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

☐ Interim  ✒ Final

Date of Report  November 25, 2019

Auditor Information

<table>
<thead>
<tr>
<th>Name: Amy Fairbanks</th>
<th>Email: <a href="mailto:fairbaa@comcast.net">fairbaa@comcast.net</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: AJF, Correctional Consulting &amp; Auditing, L.L.C.</td>
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<tr>
<td>Mailing Address: 3105 S. Martin Luther King Jr. Blvd #236</td>
<td>City, State, Zip: Lansing, MI 48910</td>
</tr>
<tr>
<td>Telephone: (517) 303-4081</td>
<td>Date of Facility Visit: February 5- April 11, 2019</td>
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Agency Information

<table>
<thead>
<tr>
<th>Name of Agency: California Department of Corrections and Rehabilitation (CDCR)</th>
<th>Governing Authority or Parent Agency (If Applicable): State of California</th>
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</thead>
<tbody>
<tr>
<td>Physical Address: 1515 S. Street</td>
<td>City, State, Zip: Sacramento, CA 95811</td>
</tr>
<tr>
<td>Mailing Address: P. O. Box 942883</td>
<td>City, State, Zip: Sacramento, CA 95811</td>
</tr>
<tr>
<td>Telephone: (916) 324-6688</td>
<td>Is Agency accredited by any organization?  Yes  ☒ No</td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>Military  ☐  Private for Profit  ☐  Private not for Profit</td>
</tr>
<tr>
<td></td>
<td>Municipal  ☐  County  ☐  State  ☒  Federal</td>
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Agency mission: We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.

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

Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name: Ralph Diaz</th>
<th>Title: Secretary</th>
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</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:Ralph.Diaz@cdcr.ca.gov">Ralph.Diaz@cdcr.ca.gov</a></td>
<td>Telephone: (916) 324-6001</td>
</tr>
</tbody>
</table>

Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name: Shannon Stark</th>
<th>Title: Captain</th>
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</thead>
<tbody>
<tr>
<td>Email: <a href="mailto:Shannon.Stark@cdcr.ca.gov">Shannon.Stark@cdcr.ca.gov</a></td>
<td>Telephone: (916) 324-6688</td>
</tr>
</tbody>
</table>
**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:** Sierra Conservation Center

**Physical Address:** 5100 O’Byrnes Ferry Road, Jamestown, CA 95327-9102

**Mailing Address (if different than above):** NA

**Telephone Number:** (209) 984-5291

- **The Facility Is:**
  - ☒ State

  - ☐ Military
  - ☐ Private for profit
  - ☐ Private not for profit
  - ☐ Municipal
  - ☐ County
  - ☐ Federal

- **Facility Type:**
  - ☒ Prison

  - ☐ Jail

**Facility Mission:**
The primary mission of the Sierra Conservation Center (SCC) is to provide housing, programs and services for minimum and medium custody inmates to aid in their rehabilitation. SCC is one of the two prisons in the State responsible for the training and placement of male inmates in the Conservation Camp Program. SCC administers 20 male camps located from Central California to the southern border. SCC functions as the center for training staff and inmates in firefighting techniques for the southern portion of California. The institution is separated into two dormitory type facilities for minimum and low-medium custody inmates. A separate high-medium custody facility is for Sensitive Needs Yard (SNY) placement.

**Facility Website with PREA Information:** [https://www.cdcr.ca.gov/PREA/index.html](https://www.cdcr.ca.gov/PREA/index.html)

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**Warden/Superintendent**

**Name:** Hunter Anglea  
**Title:** Warden  
**Email:** Hunter.anglea@cdcr.ca.gov  
**Telephone:** (209) 984-5291 Ext.5422

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**Facility PREA Compliance Manager**

**Name:** Patricia Quinn  
**Title:** Associate Warden Central Operations  
**Email:** Patricia.quinn@cdcr.ca.gov  
**Telephone:** (209) 984-5291 Ext. 5096

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**Facility Health Service Administrator**

**Name:** Robert Duncan  
**Title:** Chief Executive Officer  
**Email:** Robert.duncan2@cdcr.ca.gov  
**Telephone:** (209) 984-5291 Ext. 5096

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**Facility Characteristics**

<table>
<thead>
<tr>
<th>Designated Facility Capacity</th>
<th>Current Population of Facility</th>
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<tr>
<td>5147</td>
<td>4129</td>
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</table>

**Number of inmates admitted to facility during the past 12 months** 2842
### Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:
2842

### Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:
2842

### Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:
27

<table>
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<tr>
<th>Age Range of Population:</th>
<th>Youthful Inmates Under 18: NA</th>
<th>Adults: 18-87</th>
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| Are youthful inmates housed separately from the adult population? | ☐ Yes | ☐ No |☒ NA |

### Number of youthful inmates housed at this facility during the past 12 months:
0

### Average length of stay or time under supervision:
231 days

### Facility security level/inmate custody levels:
Level I, II and Special Needs III

### Number of staff currently employed by the facility who may have contact with inmates:
1196

### Number of staff hired by the facility during the past 12 months who may have contact with inmates:
188

### Number of contracts in the past 12 months for services with contractors who may have contact with inmates:
54

### Physical Plant

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<tr>
<th>Number of Buildings: 87/114 in camp operations</th>
<th>Number of Single Cell Housing Units: 0</th>
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<table>
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<tr>
<th>Number of Multiple Occupancy Cell Housing Units:</th>
<th>5</th>
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<tr>
<th>Number of Open Bay/Dorm Housing Units: 76/40 in camp operations</th>
<th></th>
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<tr>
<th>Number of Segregation Cells (Administrative and Disciplinary):</th>
<th>100</th>
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### 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.):

There are 69 cameras strategically located that monitor operations at the facility.

### Medical

<table>
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<tr>
<th>Type of Medical Facility:</th>
<th>Ambulatory clinic with 10 cells available for short term observation.</th>
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<tr>
<th>Forensic sexual assault medical exams are conducted at:</th>
<th>San Joaquin General Hospital</th>
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### Other

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<tr>
<th>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</th>
<th>230</th>
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<tr>
<th>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</th>
<th>674</th>
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Audit Findings

Audit Narrative

On February 5-7, 2019, an audit was conducted at the Sierra Conservation Center to determine compliance with the Prison Rape Elimination Act (PREA) standards finalized August 2012. The auditor was present at the facility from 8:00 am to 7:00 pm Tuesday; 7:30am to 6:00pm Wednesday; and 7:30am to 1:30pm Thursday. This was the first PREA audit conducted at this facility. The audit included subsequent visits to the following Fire Camp operations:

Fire Camp #1 Vallecito
Fire Camp #4 Francisquito
Fire Camp #5 Miramonte
Fire Camp #10 Mountain Home
Fire Camp #11 Acton
Fire Camp #15 Pilot Rock
Fire Camp #16 Holton
Fire Camp #19 Julius Klein
Fire Camp #21 McCain Valley
Fire Camp #26 Owens Valley
Fire Camp #28 Prado
Fire Camp #30 Baseline
Fire Camp #33 Growlersburg
Fire Camp #35 Oak Glen
Fire Camp #36 Bautista
Fire Camp #38 Gabilan
Fire Camp #39 Mount Bullion
Fire Camp #41 Fenner Canyon
Fire Camp #42 La Cima

There were no barriers to completing the audit. The auditor's company, AJF Correctional Consulting & Auditing, L.L.C. was selected to complete the audit by responding to the Request for Proposal and being awarded the bid.

Audit Methodology:

The Online Audit Process was not used for this audit. The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on December 24, 2018, in English and Spanish. They were printed on yellow paper to provide salience. They noted that correspondence to the address listed would be considered confidential, and also noted the exceptions to the confidentiality. One confidential correspondence was received postmarked after the auditor was present at the facility. The contents did not reflect issues that fell under the jurisdiction of the PREA standards.
The Pre-Audit Questionnaire (PAQ) was received in December 2018, password protected in the mail. It was reviewed and found to be in need of additional information regarding population numbers, average length of stay, and number of agency investigators.

The auditor researched the internet and found no evidence of Department of Justice involvement with the agency. A few news articles covered minor disturbances that had occurred 18 months earlier. The agency website had the required annual report and information on how to make third party complaints to the facility or the Office of Internal Affairs (OIA). The auditor printed the mandatory reporting law from the PREA Resource Center website. Laws regarding juveniles in California and vulnerable adults were provided by staff from the Central office for CDCR, PREA office.

External contacts regarding this audit include a telephone conversation and follow-up email correspondence with Just Detention International, Inc. regarding the upcoming audits at the two main facilities that train inmates for the Fire Camps and the associated Fire Camps that house male inmates. After the audits, follow-up information was again exchanged.

SANE/SAFE nurses are provided at the local hospital. This agency does not use external investigators. Emotional support services are provided by contract with The Center for Non-Violent Community. Contact was made with the Director for the Center for a Non-Violent Community via telephone before and after the audit. She confirmed that this agency can accept allegations from the inmates and forward them to institutional staff, if requested by the inmate.

A tentative schedule was sent to the facility five days prior to the audit noting additional documents that may be randomly requested. Documents reviewed for this audit received five weeks prior to the audit as well as during the audit included the following: Pre-audit questionnaire, policies, contracts, training curriculums, staff training records, contract/volunteer training records, logbook entries, meeting minutes, population reports, sexual abuse incident review meeting minutes, sexual abuse and harassment data, PREA investigations, inmate appeals (grievances), personnel file documentation, organizational charts, accreditation reports, job descriptions, documents pulled from the electronic inmate record (risk assessments, signed receipt of PREA information and follow-up information with the Institutional Classification Committee), and other documents noted throughout the report.

Written authority to ensure compliance with the PREA standards include the following: California Assembly Bill 550; Chapter 5, Custody and Security Operations, Article 44 Prison Rape Elimination Act, Department Operations Manual (DOMs); Sierra Conservation Center Supplement; Chapter 5 Custody and Security Operations, Article 44 Prison Rape Elimination Act and Article 47 Integrated Housing; and Memos from the Division of Adult Institutions, Central Office. While on site, additional random documents were requested or reviewed and are also noted throughout the report. Camera monitoring operations were also examined.

The auditor arrived at the facility via a rental car. A brief formal meeting was held with the Warden, sixteen staff and the auditor the morning of the first day of the audit. The following items were discussed: purpose of audit, goals and expectations, and tentative schedule.
Tentative schedules were developed regarding the tour, interviews and review of additional documentation. It was noted that interviews need to be in a private setting. Rosters of staff and inmates were provided; a method for randomly selecting staff and inmates for interviews was developed.

