investigation files were reviewed and confirmed that investigations include an effort to determine whether staff actions or failures to act may have contributed to the abuse, description of physical and testimonial evidence, reasoning behind credibility of statements, and investigative facts and findings.

115.71(i) – CDCR DOM, Section 54040.20, PREA Data Storage and Destruction (pg.477) states that CDCR shall ensure that all PREA data collected are securely retained and are maintained for 10 years after the date of the initial collection. The PREA Instructions for Records Retention Schedule (RRS) states that Investigatory files are

retained in the ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.

115.71(j) – CDCR DOM, Section 54040.12, Investigations (pg.475-476) states that the departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation. This was confirmed through interviews with Investigative staff and investigation files.

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

- 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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Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 3, Section 33030.13.1 – Investigative Findings
 - b. Chapter 3, Section 33030.17 – Applying the Employee Disciplinary Matrix
3. CIW PREA Investigation Files
4. Interviews with the following:
 - a. CIW Investigative Staff

115.72(a) - CDCR, DOM, Section 33030.13.1, Investigative Findings (pg.245) defined the findings of each allegation shall be determined by the Hiring Authority in consultation with the Vertical Advocate for designated cases and the SAIG. In order for a case to be SUSTAINED or substantiated, this section states, "The investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint." Further, CDCR DOM, Section 33030.17, Applying the Employee Disciplinary Matrix (pg.246) requires that sufficient evidence establishing a preponderance is necessary before any disciplinary action can be taken. The Employee Disciplinary Matrix shall be the foundation for all disciplinary action considered and imposed by the Department and shall be utilized by the Hiring Authority to determine the penalty to impose for misconduct. Auditor review of documentation of standard of proof used in investigative findings followed standard. The CIW Investigative staff confirmed the same level of standard in substantiating a sexual harassment or sexual abuse allegation.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5. Section 54040.8.1 – Custody Supervisor Responsibilities
 - b. Chapter 5, Section 54040.12.5 – Reporting to Offenders

3. Review of PREA related investigation files
4. Interviews with the following:
 - a. CIW Warden
 - b. CIW PREA Compliance Manager
 - c. CIW Investigative Staff
 - d. CIW Inmates who reported sexual abuse

115.73(a) – (f) - CDCR DOM, Section 54040.12.5, Reporting to Offenders (pg.476) states for Staff on Offender that following an offender’s allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PREA Compliance Manager or designee shall inform that offender unless determined to be unfounded, whenever the alleged abuser is no longer posted within the inmate’s unit, is no longer employed at the facility, has been indicted or convicted of the alleged sexual misconduct. This section further states that following an investigation into an offender’s allegation of sexual violence by another offender, the institution shall inform the alleged victim of the outcome of the investigation and whenever the alleged abuse has been indicted or convicted of the alleged sexual violence. The agency’s obligation to report/inform the offender of changes shall terminate if the offender is released from the agency’s custody. CDCR DOM, Section 54040.8.1, Custody Supervisor Responsibilities (pg.474) states that upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Review of investigation files confirmed that alleged victims are notified of the outcome of the investigation.

Review of CIW PREA Investigation files confirmed that inmates are notified of the outcome of the investigation in writing. If the inmate was transferred to another facility, CIW PREA Compliance Manager or his designee (ISU staff) sends an email notification to the facility the inmate was transferred to requesting that the inmate be notified of the outcome of the investigation. These emails are kept on record in the investigation file. Further, interviews with CIW Warden, CIW PREA Compliance Manager and Investigative staff affirm compliance with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
 - a. Chapter 3, Section 3401.5 – Staff Sexual Misconduct
3. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 3, Section 33030.15 – Types of Adverse Action Penalties
 - b. Chapter 3, Section 33030.16 – Employee Disciplinary Matrix Penalty Levels employee
 - c. Chapter 5, Section 54040.12.3 – Reporting to Outside Agencies
 - d. Chapter 5, Section 54040.12.4 – Report to Outside Agencies for Contractors
4. CIW PREA Investigation Files
5. Interviews with the following:
 - a. CDCR Director of Adult Institutions