A complete tour of the facility was conducted on February 5\textsuperscript{th} (Facility A and Facility B) and 6\textsuperscript{th} (Facility C). The following areas and operations were visited and observed: all inmate living areas, medical operations, intake operations/holding cells, laundry services, library/education areas, including vocational training classes, commissary, chapel, programming areas, visiting room, maintenance, counselor offices/Unit Classification Committee review area, Fire House and food service operations. All areas of the facility were visited that have inmate access. Camera operations were observed. Blind spots were discussed during the tour in each area. Inmate living areas, including bathrooms were reviewed for privacy from opposite gender viewing. Supervisory rounds were randomly checked in log books. PREA posters educating the population, posters providing information for support services, and posters announcing the audit were hit and miss in the housing areas for Facility A and B. They were visible in common areas such as the chapel, library, food service, and counselor offices. This was immediately corrected. Boxes for inmate appeals (grievances) were observed during the tour. Cross-gender announcements were made in all inmate living areas. The requirement that opposite gender staff announce when entering the housing is stenciled on the outside walls of the housing units. It is also posted by the entrance of the living areas at Fire Camp operations.

A complete tour of each Fire Camp operation was conducted. Each camp has a separate Office for CDCR staff and separate offices for California Department of Forestry and Fire Protection (CAL FIRE) staff or Los Angeles County Fire Department (LAC FIRE) which are off limits to inmates. All areas of the facility were visited that have inmate access. Inmate living areas, including bathrooms, were reviewed for privacy from opposite gender viewing. Each camp has recreation areas for exercise, TV rooms, independent laundry operations, independent food service operations, and telephone booths. Many have hobby craft areas and other shops that provide services such as painting, wood shops and other maintenance functions. Fire camp staff conducts up to 17 counts a day. Posters (in English and Spanish) educating inmates regarding PREA including how to report an allegation visible by the inmate phones, inmate housing areas, staff offices, and other areas of the Fire Camps. Posters informing inmates of the support services available were also visible, adjacent to the other posters. They were in English, Spanish, and Hmong. Posters announcing the audit with the auditor’s address were visible. During each visit to the Fire Camps, the auditor spent three to five hours touring the Camp randomly reviewing records, interviewing staff and inmates, and checking the PREA kits. Time was spent with the Camp Commander discussing operations and compliance with the PREA standards.

Formal interviews were conducted with the following: Warden, PREA Compliance Manager, medical staff (Health Services Administrator/Chief Medical Officer, Mental Health Director, two nurses), Human Resources supervisor, nine (9) SCC corrections officers/sergeants from all areas of the facility and each shift (6:30 am to 2:30 pm, 2\textsuperscript{nd} watch; 2:30 pm to 10:30 pm, 3\textsuperscript{rd} watch; and 10:30 pm to 6:30 am, 1\textsuperscript{st} watch), to include two from the confinement unit, intake lieutenant (conducts risk assessments upon arrival), one investigator (provides notification,
monitors for retaliation, and serves on the incident review committee), one counselor (who completes follow-up assessments), two contractual staff, three volunteers who were present during the audit, two chaplains and the appeal (grievance) coordinator staff (2). During the visit to the Fire Camps, an additional 19 CDCR staff (officers), 14 CAL FIRE staff, and 5 Los Angeles Country Firefighters were interviewed regarding PREA.

The facility provided the auditor with documentation demonstrating who answered affirmatively to the risk assessment regarding vulnerable areas, who was designated as a potential vulnerable inmate, and a potential sexually aggressive inmate. A list of inmates with disabilities was also provided to the auditor. A total of 31 inmates were selected to be interviewed at SCC, one declined. Targeted inmate interviews included the following:

- two with limited English, one required use of a central office staff interpreter
- one self-admitted as homosexual
- one inmate who required assistive devices for mobility
- one hard of hearing inmate
- three inmates who are on the mental health caseload
- one cognitively impaired inmate
- two inmates who were in confinement
- one Men’s Advisory Committee Member

There are no transgender inmates housed at this facility nor inmates deemed sexually vulnerable. Based on all observations made during the audit process, the auditor finds this credible.

A total of 114 inmates housed at the Fire Camps were interviewed during the visit to the camps. Inmate interviews were held in the private interview rooms which included the lieutenant’s office, counselor classification committee interview area, and counselor office in the unit. Inmates were interviewed from each facility and fire camp. Four inmates were informally interviewed regarding knowledge of PREA, knowledge of the PREA audit, and supervisory rounds during the tour.

Investigations are conducted by trained Investigators at the facility level who are assigned to the Internal Investigations and Security Unit (ISU), Locally Designated Investigators (LDI), Internal Affairs (conducted by Lieutenant or Sergeant in the ISU), Office of Internal Affairs (OIA)—Special Agents under the Department of Corrections who report to the Secretary of CDCR or in rare circumstances, the Office of the Inspector General who answers to the Governor for the State of California. The OIG monitor investigations from beginning to end and receives all Survey of Sexual Violence forms (SSV-IA) from the PREA Coordinator. They can also receive third party allegations. A list of investigations from November 1, 2017, to November 26, 2018, was provided. Ten investigations were conducted and reviewed, including two from the camp operations. Below is a summary of findings:

- Four (4) Staff/inmate abuse
• Four (4) Staff/inmate harassment
• One (1) Inmate/inmate abuse
• One (1) Inmate/inmate harassment

Two Investigations were substantiated—one was referred for criminal prosecution and one was referred for administrative discipline. Six were unsubstantiated and two were unfounded. Three involved formal inmate appeals (grievances), one investigation continued after victim and accused left the institution. No inmates were present that could be interviewed that was involved in an investigation. No investigations resulted in custody or non-custody staff acting as first responders.

The auditor was allowed free access to all areas of the facility, access to interview inmates and staff selected randomly and intentionally, and to see any documentation requested.

An exit meeting was held with the Warden, Chief Deputy Warden, the PREA Compliance Manager, and two staff from the PREA Central Office and the auditor.

After the audit, the auditor reviewed documentation gathered, notes taken, requested and reviewed additional documentation to support findings noted, and completed the report.

Facility Characteristics

Count on the first day of the audit was 4,129. It is broken down as follows (count/capacity):

Facility A - 793/1216
Facility B - 918/1212
Facility C - 851/999
Firehouse - 8/10
Hospital Unit - 3/10
Fire Camp #1 Vallecito - 100/106
Fire Camp #4 Francisquito - 71/84
Fire Camp #5 Miramonte - 74/81
Fire Camp #10 Mountain Home - 71/100
Fire Camp #11 Acton - 60/81
Fire Camp #15 Pilot Rock - 65/80
Fire Camp #16 Holton - 78/100
Fire Camp #19 Julius Klein - 88/120
Fire Camp #21 McCain Valley - 76/110
Fire Camp #26 Owens Valley - 81/120
Fire Camp #28 Prado - 74/84
Fire Camp #30 Baseline - 93/122
Fire Camp #33 Growlersburg - 104/110
Fire Camp #35 Oak Glen - 117/160
Fire Camp #36 Bautista - 90/120
Fire Camp #38 Gabilan - 93/120
Fire Camp #39 Mount Bullion - 88/120
Fire Camp #41 Fenner Canyon - 101/124
The Sierra Conservation Center is located in Jamestown, California. The parent agency is the California Department of Corrections and Rehabilitation. It covers 420 acres, with 87 buildings at SCC. The main prison consists of Facility A, Facility B and Facility C. Facility A and B was built in 1965. The main mission is to receive inmates screened to qualify to be housed and work at the Fire Camps. They are minimum custody, with Facility B housing some medium custody inmates. Housing units are two-story, accessed from the outside. Each facility has 38 housing units which house up to 32 inmates, 8 double bunks, 2 rows with an aisle between them. Three units were closed for repairs/upgrades. There is one common bathroom located at the end of the bunks, one common day room/TV area located at the entrance. The unit can be accessed through two doors, one at the front and one that would go into the bathroom. Staff make frequent, irregular rounds. Movement in and out of the unit is controlled. The units are built with three sides angled to be semi-circular which oversees the recreation yard. Bathrooms in the yard contain appropriate enhanced privacy barriers.

Facility A and Facility B mirror each other; they share a common food service operation, but the two dining areas are separated for each Facility. There is a central complex that must be securely accessed before entering Facility A or Facility B. This area contains the education area, chapel, visiting room, medical area (which includes 10 medical cells) and custody offices. There is a Fire House located at the facility that responds to fires in the community. Eight inmates who serve on that fire crew are housed there. There are buildings in the area that separates Facility A from Facility B which have vocational training and maintenance.

Facility C was built in 1987 and has five housing units called the “270” model. There are individual rooms to house inmates. They house medium to high custody inmates, mostly double celled. The office/Sgt office, counselor office, and a secure podium/office elevated above these offices view the three walls containing the cells. Cells are two levels. At this facility, it is designated as a Sensitive Needs Yards to enhance inmate safety in the department – CDCR. Staff are assigned to each housing unit. One unit serves as the confinement unit, both disciplinary and administrative confinement.

There is a central corridor for one building containing a gymnasium (currently used for health care while modifications are being made), library, education, laundry, clothing issue, commissary, and staff offices. There is a building for Substance Use Disorder treatment program which is provided contractually. There is a California Prison Industries Authority (PIA) which fabricates textiles which was not operational during the tour. A separate building contains food service operations.

Except for the substance abuse treatment staff, all staff are employees of CDCR; Health Staff are provided through another agency who reports to CDCR and are therefore considered their own hiring authority. For the other staff, the Warden is the Hiring authority.

At SCC, the facility offers the following programming: Adult Basic Education (ABE), General Equivalency Diploma (GED), Physical Fitness, Firefighter Training, Vocation Trades (Auto Body/Fender, Auto Mechanics, Welding, Masonry, Carpentry, Office Services, Electronic and
Building Maintenance), PIA, Self-Help Groups, Dog training (extension of the animal shelter), and Substance Use Disorder Treatment.

Sending inmates to be housed at and become inmate firefighters is the main mission of this facility. There are eighteen (18) Fire Camps under the supervision of this facility located throughout the State of California. The inmates are trained by and work closely with CAL FIRE, another state agency, or LAC FIRE. This arrangement to have inmates fight fires has been in existence since 1946.

All Fire Camps were toured, inmates interviewed, documentation observed and gathered, and staff were interviewed. The inmates provide firefighting crews for fire suppression and flood control activities in adjacent counties as well as the entire state, if needed. When not working on fires or floods, the inmate crews perform numerous community service projects.

Fire Camp #1 Vallecito was visited on February 7, 2019. It is located in Angles Camp, California. There are 9 CDCR staff (one lieutenant, one sergeant, and seven officers) and 14 CAL FIRE staff at this location. On site the camp has staff offices, visiting area, independent food service, laundry, one housing dorm with four separate housing areas, and recreation in the form of TV rooms, exercise areas, hobby craft and maintenance. Also, on site the camp offers a ServSafe program and education (GED and college). Up to 12 volunteers provide additional religious programming. Inmate housing was located in one building, with several multi-occupancy rooms and common bathrooms.

Fire Camp #4 Francisquito was visited on April 11, 2019. It is located in Santa Clarita, California. There are 8 CDCR staff (one lieutenant, one sergeant and six officers) and 8 Los Angeles County Firefighter specialists at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms and exercise areas. There are three buildings that house inmates. College and GED programming is available. Volunteers provide Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and spiritual services.

Fire Camp #5 Miramonte was visited on March 12, 2019. It is located in Miramonte, California near the entrance to Kings Canyon National Park. There are 9 CDCR staff (one lieutenant, one sergeant and seven officers) and 11 CAL FIRE staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms and exercise areas. There is one building that houses inmates, and open dormitory setting with single beds. Volunteers provide spiritual services. GED education is available to the inmates housed at this camp. Other operations include welding, carpentry, truck auto body, and paint shops.

Fire Camp #10 Mountain Home was visited on March 11, 2019. It is located in Springville, California. There are 9 CDCR staff (one lieutenant, one sergeant and seven officers) and 13 CAL FIRE staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms and exercise areas. There are two buildings that house inmates, six separate dorms. Volunteers provide AA, NA, and spiritual services. There is also a sign shop located at this camp.
Fire Camp #11 Acton was visited on April 10, 2019. It is located in Acton, California. There are 8 CDCR staff (one lieutenant, one sergeant and seven officers) and 9 Los Angeles County Fire Fighter specialists at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms, outdoor garden and exercise areas. There are three buildings that house inmates. College programming is available. Volunteers provide AA, NA, and spiritual services.

Fire Camp #15 Pilot Rock was visited on April 5, 2019. It is located in Crestline, California. There are 8 CDCR staff (one lieutenant, one sergeant and six officers) and 12 CAL FIRE staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms and exercise areas. There is one building that houses inmates. Volunteers provide NA and spiritual services.

Fire Camp #16 Holton was visited on April 10, 2019. It is located in Sylmar, California. There are 9 CDCR staff (one lieutenant, one sergeant and seven officers) and 11 Los Angeles County Fire Fighter Specialists at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms, outdoor garden and exercise areas (outdoor basketball court, athletic field, indoor gym). There is one building that houses inmates. Volunteers provide AA, NA, and spiritual services.

Fire Camp #19 Julius Klein was visited on April 9, 2019. It is located in Azusa, California. There are 10 CDCR staff (one lieutenant, one sergeant and eight officers) and 13 CAL-FIRE/LAC staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, education (GED and college), hobby craft as well as recreation in the form of TV rooms, outdoor and exercise areas. There are two buildings that house inmates. Volunteers provide AA and spiritual services.

Fire Camp #21 McCain Valley was visited on April 8, 2019. It is located in Boulevard, California. There are 9 CDCR staff (one lieutenant, one sergeant and seven officers) and 13 CAL FIRE staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, education (GED and college), hobby craft as well as recreation in the form of TV rooms and exercise areas. There is one building that houses inmates with six separate dormitories. Volunteers provide AA, NA, and spiritual services.

Fire Camp #26 Owens Valley was visited on March 10, 2019. It is located in Bishop, California. There are 10 CDCR staff (one lieutenant, one sergeant and eight officers) and 14 CAL FIRE staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance education (GED and college), hobby craft as well as recreation in the form of TV rooms and exercise areas. There is one building that houses inmates with six separate dormitories. Volunteers provide AA, NA, and spiritual services.

Fire Camp #28 Prado was visited on April 9, 2019. It is located in Chino, California. There are 11 CDCR staff (one lieutenant, one sergeant and nine officers) and 10 CAL-FIRE/LAC staff at this location. On site the camp has staff offices, independent food service, laundry,
maintenance, hobby craft as well as recreation in the form of TV rooms, outdoor basketball court, baseball diamond and exercise areas. There is one building that houses inmates.

Fire Camp #30 Baseline was visited on February 8, 2019. It is located in Jamestown, California. There are 10 CDCR staff (one lieutenant, one sergeant and eight officers) and 16 CAL FIRE staff at this location. On site the camp has staff offices, visiting area, independent food service, laundry, six housing dorms – multiple occupancy with a common bathroom in each building, recreation in the form of TV rooms, exercise areas, hobby craft and maintenance. It is located within 4 miles of SCC.

Fire Camp #33 Growlersburg was visited on February 9, 2019. It is located in Georgetown, California. There are 11 CDCR staff (one lieutenant, one sergeant and nine officers) and 16 CAL FIRE staff at this location. On site the camp has staff offices, visiting area, independent food service, laundry, one housing dorm with 11 or 19 bunks in separate rooms, common bathrooms, recreation in the form of TV rooms, exercise areas, hobby craft and maintenance. On site the camp offers GED programming and college. There are two mobile dimension sawmills at this site that produce picnic tables that are sold to public agencies.

Fire Camp #35 Oak Glen was visited on April 7, 2019. It is located in Yucaipa, California. There are 15 CDCR staff (one lieutenant, two sergeants and twelve officers) and 15 CAL-FIRE/LAC staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms, gym, outdoor and exercise areas. There are two buildings that house inmates. College and GED programming are available. Volunteers provide AA, NA, and spiritual services. This camp has a wood product operation which produces custom cabinetry.

Fire Camp #36 Bautista was visited on April 7, 2019. It is located in Hemet, California. There are 11 CDCR staff (one lieutenant, two sergeants and eight officers) and 11 CAL-FIRE/LAC staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms, gym, outdoor and exercise areas. There are two buildings that house inmates. College and GED programming are available. Volunteers provide AA, NA, and spiritual services.

Fire Camp #38 Gabilan was visited on March 14, 2019. It is located in Soledad, California. There are 9 CDCR staff (one lieutenant, one sergeant and seven officers) and 16 CAL FIRE staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance education (GED and college), hobby craft as well as recreation in the form of TV rooms and exercise areas. There are two buildings that house inmates. Volunteers provide AA, NA, and spiritual services.

Fire Camp #39 Mount Bullion was visited on February 8, 2019. It is located in Mariposa, California. There are 11 CDCR staff (one lieutenant, two sergeants and eight officers) and 15 CAL FIRE staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms and exercise areas. There are three buildings that house inmates. Volunteers provide AA, NA, Celebrate Recovery, and spiritual services. Classes to teach use of saws is conducted at this camp as well.
Fire Camp #41 Fenner Canyon was visited on April 6, 2019. It is located in Valyermo, California. There are 11 CDCR staff (one lieutenant, two sergeants and eight officers) and 14 CAL-FIRE/LAC staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms, gym, outdoor and exercise areas. There is one building that house inmates. College and GED programming are available. Volunteers provide AA, NA, and spiritual services.

Fire Camp #42 La Cima was visited on April 8, 2019. It is located in Julian, California. There are 8 CDCR staff (one lieutenant, one sergeant and six officers) and 12 CAL-FIRE/LAC staff at this location. On site the camp has staff offices, independent food service, laundry, maintenance, hobby craft as well as recreation in the form of TV rooms, outdoor and exercise areas. There is one building that houses inmates. Parenting classes are provided. Volunteers provide AA, NA, and spiritual services.

### Summary of Audit Findings

#### Number of Standards Exceeded:

2

- §115.31 – Employee Training
- §115.86 – Sexual abuse incident reviews

#### Number of Standards Met:

43

- §115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- §115.12 - Contracting with other entities for the confinement of inmates
- §115.13 – Supervision and Monitoring
- §115.14 – Youthful Inmates
- §115.15 – Limits to Cross-Gender Viewing and Searches
- §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient
- §115.17 – Hiring and Promotion Decisions
- §115.18 – Upgrades to Facilities and Technology
- §115.21 – Evidence Protocol and Forensic Medical Examinations
- §115.22 – Policies to Ensure Referrals of Allegations for Investigations
- §115.31 – Employee Training
- §115.32 – Volunteer and Contractor Training
- §115.33 – Inmate Education
- §115.34 – Specialized Training: Investigations
- §115.35 – Specialized training: Medical and mental health care
- §115.41 – Screening for Risk of Victimization and Abusiveness
- §115.42 – Use of Screening Information
- §115.43 – Protective Custody
- §115.51 – Inmate Reporting
- §115.52 – Exhaustion of Administrative Remedies
- §115.53 – Inmate Access to Outside Confidential Support Services
§115.54 – Third-Party Reporting  
§115.61 – Staff and Agency Reporting Duties  
§115.62 – Agency Protection Duties  
§115.63 – Reporting to Other Confinement Facilities  
§115.64 – Staff First Responder Duties  
§115.65 – Coordinated Response  
§115.66 – Preservation of ability to protect inmates from contact with abusers  
§115.67 – Agency protection against retaliation  
§115.68 – Post-Allegation Protective Custody  
§115.71 – Criminal and Administrative Agency Investigations  
§115.72 – Evidentiary Standard for Administrative Investigations  
§115.73 – Reporting to Inmate  
§115.76 – Disciplinary sanctions for staff  
§115.77 – Corrective action for contractors and volunteers  
§115.78 – Disciplinary sanctions for inmates  
§115.81 – Medical and mental health screenings; history of sexual abuse  
§115.82 – Access to emergency medical and mental health services  
§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers  
§115.87 – Data Collection  
§115.88 – Data Review for Corrective Action  
§115.89 – Data Storage, Publication, and Destruction  
§115.401 – Frequency & Scope of Audits  
§115.403 - Audit contents and findings

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

§115.17 – Hiring and Promotion Decisions - a system for ensuring that all firefighters and associated staff who work closely with the inmate fire crews have received a background check was implemented.