- b. CDCR PREA Coordinator
- c. CIW Warden
- d. CIW PREA Compliance Manager
- e. CIW Investigative Staff

115.76(a) – (d) - California Code of Regulations, Title 15, Section 3401.5, Staff Sexual Misconduct (pg.253) states that any sexual behavior between an inmate/parolee, departmental employee, volunteer, agent or individual working on behalf of CDCR shall subject the employee to disciplinary action and/or prosecution under the law. Further, Section 33030.15 outlines the five types of adverse action penalties; (15.1) Letter of Reprimand, (15.2) Salary Reduction, (15.3) Suspension without Pay, (15.4) Demotion to a Lower Class, (15.5) Dismissal from State Service. Per the Employee Disciplinary Matrix Penalty Levels in Section 33030.16, there are nine levels ranging from official reprimands, suspensions, salary reductions and dismissals. According to DOM section 33030.19- Employee Disciplinary Matrix (EDM) (pg.249) number (18)-Over-familiarity with an inmate(s)/parolee(s) would follow a penalty of (6) which is, salary reduction of 10 for 13-24 months or suspension without pay for 26-48 work days. EDM number (19)-Sexual Misconduct with an inmate(s)/Parolee(s) would follow a penalty of (9) which is, Dismissal.

CDCR DOM, Section 54040.12.3 and 54040.12.4, Reporting to Outside Agencies (pg.477) states that for all employees, contractor or volunteers that are terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.

In the past 12 months, there have been four (4) employees, volunteer, contractor, or individuals working on behalf of CDCR that were terminated for violating agency sexual abuse or sexual harassment policies at CIW. These terminations were a result of reports and investigations that occurred prior to the 12 months preceding the audit. CIW PREA Investigative files were reviewed and interviews with CDCR and CIW leadership affirm compliance with this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.12.4 – Report to Outside Agencies for Contractors
 - b. Chapter 10, Section 101090.9 – Termination
3. CDCR Contractor Bid/Agreement Contract Special Terms and Conditions (Exhibit D)
4. Interviews with the following:
 - a. CIW Warden

115.77(a) - CDCR DOM, Section 54040.12.4, Reporting to Outside Agencies for Contractors (pg.477) states that any contractor or volunteers who engages in staff sexual misconduct shall be prohibited from contact with the offenders and shall be reported to relevant licensing body by the hiring authority or designee. Further, CDCR Contractor Bid/Agreement (Exhibit D) provision (59) informs the contractor that any contract employee who engages in sexual abuse of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal, and shall be subject to reporting to relevant licensing bodies. The agreement also states that by signing the contract they agree to all provisions and shall abide by the laws, rules and regulations governing conduct in associating with prison inmates or wards.

115.77(b) – CDCR DOM, Section 101090.9, Termination (pg. 821-822) states that the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation or threatens security and safety of the volunteer, employees, public, or inmates. Termination can be carried out in an expeditious manner if there is evidence of volunteer misconduct that includes acts of inappropriate

familiarity with inmates, parolees, participating in behavior either on or off duty that is of such nature that it may cause discredit to CDCR or its services.

CIW reported that there were no substantiated PREA incidents involving a contractor or volunteer within the past 12 months. Further, CIW reported that it issued one (1) remedial measure to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contract or volunteer. The issued remedial measure was reviewed by the auditor and interview with CIW Warden affirmed that appropriate and immediate measures would be taken to assure contact with inmates would cease, investigation conducted to include reporting to relevant licensing body and referral to law enforcement agencies.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
 - a. Section 3007 – Sexual Behavior
 - b. Section 3317 – Mental Health Evaluations for Disciplinary Hearings
 - c. Section 3323 – Disciplinary Credit Forfeiture Schedule
3. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.15 – Disciplinary Process
 - b. Chapter 5, Section 54040.15.1 – Alleged Victim – False Allegations
 - c. Chapter 5, Section 54040.7 – Referral for Mental Health Screening
4. CIW PREA Investigative Files
5. Inmate disciplinary sanctions report
6. Interviews with the following:
 - a. CIW Warden
 - b. CIW Medical and mental health staff