§115.33 – Inmate Education - Corrective action was required to ensure posters are secured in the housing units and additionally in the phone booths in a manner that they will not be torn down. Photo evidence was provided to show this was corrected.

§115.61 – Staff and Agency Reporting Duties – Corrective action was required to include that inmates should be requested to not brush teeth in the first responder check list. This was corrected and distributed prior to the conclusion of the on-site audit.
PREVENTION PLANNING

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

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)

(a) Chapter 5, Article 44 Prison Rape Elimination Policy, including the Notice of Change to Department Operations Manual Chapter 5, Article 44 Prison Rape Elimination Act (PREA) revised May 2018, supports that CDCR is committed to providing a safe, humane, secure, environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment. Section 54040.1 (Policy) outlines a zero-tolerance program noting it applies to all offenders, staff of CDCR, volunteers, and
Section 54040.2 (Purpose) states it will provide guidelines for prevention, detection, response, investigation and tracking of sexual violence, sexual misconduct, and sexual harassment. Section 54040.3 (Definitions) provide definitions of prohibited behaviors including aggressor, coercion, non-consensual, rape, sexual violence and nonconsensual sex acts. Section 54040.15 (Disciplinary Process) addresses the disciplinary process including referral for prosecution.

(b) PREA Coordinator position descriptions and a list of managers for each facility were provided to the auditor. The Coordinator reports to the Associate Director, who reports to the Facility Operations Deputy Director, who reports to the Division of Institutions Director, who reports to the Undersecretary who reports to the Secretary. The auditor met with the Associate Director of Operations and the PREA Coordinator in Sacramento on December 7, 2018, to discuss the audits. The meeting demonstrated to the auditor the importance attached to complying with PREA standards and verified support of the process by the central office.

A telephone interview was conducted with Shannon Stark, PREA Coordinator, for CDCR on February 19, 2019, at 1:00 p.m. EST. It was confirmed that she had sufficient time and her office will make time to coordinate all activities related to PREA compliance. Her duties include monitoring for trends based on data that is implemented into a state-wide data base which affords her and her staff opportunity to evaluate allegations with flexibility. The auditor reviewed numerous documents that showed improvement with the process to meet compliance throughout the review of the documentation provided during the pre-audit phase, further demonstrating the commitment to ensure compliance with the standards and ultimately to prevent sexual abuse and sexual harassment. During the on-site audit, two staff from central office were readily available to address any questions and help gather additional documents requested.

A telephone interview was conducted with Connie Gibson, Director of Adult Institutions for CDCR on February 26, 2019, 1:00 p.m. EST. It was confirmed that she supports the requirements of the PREA standards, but also supports the sound correctional practices that enhance prevention of sexual abuse and harassment.

(c) Review of the Duty Statement for the Correctional Administrator who serves as the PREA Compliance Manager (PCM) at SCC includes supervising liaison to health care, and STG coordinator. PREA Manager duties include receiving notifications for all allegations of PREA incidents and serving as a member of PREA Institutional Review committee. During the audit, the facility PCM was actively involved in the tour with helping address questions and directing the auditor to staff to verify the answers as well as assisting with providing additional documentation. In the interview conducted during the audit with the PCM, although she recently acquired these duties, she confirmed she is able to coordinate requirements related to compliance.

Review of Chapter 5, Article 44 Prison Rape Elimination Policy, associated policies and DOMs all support requirements of the standard. The interviews with the Director of Adult Institutions, Agency PREA Coordinator, and facility PCM all support a cohesive process is in place with communication and implementation to ensure a continuous effort towards improvement with the goal of elimination of sexual abuse and sexual harassment in conferment settings. This was reflected in many memos updating the PREA process. The auditor therefore supports a finding of compliance.
Standard 115.12: Contracting with other entities for the confinement of inmates

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)*

(a), (b) Boilerplate contract language includes the requirement to comply with the Chapter 5, Article 44 requirements, including screening employees who have (1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, (3) been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above, conducting criminal background checks, and removing contractors who have provided materially false information. The auditor reviewed contracts for two out-of-state facilities and seven in-state contracts for the confinement of offenders which all complied with requiring the obligation to comply with PREA standards. It also ensures oversight by the CDCR. A phone interview with the Captain of the Confined Beds Unit on February 22, 2019, confirmed that ongoing supervision of compliance with PREA standards occurs with the facilities that house CDCR inmates by reviewing all PREA investigations to ensure compliance, conducting of training with them when areas are identified, and regular on-site visiting with each facility, at least monthly as well as quarterly oversight by headquarters staff. He further indicated all facilities have been certified as compliant with the PREA standards at least twice. Based on all the information provided, the auditor finds the agency to be in compliance with the requirements of this standard.
Standard 115.13: Supervision and monitoring

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)*
(a) In accordance with Article 26 of the American Correctional Association (ACA) Standards, Section 14090.3 - General Information, the agency operates using ACA standards for a benchmark supporting the use of sound correctional practices. There are judicial findings in this agency related to medical issues and disabilities and are all currently in settlement phase. There have been no findings of inadequacy from Federal investigative entities, external or internal oversight bodies. The auditor supports this based on the review of the staffing plan which specifically indicates this, interview with the Warden, interview with Just Detention International, Inc., and a search of the internet prior to the audit. Video monitoring is not extensive at this facility; no additions have been made. Due to the custody level of the facility and review of investigations, it is not at this point a priority for the Agency as are other facilities based on these factors, as supported by the interview with the Warden, and PREA Coordinator.

(b) Initiatives based on the Future of California Corrections plan includes improved classification, focus on rehabilitation (noting staffing needed to increase access to care and programming), provide out of cell time and gender-responsive programs, and inmate safety. Based on this initiative, a department-wide standardized staffing plan was implemented that considered these factors. For SCC, the final Standardized Staffing Plan is dated October 29, 2018. The PAQ indicates there have been no deviations from the staffing plan. The auditor requested and received staffing rosters for the 5th of each month for the previous 6 months which also demonstrated no deviations from the staffing plan. The interview with the Warden supported that if adjustments to this plan were needed, a process is in place to request changes through central office. Furthermore, there is a strong union presence in this agency; the auditor believes this union would not allow deviations from the staffing plan without taking action.

(c) Section 54040.17.1 - Annual Review of Staffing Plan states that at least annually, the institutional PCM and Program Support Unit, in consultation with the PREA Coordinator shall assess, determine, and document whether adjustments are needed to the staffing plan, video monitoring and other technology, and resources assigned to ensure adherence to the staffing plan. The auditor was provided a 20-page staffing plan for SCC which demonstrated an annual review of the plan, addressing all aspects required in section (a), including the camp operations.

(d) Section 54040.6 - Security Rounds states a custody supervisor shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. The auditor received documentation demonstrating unannounced weekly rounds on all shifts by the supervisory staff during the pre-audit phase. While on site, the auditor reviewed the log books which demonstrated unannounced weekly rounds. Interviews with supervisory staff supported that these are being conducted using a strategy that ensures it is not conducted on a regular basis, nor in a manner that would afford staff the ability to contact the next area to alert them of the rounds.

Based on review of the Standardized Staffing Plan for SCC, which includes Fire Camps, positions for programs, health care, recreation areas as required by each shifts, the facilities annual staffing plan, which is a detailed document addressing all required aspects required by the standard, and documentation and affirmation by staff interviews that unannounced rounds are occurring, the auditor finds this standard to be in compliance.

**Standard 115.14: Youthful inmates**

**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)

The age of majority in California is 18 years of age. The Division of Juvenile Justice provides housing for youths under the age of 18 who have been sentenced to state prison. The auditor found no evidence to dispute that no inmates are at this facility that are under the age of 18 during the auditor process. Therefore, the auditor finds this Agency to be in compliance with this standard.
## Standard 115.15: Limits to cross-gender viewing and searches

### 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)*

(a) Section 52050.16.5 - Unclothed Body Search of Inmates (Revised July 1, 2015) states “Correctional personnel, other than qualified medical staff, shall not conduct unclothod body inspections or searches of an inmate of the opposite sex, except in an emergency.” The PAQ reported that this has not occurred; the auditor randomly asked staff and inmates and found that no one had recalled an incident where cross-gender strip searches had to be conducted.

(b) Not applicable

(c) Section 54040.5 - Searches states institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches . . . utilizing the Notice of Unusual Occurrence (NOU). Completed NOU forms shall be reviewed by the supervisor and routed to the institutional PCM. As stated in the PAQ, none have occurred, but as illustrated, a process is in place if it should.

(d) Section 54040.4 - Preventative Measures states, “Each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Except in circumstances where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing. In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes. This policy shall be included in each institution’s orientation handbook. This will allow the inmate to take into consideration that staff of the opposite gender may be present when performing bodily and bathing functions.” During the audit and the tour of housing areas, the auditor’s “female” presence was announced in all housing units. Based on observation of the inmates in the unit, this was not an unusual announcement. All inmates and staff interviewed confirmed that inmates are able to shower, perform bodily functions, and change clothing without non-medical 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. Most inmates confirmed the announcement is occurring, some indicated it happens sometimes, two indicated it is not happening. Observations of the housing areas, including the camp operations, showed that partitions
were added, or enhancements were made to shower and toilet areas to ensure staff do not have to view inmates during this time, but staff are still able to ensure safety.

(e) Section 52050.16.7 - Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (Effective July 1, 2015) states, “In the event that there is an individual going through Receiving and Release (R&R) who self-identifies as transgender or self-identifies with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. In the event that an individual’s genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate’s records. (i.e., paperwork indicates male, inmate will be searched by a male staff member). If staff are unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation, for his/her safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate. Once the information is collected and documented on the CDCR Form 128-C3, the Institution Classification Committee (ICC) should determine appropriate classification and housing placement. Many inmates consider their sexual orientation and gender identity to be private information, and the widespread knowledge of this information could impact the safety and well-being of sexual minorities such as lesbian, gay, bisexual, transgender and intersex (LGBTI) inmates. This information is considered sensitive and should be handled in a confidential manner. The information should only be communicated to staff when there is a justified ‘Need to Know.’ This information should never be communicated to other offenders. This will protect the rights and safety of the involved inmate.”

Policy is clearly worded to support that the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status. Review of the training curriculum supports that this is addressed with staff annually. All staff interviews immediately acknowledged that this should not occur, demonstrating knowledge of the training they have received.