115.78(a) – (b) - CDCR subjects inmates to a disciplinary process and sanctions for those who engage in sexual abuse and sexual misconduct. Sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history as described in California Code of Regulations Title 15, Section 3323, which describes the level of rule violation and CDCR DOM, Section 54040.15. CDCR DOM, Section 54040.15, Disciplinary Process (pg.476) states, that upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegations of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCD Section 3316, Referral for Criminal Prosecution. There were no administrative and/or criminal findings of inmate-on-inmate sexual abuse at CIW within the past 12 months. A review of the investigations was completed by the auditor.

115.78(c) – California Code of Regulation, Title 15, Section 3317, Mental Health Evaluations for Disciplinary Hearings (pg.158) requires that inmates in the Mental Health program or any inmate showing signs of possible mental illness may require a CDC 115 MH, Rules Violation Report: Mental Health Assessment. Persons who exhibit bizarre, unusual or uncharacteristic behavior at the time of the rules violation shall be referred for a Mental Health Assessment. Interviews with CIW Warden and mental health staff affirmed that CIW considers an inmate’s mental health status when determining what type of sanction, if any, should be imposed.

115.78(d) – CDCR DOM, Section 54040.7, Referral for Mental Health Screening (pg.474) states that an offender who during the initial intake screening reports that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, mental health referral chronological. Interviews with CIW’s mental health staff confirmed that CIW offers mental health services to offenders who have sexually abused another offender, and that they do not require the offending inmate to participate in interventions as a condition of access to programming or other benefits.

115.78(e) – California Code of Regulations, Title 15, Section 3323, Discipline Credit Forfeiture Schedule (pg.163) outlines that in inmate who commits Rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim’s will shall be assessed credit forfeiture ranging from 181-360 days. CIW had no instances of inmate on staff sexual abuse within the past 12 months.

115.78(f) – CDCR DOM, Section 54040.15.1, Alleged Victim – False Allegations (pg.478) states that CDCR and its facility will not apply disciplinary action against an inmate for filing any report of sexual violence, or staff sexual misconduct, unless it is clearly demonstrated and documented that the inmate knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. CIW had no instances of taking disciplinary action against an inmate for making a false report within the last 12 months.

115.78(g) – California Code of Regulations, Title 15, Section 3007, Sexual Behavior (pg.24) indicates that inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which report legal restraints from acts between consenting adults. Review of investigative files indicated that CIW also investigates any “consensual sex” misconduct to avoid abuses under consent as means to deter sexual abuse in the facility and that inmates are disciplined accordingly should they participate in illegal sexual acts.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.7 – Referral for Mental Health Screening
3. CCHCS PREA Health Care Guidelines
4. CDCR PREA Screening Form
5. CDCR Memorandum Re: Standard 115.81(d)1 – Dated December 5, 2017
6. CDCR PREA Authorization to Release Information Form (CDCR 7552)
7. CDCR Informed Consent for Mental Health Care Form (CDCR MH-7448)
8. Review of CIW mental health referrals
9. Interviews with the following:
 - a. CIW Staff Responsible for Risk Screening
 - b. CIW Inmates who Disclosed Sexual Victimization at Risk Screening
 - c. CIW Mental health staff

115.81(a)–(d) – CDCR DOM, Section 54040.7, Referral for Mental Health Screening (pg. 474) states that states that if it is reported by an offender during the initial intake screening, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, Mental Health Referral Chrono. During the on-site review of the intake area observed were a medical/mental health satellite office where all new intakes are seen as part of the initial screening prior to being assigned to a housing unit. The Intake Officer was interviewed and reported that all inmates who disclose either previous sexual abuse or previously perpetrating sexual abuse, will be immediately be offered a follow-up meeting with a mental health practitioner. CIW reported to have two (2) instance of an inmate disclosing prior sexual victimization upon initial screening within the audit period. Documentation of the referral utilizing the CDCR Form 128-MH5 was reviewed by the auditor and interview with the inmates confirmed that they were seen by mental health staff.