(f) Training Curriculum and Participant Workbook, Transgender Inmates, part of academy training and in-service training, addresses the following:

- Culture of respect, professional conduct and communication
- Who is to conduct searches
- Document for authorized personal property
- Clothes and unclothed body searches
- PREA standard requirements and the reasons for them (safety reviews, showers)
- Terminology and definitions
- Includes a knowledge review
- Current case law

Based on the policy excerpts noted above, review of the 48-page training curriculum, interviews with staff, and review of the training documents and process to ensure all staff receive training, there is sufficient evidence for the auditor to support a finding of compliance with this standard.
Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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)

(a), (b), (c) Offender Education states 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. A memo issued from the Division of Adult Institutions, further clarifies the following: “In order to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population’s knowledge and understanding of PREA and sexually transmitted diseases. For example, in instances where an 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.”

This facility does not house inmates with limited physical abilities, or cognitive abilities due to the mission of the agency to find, screen and train inmates to live and work for the Fire Camps. The facility
did provide the auditor a list of inmates with disabilities which supported this classification process. Many inmates speak broken English with their primary language being Spanish. All written materials and posters regarding PREA and the services available are in Spanish in addition to English. Many staff have been designated staff interpreters for the department that can be called upon to assist. In addition, the auditor viewed the contract for Interpreters, Unlimited, Inc., Life Signs Now, Inc. and Interpreting and Consulting Services, Inc. which provides American Sign Language Interpreters. One poster regarding how to contact the Rape Crisis hotline is also available in Hmong.

Form CDCR-128-B is used for every inmate upon arrival at a facility. On this form, it documents that the inmates have seen the video regarding PREA, received the “What You Need to Know” pamphlet in English, Spanish, or Hmong, received the Orientation Handbook with PREA information and are educated about Opposite Gender Announcements. In addition, inmate “Effective Communication” is assessed by noting the inmates TABE score or if additional communication/accommodations are needed due to disability. Afterwards, effective communication is assessed by noting if the inmate asked questions or if the inmate was able to summarize the information.

Based on all the information provided and summarized above, the auditor finds that the facility is taking meaningful steps to ensure access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment for inmates with limited English, intellectual deficiencies or physical disabilities.

**Standard 115.17: Hiring and promotion decisions**

**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)*

(a), (b) Supplemental Application for all CDCR Employees specifically asks questions regarding (1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, (3) been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above, and (4) received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup community confinement facility or other institution. It requires the hiring authority to contact the PREA Coordinator if there is a yes response to any of the questions.

(c), (e) CDCR requires all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire. The Live Scan system notifies the department of any subsequent arrests an employee or contractor has on an on-going basis. It is a national notification. CDCR Form 2025 Employee Reference Questionnaire provides specific questions to be asked during the reference check process to comply with PREA standards. Interview with the Staff Services Manager confirms that she receives an estimated 10 “hits” from the Live Scan a year, typically this is for applicants. She further stated that this information is then immediately provided to the Hiring Authority for review. The documentation for this was shown to the auditor during the interview.

(d), (e) Contract language: Security Clearance/Fingerprinting states, the State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice (California), Bureau of Criminal Identification and Information (Bell), 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.

(f), (g) The Application Form clearly indicates that applicants must list all arrests noting that failure to do so will be grounds for denial of the application and/or termination of employment. Furthermore, it
requires applicants to note any prior correctional experience on the form. As the applicant signs, he/she is noting that they understand the misrepresentation, omissions, or falsifications may lead to not getting the job, or if discovered later, discipline up to termination from state service. The form is reviewed by the Warden.

(h) The agency, specifically the facility Staff Services Manager, does 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, upon receipt of a signed release. This was confirmed by the interview with the Staff Services Manager.

Eight examples were provided to the auditor during the pre-audit phase. While at the facility, the auditor randomly requested to see Live Scan documentation, proof of the supplemental pre-employment and pre-promotion questionnaire, and evidence that reference checks were conducted. This was provided for four new staff, two promotional staff, and two new nursing staff.

Corrective Action Required:
The inmates who work on the fire crews work closely with CALFIRE and Los Angeles County Fire Department staff. These staff are neither volunteers or contractual. However, in accordance with the established Frequently Asked Questions (FAQs) established July 2018 determined that these staff are to have criminal background checks and training requirements. A system for ensuring that all firefighters who work closely with the inmate fire crew have received a background check needs to be implemented. Fire captains who are paramedics and/or Emergency Medical Technicians are “Live Scanned”. It was not clear what system is in place for those fire captains who do not hold these credentials. In addition, many camps had a Waste Treatment Operator and/or maintenance staff that it was not clear if they have had a background check prior to placement in their position. All staff are being trained and signing acknowledgements for the training.

Update: Documentation was received demonstrating a cooperative effort between CAL FIRE and CDCR that implements a system to ensure all CAL FIRE staff are live scanned. The auditor finds that the agency in substantial compliance with the clarifications implemented in the FAQ.

Standard 115.18: Upgrades to facilities and technologies

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)

(a) Faculty Planning, Construction and Management Notice of Change Statement, August 14, 2017, added the following: “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.”

(b) 28 23 00 Video Surveillance addresses requirements regarding where and what type of video surveillance is needed. Faculty Planning, Construction and Management Notice of Change Statement dated August 14, 2017, added the following: “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.”

Based on the interview with the Warden, and PREA Compliance Manager, no expansion has occurred except for the remodeling of the health care area. PREA requirements, as well as inmate and staff safety considerations, are being given to the design of the operation.

Based on review of the policy, tour of the facility and observations made, as well as the interview with the PREA Compliance Manager and Warden, the auditor finds this standard to be in compliance.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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)*

(a) Section 54040.81 - Custody Supervisor Responsibilities, Evidence states the following: “Care must be taken to ensure that any potential evidence is identified, preserved, and collected. Examples of evidence include, but are not limited to, any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit). Based on when/where the incident occurred, a designated evidence officer will be requested to collect evidence that may be destroyed if not preserved. The designated evidence officer and any other employee who collects evidence will process it according to institutional procedure. All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner (SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions. Refer to the institutions local MOU or DOM Supplement regarding processing of the clothing that the victim and suspect wore at the time of the incident. All other evidence such as clothing (from his/her bed area) and bedding will be collected per institutional procedure. Once the SANE has finished collecting the evidence, it will be returned to the custody escort to transport back to the institution where it will be [processed following local protocols. In addition, the following forms have been developed and approved to ensure proper handling of evidence collection in a uniform manner:

- Custody Supervisor Checklist
- Initial Contact Guide
- Initial PREA Check Off (one for Staff and one for Supervisors) provides a detailed guide to ensure a sexual abuse incident is properly handled
Watch Commander Notification Checklist for PREA

(b) Curriculum Specialized PREA Evidence Training for Locally Designated Investigators, utilizes A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, 2012, as required per California Penal Code 13516.

(c) Section 54040.9 - Forensic Medical Examination states, “the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination, the Forensic Medical Report: Non-Acute (>72 hours) Child/Adolescent Sexual Abuse Examination, or the Forensic Medical Report: Sexual Assault Suspect Examination. These examinations will consist of an explanation of the process, the offender’s signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred, and a detailed physical examination that will include evidence collection and photographs.”

(d), (e) Section 54040.8.2 - Victim Advocate and Victim Support Person for Medical Examination states, “In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of a sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination. Per PC Section 264.2, the victim of the crimes listed above has the right to have a victim advocate present and a victim support person of the victim’s choosing at the examination. In most cases, the victim advocate will be from the local rape crisis center. A Memorandum of Understanding (MOU) between the Institution and Local Rape Crisis Center (Victim Advocate) shall be established to ensure that both agencies understand their roles and responsibilities when responding to sexual violence or staff sexual misconduct.”

There is an MOU with Center for a Non-violent Community to provide emotional support services, provide a Victim Advocate to accompany and support through the medical exam, follow-up and ongoing emotional support services in addition to confidential inmate telephones calls using hotline and confidential written correspondence. In person crisis counseling can be arranged by the PREA manager. The MOU requires that they maintain confidentiality in accordance with California Evidence Code 1035.8. Due to county borders, Sierra Conservation Center Supplement Chapter 5 Custody/Security Operations Article 44 Prison Rape Elimination Act indicates that the Women’s Center of San Joaquin is to be contacted to request a Victim Sexual Assault Advocate (VCAA) be dispatched to the hospital. In addition to the above policy and MOU, the auditor reviewed the contract with Sam Joaquin General Hospital through June 2020 to provide SANE exams, Protocols for State of California Office of Emergency Services Forensic Medical Report Acute Adult/Adolescent Sexual Assault Examination, and Forensic Medical Report: Sexual Assault Suspect Examination. The PAQ indicates there has not been an incident requiring the need for a SANE exam or victim advocate in the past 12 months. The auditor found no reason to dispute this during the audit process. Based on all documentation provided, the auditor believes the facility is well prepared to address a sexual abuse event in accordance with the requirements of this standard.
Standard 115.22: Policies to ensure referrals of allegations for investigations

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)*

(a) Section 54040.12 - Investigation, states that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. In addition, all allegations require completion of the Survey of Sexual Violence (SSV-IA) form.
Staff on Offender: This clarifies that “allegations of staff on offender sexual misconduct or staff sexual harassment will be immediately reported to the Hiring Authority via the Watch Commander. The Hiring Authority will assign an LDI to conduct an inquiry until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The Confidential Memorandum shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary. In the event of such an emergency, staff shall follow-up with a written report within one (1) day of learning the information.”

Offender on Offender: This states the following: “All sexual violence allegations to include sexual assaults, attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be investigated by the LDI. These staff designated by the Hiring Authority will be responsible for completion of the investigation and will follow standard investigative procedures. The LDI or Custody Supervisor may utilize the Sexual Assault/Battery Interview Guidelines when questioning the alleged victim regarding the specific facts of the allegation. The ISU Lieutenant or LDI shall be responsible for completing the SSV-IA.”

(b) DOM, Chapter 5, Article 44, Section 15080.2, states in part: “The Office of Internal Affairs (OIA) is the departmental entity with authority to investigate allegations of employee misconduct when appropriate. Information regarding this process is located at https://www.cdcr.ca.gov/OIA.”

Policy excerpts noted above support that investigations are completed for all allegations of sexual abuse and sexual harassment on inmates. It states all allegations are to be referred to local investigators for investigation. The auditor concludes this is occurring based on review of the database for investigation, interviews with the Warden, and interviews with the investigator that confirmed all investigations are referred as well as review of the investigations for 2018. Review of the investigations confirmed that investigations are initiated immediately, including two from the fire camps. Therefore, the Auditor found sufficient evidence to support a finding of compliance with this requirement of the standard.

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<thead>
<tr>
<th>TRAINING AND EDUCATION</th>
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<tbody>
<tr>
<td><strong>Standard 115.31: Employee training</strong></td>
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<th>115.31 (a)</th>
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<tr>
<td>- 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</td>
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<tr>
<td>- 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</td>
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- 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)*

(a), (c) Section 54040.4 - Education and Prevention. (Revised July 27, 2017), Staff Training states “All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and the Correctional Training Academy. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.”

The auditor reviewed the lesson plan which contained 70 pages that addressed the following topics:

- Purpose and intent of PREA
- Identify prevention measures
- How to respond to allegations, suspicions and knowledge
- Definitions
- Communicating Effectively with LGBTI gender non-conforming
- Warning signs, vulnerable population
- Privacy/Modesty Screens and Announcements
- Cross-Gender Searches
- Detection and responsibilities of staff
- Crime scene preservation
- Zero tolerance
- Retaliatory behavior is not tolerated
- Maintaining confidentiality

An additional training curriculum was provided on inmate/staff relations which addresses avoiding inappropriate relationships with inmates.

As noted, PREA topics are addressed at new employee training as well as in-service training. This was confirmed by random interviews with staff who were experienced staff as well as two staff that had less than one year of service as a correctional officer. The facility provided a training report for all staff, one entitled positive report, the other negative report. The negative report had notations regarding why employees had not received training such as military leave, family medical leave, etc. This demonstrated a sound practice to show that training staff ensure that all staff have received the training. All staff interviews supported that they are very knowledgeable regarding the aspects of prevention, detection and response. Staff at the camps receive updates from the Lieutenant or Sergeant assigned to the camp as well as attend regular in-service training at the facility yearly. Two staff from each Fire Camp were cross referenced with the training document and found to be current with the required PREA training.
(b) Section 54040.4 - Education and Prevention (Revised July 27, 2017), Staff Training states, “the training will be gender specific based on the offender population at the assigned institution.” Two staff who had previously worked at a female facility was interviewed regarding their training. Both confirmed that the training is different from that received when working at a male facility, confirming that it is tailored to the gender of the population.

(d) Employees confirm they understood the training by completing a quiz one year, and then the other year completed training on the Learning Management System (LMS) and electronically signed noting they understood the training.

Review of the training curriculum, interviews with staff and review of the training documentation support that staff training on the PREA requirements is occurring, therefore a finding of compliance is given.

**Standard 115.32: Volunteer and contractor training**

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)*

(a) Section 54040.4 - Education and Prevention, Staff Training states 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.

(b) There is a Volunteer/Contractor Informational Sheet that covers the following topics: policy, zero tolerance, retaliation, professional behaviors, prevention, detection and reporting. This is provided to
potential volunteers with the Volunteer Application and Service Agreement. The agreement is also included in the 40-page Volunteer Handbook provided to volunteers. The handbook also addresses other topics such as Security Awareness and Dress Code.

(c) A form entitled, PREA Policy Information for Volunteers and Contractors (CDCR 2301) states at the bottom, “I have read and understand my responsibility.” This form addresses PREA and the historical information, CDCR PREA policy, including no tolerance for retaliatory behavior, prevention, detection and response.

During the Pre-Audit phase, four examples of volunteers’ signatures were provided for review. The auditor interviewed three volunteers during the audit; all confirmed that they were informed of the responsibilities they hold regarding compliance with PREA standards and understood it. The agency recently implemented a PREA training Learning Management System (LMS) for volunteers to complete prior to providing their service on site at the facility. It is a computer-based linked with PREA training to be completed by the volunteer. Interviews with the contractual staff (two) who provide substance abuse disorder programming supported that they are being educated regarding PREA, and also signed the PREA Policy Information for Volunteers and Contractors. The auditor requested and randomly received the folders for contractual staff at the facility with the last name starting with D, M & T supporting compliance with signed acknowledgments regarding PREA. The auditor requested and was able to view Volunteer/Contractor Informational Sheet for all volunteers and CAL FIRE staff at all the camps. Based on policy, interviews, training for volunteers and documentation showing the contractual staff have received instruction/training.

**Standard 115.33: Inmate education**

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)*

(a) Section 54040.4 – Education and Prevention, Staff Training states “Verbal and written information shall be provided to offenders which will address

- Prevention/Intervention.
- Reporting.
- Treatment and Counseling.”
Upon arrival, inmates receive and sign for the PREA Information for Orientation Handbook in English and Spanish. It includes the following information: Zero Tolerance for Sexual Abuse and Sexual Harassment Towards Inmates, No Retaliation for Making an Allegation, there will be Opposite Gender Announcements and Avenues which are available for reporting an incident (including anonymously), Third Party, Office of Internal Affairs (OIA) Mailing address, How to Identify Sexual Abuse and Sexual Harassment, How to Contact the Office of Inspector General (OIG), which allows for the inmate to remain anonymous upon request, but informs the inmate that telephone calls are recorded, and how to contact the Victim Advocate and Victim Support Person (write or call). There is a specific orientation inmate handbook for Facility A and B, and Facility C.

At each Fire Camp, there is an inmate handbook with details specific to the camp operation. Upon arrival, a brief orientation is conducted in which the camp specific orientation manual, which contains the information required by the PREA standards is reviewed and inmates again sign acknowledging the receipt. During each visit to a Fire Camp, the auditor randomly pulled five inmate files to support that a signed acknowledgment was present. Inmate interviews at the Fire Camps confirmed that the receipt of the orientation book and review is occurring immediately upon arrival.

The Inmate handbook PREA information includes the following:

- Opposite gender announcement
- Reporting (includes anonymous)
- Address, phone number for OIA
- Information about Victim Advocate
- This is available in Spanish and English.

Inmates are provided the handbook immediately upon arrival along with the pamphlet: Sexual Abuse/Assault Prevention and Intervention which includes the following information:

- OIA and OIG phone numbers
- Address for Just Detention International
- Definitions of abuse, misconduct, harassment and their rights
- Address for the local rape crisis center
- It is available in English, Spanish, and Hmong.

(b) When the inmate attends his Institutional Classification Committee (ICC), within 14 days of arrival, this information is reviewed with him by the counselor and noted in the electronic inmate record. The auditor requested and received a list of the first inmates arriving at the facility for the month of January in addition to corresponding risk assessment, verification of education received and follow-up meeting with the counselors. This documentation supported that the inmates are receiving this education when they transfer to a different facility, immediately upon arrival. Follow-up review occurs with the counselor. Most inmates confirmed this is occurring; some indicated it had been too long ago (they had been housed at this facility for 18 months or longer), some stated they just didn’t recall. Of those, once prompted about the intake process, they confirmed that they have been given the information. Interviews with the counselors’ support that this practice is occurring as well.

(c) The PAQ at SCC indicates that all inmates have received the education. Upon departure from the transportation bus, all inmates are held in a holding area. During this time, a video is played regarding PREA published by JDI which repeats in Spanish and Hmong, in addition to orientation to this facility and information about housing and expectations of working as a fire fighter. This process was
explained by the Intake Lieutenant and observed while at another facility. Review of records for the first 15 inmates to arrive in January 2019 (randomly requested) provide evidence to support that inmates are receiving the PREA education as noted and providing a signature to support this.

(d) CDCR written instruction states, appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. It further states institutions may consider the use of offender peer educators to enhance the offender population’s knowledge and understanding of PREA and sexually transmitted diseases. See additional comments on 115.16 regarding compliance with this standard.

(e) Written authority states, PREA offender education shall be documented on a CDC Form 128-B, General Chrono. The offender shall be asked to sign the CDC Form 128-B indicating they received the training. Refusal to sign will be noted by staff on the CDC Form 128-B. The CDC Form 128-B shall be forwarded to Inmate Records for appropriate scanning into the Electronic Records Management System.

(f) Approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas.

In summary, the process to ensure “Effective Communication,” the process for receiving and educating inmates immediately upon arrival, the documentation supporting that this has occurred, interviews with the inmates, interview with the counselor, interview with the Intake Sergeant and overall observations support a finding of compliance.

Corrective Action required: As the posters in the housing units was not consistent, the auditor required the facility to ensure they are posted in an area visible to inmates, and secured to avoid their being ripped down. Posters were secured in the phone booths; photo evidence was provided. This is now deemed compliant.

**Standard 115.34: Specialized training: Investigations**

<table>
<thead>
<tr>
<th>115.34 (a)</th>
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<tr>
<td>✗ 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</td>
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<th>115.34 (b)</th>
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<tr>
<td>✗ 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</td>
</tr>
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</table>
- 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)

(a) Section 54040.4 - Education and Prevention, Staff Training, states “All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c). The curriculum utilized in the class must be Office of Training and Policy Development (OTPD) approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained.” Interviews with the investigators support that they have received the general training provided to all employees. This was cross referenced on the training document provided for all staff at this facility.

(b) Specialized Training for PREA Investigators, a 287-page training curriculum, addresses the following:

- Factors to consider when interviewing different victims
- Legal Liability
- DOJ Standards
- Definitions
- Forensic Medical Exams
- Evidence Officer Responsibilities
- Crime Scene Preservation
- Criminal Prosecution – Use of Miranda and Garrity warnings

(c) Documentation was provided demonstrating that 674 staff have been trained department wide, 10 are at SCC.

Based on review of the documentation/training curriculum, training records, interview with the investigator and review of the investigations, the auditor finds the standard in compliance.

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

**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)

(a) The medical/mental health eLearning module address all aspects as required by the standard (how to detect and assess signs of sexual abuse and sexual harassment), how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and to whom to report allegations or suspicions of sexual abuse and sexual harassment. 54040.4 - Education and Prevention, Staff Training states, “All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training is conducted during new employee orientation, annual training, and is included in the curriculum of the Correctional Training Academy. Participation in the training is documented on a CDCR 844, Training Participation Sign-in Sheet.” In addition to training received by all staff, medical and mental health staff receive training through their department that addresses the additional requirements.

(b) Not applicable, another agency provides this service.

(c) Documentation was provided showing training has been completed by all medical and mental health staff in the past 12 months.