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

115.81(e) - CDCR utilizes Authorization for Release of Information (CDCR 7552) to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Information may be released to others including but not limited to authorized law enforcement agencies, authorized prosecutors and other appropriate agencies to include health care information. Informed Consent for Mental Health Care (Form CDCR MH-7448) is provided to the inmate for all CDCR mental health services. Interviews with mental health staff confirmed the practice of obtaining informed consent.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.8.3 – Medical Services Responsibilities
 - b. Chapter 5, Section 54040.10 – Return to Triage and Treatment Area
3. California Correctional Health Care Services (CCHCS)
 - a. Volume 1, Governance and Administration, Chapter 10: Copayment Program Policy
 - b. Volume 1, Governance and Administration Chapter 16: PREA Procedures
 - c. Volume 4, Medical Services, Chapter 12: Emergency Medical Responses
4. Interviews with the following:
 - a. CIW Medical and mental health staff
 - b. CIW Inmates who reported sexual abuse
 - c. CIW Security staff and non-security staff first responders

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

115.82(b) - Interviews with security and non-security staff affirmed that staff are aware of the preliminary steps to protect the victim and to report the incident to medical and mental health in the event a report of sexual abuse is made.

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

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

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.10 – Return to Triage and Treatment Area
3. CCHCS Volume 1 Governance and Administration
 - a. Chapter 10 – Copayment Program Policy
 - b. Chapter 16 – PREA Procedures
4. Interviews with the following:
 - a. CIW Medical and mental health staff
 - b. CIW Inmates who reported sexual abuse

115.83(a) – (f) - CCHCS Volume 1, Chapter 16 and CDCR DOM, Section 54040.10, outlines the procedures and responsibilities of CCHCS and CDCR to provide medical and mental health evaluations, treatment, and follow-up

services to all inmates who have been victims of sexual abuse in any institution. CDCR provides follow-up medical and mental health services to include treatment plans and when necessary referrals for continued care when transferred or placed in other facilities. Further, this includes follow-up testing for sexually transmitted infections/diseases (STI/STD), and HIV. CDCR agency policy states that victims of vaginal penetration are offered pregnancy tests among other STD testing, treatment and relevant information. Interviews with medical, mental health staff and inmates who reported sexual abuse confirm that is in practice at CIW.

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

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

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.17 – Institutional PREA Review Committee
3. CIW Institutional PREA Review Committee (IPRC) Form
4. CIW Institutional PREA Review Committee (IPRC) Log
5. CIW Institutional PREA Review Committee (IPRC) Meeting Minutes
6. Interviews with the following:
 - a. CIW Warden
 - b. CIW PREA Compliance Manager

115.86(a) – (b) – CDCR DOM, Section 54040.17, Institutional PREA Review Committee (pg.478) requires that the Hiring Authority conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegations that have been determined to be unfounded. Further, it requires that the facility PREA Compliance Manager normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 60 days of the date of discovery.

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

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

The findings of the review are documented as a formal written report and shall be submitted to the Hiring Authority. The final report shall be provided to the Associate Director and the CDCR PREA Coordinator. Completed IPRC forms and IPRC meeting minutes related to that case are stored in the PREA investigation file. This was verified by the Auditor during file reviews of PREA investigation files. Additionally, CIW has implemented a practice of having all PREA allegations, including those determined to be unfounded, reviewed by the IPRC. The CIW Warden reported that she is initially briefed verbally on all PREA allegations at CIW when they are initially reported, reviews and signs off on the completed ISU PREA investigation report and participates in the formal IPRC review of all PREA allegations at CIW. Interview with the CIW PREA Compliance Manager, who is part of the IPRC, and review of completed CIW IPRC forms, CIW IPRC Log and meeting minutes verified the practice with this 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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.17 – Institutional PREA Review Committee