(d) Documentation was provided showing that medical and mental health staff also received the training mandated for agency employees.

Finding of compliance is based on the following: (1) review of the training curriculum, (2) written authority requiring the training, (3) training documents demonstrating all have been trained, and (4) interviews with medical and mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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)

(a), (b), (c), (d), (e) Section 54046.5 - Initial Screening states “Upon arrival at an institution reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment. Additionally, the screening authority shall review prior in-cell behavior towards cell partners, such as verification that an inmate is or has been predatory towards a cell partner or has a history of in-cell sexual abuse. The risk assessment is conducted immediately upon arrival during the intake process. It assesses the following information:

Risk of Victimization
1. Victim of substantiated incident of sexual violence in a correctional setting
2. Experienced sexual victimization in a non-correctional setting
3. Mental, physical or developmental disability
4. Under 21 years old, older than 65
5. Physical build
6. Prior convictions for sex offense against an adult or child
7. Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex or Gender non-conforming?
8. First incarceration
9. Exclusively non-violent criminal history (convictions only)
10. Does the Inmate currently consider themselves vulnerable to sexual victimization?

Risk of Sexual Abusiveness
• History of sexual violence in a correctional setting
• Prior conviction for sex offense in a non-correctional setting
• Conviction for non-sexual violent offenses in non-correctional setting
• Guilty finding for non-sexual violent offenses in a correctional setting

Based on responses, a designation of risk for victim or risk for abuser is determined. If identified as both, the risk for abuser becomes the designated result. During this assessment, based on responses, a referral to mental health is offered. The screening process is conducted individually and privately by the Intake Sergeant. Interviews with the Mental Health Direction and the Intake Sergeant confirm this is
occurring. Documentation provided during the pre-audit phase demonstrated an example of this process.

(f) Section 62010.8.3 - Initial Classification Committee (ICC) states that the ICC will meet with each inmate privately within 14 days after arrival at the institution. A review of medical/mental health needs, the inmate’s ability to understand and participate in the hearing, gang or enemy concerns, work assignments, and programming needs, and the completed PREA screening tool is conducted by the counselor. The counselor will discuss any concerns the inmate may have. In addition, they review any newly received information that may require an updated PREA risk assessment.

(g) Section 54040.7 - Detection, Notification, and Reporting states “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 or abusiveness.” Interviews with the PREA Manager and the counselors support that there is a process in place for this to occur. It would result in the counselor conducting the new risk assessment or receipt of any other information that would affect the risk assessment.

(h) Section 54040.6 – Offender Housing states “Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability.” Six inmates were randomly asked if they felt they would be disciplined for refusing to answer. All indicated they did not feel they would be disciplined. Interviews with the lieutenant who conducts the screens supported this as well.

(i) Inmate information is all computerized. Access is controlled to who needs to know. This was confirmed by the interview with the Warden, PREA Coordinator, PREA Manager, and counselors. Generally, access to risk assessment information is granted to custody staff who conduct the risk assessment and those staff who make housing decisions.

Inmate interviews confirmed that they were asked questions individually after intake and then met with the counselor within two weeks in which PREA was discussed again, except those inmates who had been housed at the facility longer than 18 months; some said it probably happened but they cannot recall. These inmates did confirm awareness of the PREA law and how to report an allegation noting they have read the posters; therefore, their lack of recollection about the intake process did not concern the auditor.

The auditor requested and received the names of the first fifteen inmates to arrive at the facility in January 2019, their risk assessment, and their follow-up interview with the counselor and corresponding documentation. Upon review of these documents, the auditor found sufficient evidence to support compliance with the requirements of the standard.
Standard 115.42: Use of screening information

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

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)

(a), (b) As noted previously, Section 62010.8.3 - Initial Classification Committee (ICC) states that the ICC will meet with each inmate privately within 14 days after arrival at the institution. A review of medical/mental health needs, the inmate’s ability to understand and participate in the hearing, gang or enemy concerns, work assignments, and programming needs, and the completed PREA screening tool is conducted by the counselor. The counselor will discuss any concerns the inmate may have. In addition, they review any newly received information that may require an updated PREA risk assessment. Section 62010.8.3 further states, If the information changes the inmates “at risk” designation, the Correctional Counselor II Supervisor shall complete a new PREA Screening form and establish an alert in the Inmate Precaution section of the electronic medical record, if
applicable. The Unit Classification Committee (UCC) chairperson’s responsibilities during the committee is to review the completed PREA Screening tool contained in the General Chrono section of the electronic central file and discuss the inmate's concerns as they relate to sexual violence or sexual harassment. The chairperson must also review any newly received information, identified by the correctional counselor. The review must be completed to not only determine if the offender has been sexually assaulted or pressured since intake at the facility, but also, to consider other risk factors used to identify those offenders at higher risk of future victimization. After the initial UCC is completed, the Correctional Counselor II Supervisor will ensure the discussion and any action taken by the UCC is documented in the Classification Committee Chrono (inmate record).

In regard to housing and bed assignments, Article 1.6. Inmate Housing 3269 Inmate Housing Assignments states the following: “Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment. The screening authority involved in the review and approval of an inmate's housing assignment must evaluate all factors to be considered when completing the Initial Housing Review, including but not limited to:

- Inmate name, CDC number, and Personal Identification number.
- Personal factors such as race, date of birth, age, weight, height, birthplace, and whether the inmate is a foreign national.
- Receiving Institution.
- County of commitment.
- Out to court return and escape history.
- Length of sentence.
- Enemies and victimization history.
- Criminal influence demonstrated over other inmates.
- Previous housing status.
- Reason(s) for prior segregation.
- History of “S” suffix determination pursuant to CCR subsection 3377.1(c).
- History of in-cell assaults and/or violence.
- Security Threat Group affiliation
- Involvement in a race-based incident(s).
- Nature of commitment offense.
- Documented reports from prior cellmate(s) that the inmate intimidated, threatened, forced, and/or harassed him or her for sex.
- Documentation that the cellmate(s) refused to return to a cell occupied by the inmate because of fear, threats, or abuse perpetrated by the inmate.
- Documentation that the inmate has been the victim of a sexual assault or was previously single celled.”

Single cell status shall be considered for those inmates who demonstrate a history of in-cell abuse, significant in-cell violence towards a cell partner, verification of predatory behavior towards a cell partner, or who have been victimized in-cell by another inmate. Staff shall consider the inmate’s pattern of behavior, not just an isolated incident. An act of mutual combat in itself does not warrant single cell status.

Custody supervisors assigning/approving housing moves are required to review the inmate precaution screen to determine if inmate(s) being moved are identified as being “PREA - At Risk...
as a Victim” or “PREA - At Risk as an Abuser”. If either precaution exists, the custody supervisor is to review the potential cellmate’s precaution screen and case factors to ensure inmates identified as “PREA - At Risk as a Victim” and “PREA - At Risk as an Abuser” are not housed together in a cell.

Numerous factors are considered when assigning an inmate to a bed to ensure his safety, including the PREA Risk assessment.

(c), (d), (e), (f), (g) The following excerpts support compliance with the requirements of this standard: Section 62080.14 - Transgendered Inmates states, “Inmates who have been diagnosed as transgendered, as documented on the CDCR Form 128-C3, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment. This affords an individualized determination to address the inmate’s needs. Transgender inmates housed in CDCR are sent to one of several prisons designated to meet their needs which is typically related to medical needs.” This facility is not designated as the prison that would house transgender inmates. The agency tracks this population to ensure that biannual assessments are conducted. Instructions for the bi-annual assessment include a face-to-face interview to review safety concerns, housing and program needs. Showers at this facility are individual showers and therefore the transgender inmate would be able to shower separate from other offenders, should a transgender inmate be transferred to this facility. Therefore, the agency is in compliance, but this facility does not have any transgender/intersex offenders.

Based on observations made during the audit process, the auditor found no evidence to disbelieve this statement.

**Standard 115.43: Protective Custody**

**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)

(a), (b), (c), (d), (e) The following excerpts support compliance with this requirements of this standard: Section 54040.6 - Offender Housing (Revised July 27, 2017) states “Offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated...
housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. The offender’s retention in segregation should not ordinarily exceed 30 days."

3335. Administrative Segregation states when an inmate’s presence in an institution’s General Population (GP) presents an immediate threat to the safety of the inmate or others, they can be placed in non-disciplinary segregation (NDS). If placement is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with 3044 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 limitations.

It further states, the facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If the period of segregation exceeds 30 days, reasoning shall be documented on a CDC Form 128-G (Rev. 10/89), Class Chrono.

Additionally, every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population.

The review is to be documented on the CDC Form 128-B (Rev.4/74), General Chrono. If the custody supervisor determines the need for continued segregation no longer exists, the inmate shall be referred to the ICC for a program review.

The auditor interviewed two staff who work regularly in confinement. One was a supervisor, the other an officer. Both confirmed that no inmate had been placed in confinement due to risk for victimization. The PAQ states that no inmates have been placed in administrative confinement due to risk for sexual victimization. During the audit process, the auditor found no evidence to dispute this. Based on the policy excerpts noted above, and interviews confirming this, the auditor finds this standard to be compliant.
## REPORTING

### Standard 115.51: Inmate reporting

**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)

(a), (c) Section 54040.7 - Detection, Notification and Reporting states, “Offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party.” This written authority illustrates multiple internal methods for reporting violations of the policy which includes sexual abuse, sexual harassment, staff neglect and/or retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. All staff interviews confirmed that staff will accept reports in any manner received, including anonymously, and will forward the information immediately to the Watch Commander. PREA posters located throughout the facility also emphasize that reports can be made anonymously. Counselors at the facility have six open access hours a week, making them accessible to inmates who may feel more comfortable reporting concerns in their office which affords privacy. Inmate interviews confirmed at least two methods for reporting an allegation, most noting they saw the information on the posters. All inmates’ interviews confirmed they were aware they can report verbally, in writing, and by third party and anonymously.

(b) Inmates can report sexual abuse or sexual harassment to the Center for a Non-violent Community, or to the OIG hotline. The OIG reports to the Governor of California. The auditor tested the OIG number on an inmate phone, gave a password, which was forwarded to the facility in less than 24 hours verifying immediate forwarding to the facility.

(d) Staff can report privately to supervisors at the prison or to the OIG hotline. Staff interviews mostly indicated they would go to a supervisor, noting they trust their supervisor. After prompting they confirmed they knew they could report to the OIG hotline.