- b. Chapter 5, Section 54040.19 – Tracking – Data Collection and Monitoring
- c. Chapter 5, Section 54040.20 - PREA Data Storage and Destruction
- 3. CDCR PREA Annual Report – Calendar Year 2017
- 4. Survey of Sexual Victimization Form (SSV-IA)
- 5. Interviews with the following:
 - a. CDCR PREA Coordinator

115.87(a) – (f) - CDCR DOM, section 54040.17, Institutional PREA Review Committee (pg.478) states that the agency is required to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices and training. CDCR DOM, Section 54040.19, outlines CDCR’s procedure to collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control. CDCR uses the Survey of Sexual Victimization Form (SSV-IA) as a standardized instrument with a set of definitions for all allegations of sexual abuse and misconduct incidents.

CDCR DOM Section 54040.19 further states that the Office of Internal Affairs maintains records of investigations into allegations of staff/offender sexual misconduct, and will report by case number, the type of sexual misconduct, subcategory; whether the allegations were sustained; and whether a DA referral was made. CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30. The most recent annual report available is for Calendar Year 2017. The annual report can be found at: <https://www.cdcr.ca.gov/PREA/docs/PREA-Annual-Report-2017.pdf>. This report includes a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse.

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.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.17 – Institutional PREA Review Committee
 - b. Chapter 5, Section 54040.19 – Tracking – Data Collection and Monitoring
3. CDCR PREA Annual Report – Calendar Year 2017
4. Interviews with the following:
 - a. CDCR Director of Adult Institutions
 - b. CDCR PREA Coordinator

c. CIW PREA Compliance Manager

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

Completed SSV-IA forms were reviewed and interviews with the CDCR Director of Adult Institutions, CDCR PREA Coordinator, and CIW’s PREA Compliance Manager all attested that the facility collects data, aggregates data, and analyzes the information to assist them in creating a safer environment for the inmates and staff. Interviews with the CDCR Director of Adult Institutions, the CDCR PREA Coordinator, and the CIW PREA Compliance Manager all revealed that they agency collects and uses aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training.

115.88(b)- (d)- CDCR DOM, Section 54040.19, Tracking – Data Collection and Monitoring (pg.479) states that CDCR shall aggregate the incident-based data at least annually, reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual violence and staff sexual misconduct. The report shall be approved the CDCR Secretary and made available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility; however, the report must indicate the nature of the material redacted. CDCR’s Director of Adult Institutions stated that she approves the annual reports and CDCR PREA Coordinator confirmed that personal identifiers are redacted from reports.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CIW Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
 - a. Chapter 5, Section 54040.20 PREA Data Storage and Destruction
3. CDCR Agency PREA website
4. CDCR PREA Annual Report – Calendar Year 2017
5. Interviews with the following:
 - a. CDCR Director of Adult Institutions
 - b. CDCR PREA Coordinator
 - c. CIW PREA Compliance Manager

115.89(a) - (d) - CDCR DOM, Section 54040.20, PREA Data Storage and Destruction (pg.479) requires that CDCR ensures that PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. CDCR PREA Coordinator confirmed that personal identifiers are redacted from reports.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CDCR has in previous years submitted Governor Assurances of Intention to Adopt and Achieve Full Compliance with the standards. CDCR is currently working to ensure that one third of their facilities are audited in the third year of the three-year audit cycle. This commitment by CDCR was reiterated and confirmed during interviews with the Director of Adult Institutions and the PREA Coordinator. While onsite at CIW, 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. This standard is rated as a "meets standard".

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CDCR has submitted Governor Assurances and California is working to ensure that their facilities are audited at least once during the three-year cycle by a DOJ Certified Auditor. The completed CDCR PREA Audit reports are located the CDCR website at <https://www.cdcr.ca.gov/PREA/Reports-Audits.html>.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Nicole Fernandez

January 6, 2020

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.