Based on all the information noted, staff and inmate interviews and review of the investigations which demonstrated immediate reports of sexual abuse and sexual harassment to the Watch Commander, the auditor finds this standard to be in compliance.

**Standard 115.52: Exhaustion of administrative remedies**

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)*

(a) Article 83084.1. Right to Appeal states “The appeal process is intended to provide a remedy for inmates and parolees with identified grievances and to provide an administrative mechanism for review of departmental policies, decisions, actions, conditions, or omissions that have a material adverse effect on the welfare of inmates and parolees. All appeals shall be processed according to the provisions of Article 8, Appeals, unless exempted from its provisions pursuant to court order or superseded by law or other regulations. Any inmate or parolee under the department’s jurisdiction may
appeal any policy, decision, action, condition, or omission by the department or its staff that the inmate or parolee can demonstrate as having a material adverse effect upon his or her health, safety, or welfare. The department shall ensure that its departmental appeal forms for appeal of decisions, actions, or policies within its jurisdiction are readily available to all inmates and parolees."

(b) Under the section on Staff Complaints it states,
1. There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinator, the appeal shall be screened in accordance with subsection 3084.5(b)(4).
2. A risk assessment determination of all staff sexual misconduct related appeals shall be immediately completed by the Hiring Authority to determine if the appellant is in substantial risk of imminent staff sexual misconduct. If the assessment results in a determination of the appellant being in substantial risk of imminent staff sexual misconduct, the Hiring Authority shall take immediate corrective action.
3. The appeals coordinator shall provide an initial response to the appellant within 48 hours that shall include whether or not the appeal is being processed as an emergency Staff Complaint.
4. An initial risk assessment shall be documented within 48 hours and the completed risk assessment determination by the Hiring Authority shall be documented within 5 calendar days describing whether the appellant was determined to be in substantial risk of imminent staff sexual misconduct and the action(s) taken in response to the appeal. For the section entitled, PREA Allegations Against Another Offender: it states, a time limit shall not be imposed upon when an appellant may file a grievance alleging inmate on inmate sexual violence.

The time limits for processing an emergency sexual violence appeal are as follows:
1. Once received by the appeals coordinator, the appeal shall be screened in accordance with section 3084.8. When the appeal alleges or indicates that the inmate is at substantial risk of imminent sexual violence, a risk assessment shall be undertaken.
2. A risk assessment determination of all sexual violence related appeals shall be immediately completed by the Hiring Authority to determine if the appellant is in substantial risk of imminent sexual violence. If the assessment results in a determination of the appellant being in substantial risk of imminent sexual violence, the Hiring Authority shall take immediate corrective action.
3. The appeals coordinator shall provide an initial response to the appellant within 48 hours that shall include whether or not the appeal is being processed as an emergency PREA appeal.
4. An initial risk assessment shall be documented within 48 hours and the completed risk assessment determination by the Hiring Authority shall be documented within 5 calendar days describing whether the appellant was determined to be in substantial risk of imminent sexual violence and the action(s) taken in response to the appeal.

(c) Article 3084.8 (b)(3) it also states “Appeal responses shall not be reviewed and approved by a staff person who participated in the event or decision being appealed.”

(d) If the conditions of exceptional delay exist as described in subsection 3084.8(d), the time constraints of Second Level of Review or Third Level of Review 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. Any extension shall require written notification to the appellant and shall include the estimated completion date. The time consumed by the appellant in preparing the appeal shall not count in the calculation of a timely response. 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.

(e) Section 54040.7.2 - Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer states “When a third party, on behalf of an inmate, makes an allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer, that allegation or complaint shall be submitted in writing to the Hiring Authority of the area in which the
individual is assigned. The term ‘third party’ includes inmates, family members, attorneys, or outside advocates. Inmates will file complaints against staff utilizing the CDCR Form 602. . . When a third party files such a complaint on behalf of an offender, a supervisory employee shall take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. Third Party reports of staff sexual misconduct or staff sexual harassment shall be forwarded to the Hiring Authority. The Hiring Authority shall forward the documented third-party report of the allegation to a Locally Designated Investigator (LDI). The LDI will conduct inquiry work until sufficient information is obtained to warrant an Office of Internal Investigations (OIA) investigation, or the information collected refutes the allegation, as determined by the Hiring Authority. The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The Confidential Memorandum shall be maintained with the investigatory file. Standard investigatory procedures will be utilized, and the complaint will be logged on the CDCR Form 2140, Internal Affairs Allegation Log.”

Section 54040.7.3 - Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender addresses the following: “When a third party, on behalf of an inmate, makes an allegation of sexual violence or sexual harassment against an offender, that allegation or complaint shall be submitted in writing to a custody supervisor. The Custody Supervisor shall forward the documented third party report of the allegation to the Locally Designated Investigator (LDI) for investigation and determination of the appropriate disposition.”

(f) Article 3084.9. Exceptions to the Regular Appeal Process. Emergency appeals indicates that “When circumstances are such that the regular appeal time limits would subject the inmate or parolee to a substantial risk of personal injury or cause other serious and irreparable harm, the appeal shall be processed as an emergency appeal.” “The appeals coordinator shall provide an initial response to the appellant within 48 hours that shall include whether or not the appeal is being processed as an emergency Staff Complaint. It further requires that an initial risk assessment shall be documented within 48 hours and the completed risk assessment determination by the Hiring Authority shall be documented within 5 calendar days describing whether the appellant was determined to be in substantial risk of imminent staff sexual misconduct and the action(s) taken in response to the appeal.”

(g) The Agency does not discipline inmates for filing grievances in bad faith. Title 15 3084.4 Appeal System Abuse states that demonstrably false appeals submitted after the issuance of a warning letter shall be screen by the appeals coordinator to ensure they do not contain qualifying emergency issue. In other words, inmates can be restricted from the use of the appeal process for filing false appeals.

Prison Rape Elimination Act (PREA) Sexual Violence states, a grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal. The appeal shall be immediately reviewed by the Hiring Authority or designee and processed directly at the Second Level of Review. When the appeal alleges or indicates that the inmate may be in substantial risk of imminent sexual violence or imminent staff sexual misconduct, a risk assessment shall be undertaken.

Three inmate appeals (grievances) were received that initiated a PREA investigation. The auditor reviewed the process and found no violations of the standards. The auditor interviewed the appeal coordinator and one other staff person who processes inmate appeals. They indicated their awareness for reporting immediately anything in the body of an appeal that is sexual abuse, sexual harassment, retaliation or staff neglect which led to sexual abuse/harassment must be forwarded immediately to the Watch Commander. The auditor reviewed the appeal log from January 2018 to present and found nothing to indicate that an appeal regarding PREA had been overlooked.
**Standard 115.53: Inmate access to outside confidential support services**

**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)*

(a), (b), (c) There is an MOU with Center with Center for a Non-Violent Community to provide emotional support services, provide a Victim Advocate to accompany and support through the medical exam, follow-up and on-going emotional support services, in addition to non-confidential inmate telephone calls using hotline consistent with housing status, confidential written correspondence (note on envelope Confidential/Privileged Communication), and in-person crisis counseling as arranged by the PREA manager. The contractor is required to maintain confidentiality in accordance with California Evidence Code 1035.8.
Agency-wide posters were recently revised with a teal color that indicate “HELP is Available,” then provides phone numbers, noting that these are access to toll-free confidential calls, as well as an address which does provide confidential written correspondence and instructions on how to address the envelope to ensure this. Phones are available during the day located in the yard for Facility A and Facility B, and four phones are available in each housing unit for Facility C. For Facility A and B, they are located in individual phone booths which affords some privacy, although if talking loudly, the conversation could be heard. In Facility C, they are provided with modest separation, affording some privacy from the other telephone. The auditor tested the number from one inmate phone and was able to make contact with this agency. Although the call is confidential, the inmate is required to give a name which is recorded prior to being connected to the agency.

The auditor called the agency that provides the service and was able to talk to the Director. She indicated that her only concern was lack of phone calls. There had been a noticeable reduction in calls from when the contract was initiated, and the posters were initially placed in the facility. During the audit, the auditor found that the posters were sporadically available in the living areas for Facility A and Facility B. Corrective action was required to have them placed by the phones outside the booth in a manner which would avoid potential tampering to help reduce inappropriate removal. Photo evidence was provided to prove this occurred. A follow-up conversation occurred with the Director. She indicated she had recently received two letters. All fire camps had the posters visible throughout the camp. Inmates confirmed during interviews that they had been posted for a long time.

**Standard 115.54: Third-party reporting**

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)*

Section 54040.7.3 - Notification via Third Party Reporting of Sexual Violence or Sexual Harassment against an Offender states that third party notifications made on behalf of an inmate will be addressed. The following website provides directions on how to file an allegation [https://www.cdc.ca.gov/prea/prea/reporting/](https://www.cdc.ca.gov/prea/prea/reporting/)

Staff and inmate interviews all support that third-party allegations of sexual abuse and sexual harassment will be immediately forwarded for investigation in the same manner as any other allegation. Based on this, the auditor finds the standard to be in compliance.
OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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)

(a) Section 54040.4 - Education and Prevention states, CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.

Section 54040.7.1 - Notification via Inmate Appeals or Form 22 Process further states, any employee receiving notice of alleged staff sexual misconduct via a completed CDCR Form 602 (inmate grievance), shall immediately notify the institution head, unit supervisor, or highest-ranking official on duty. Training curriculum reinforces that retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment or those who cooperate will not be tolerated.

(a) 54040.7 – Detection, Notification, and Reporting] states “CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.”

Section 54040.7.1 - Notification via Inmate Appeals or Form 22 Process further states “Any employee receiving notice of alleged staff sexual misconduct via a completed CDCR Form 602, Inmate/Parolee Appeal, CDCR Form 22, Inmate/Parolee Request for Interview, Item or Service, or CDCR Form 602HC, Inmate/Parolee Health Care Appeal] shall immediately notify the institution head, unit supervisor, or highest-ranking official on duty as required by CCR, Title 15, Sections 3401.5, 3084.9(a)(5), 3084.9(a)(5)(A), or 3086.”

(b) Section 54040.8 - Response states, “It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct, and display sensitivity to the potential emotional impact of the situation. All staff are reminded that this is a very serious situation. Incident specific information shall be treated as confidential, and disclosure made only to employees who have a “need to know” and to other persons and entities as permitted or required by law.”

(c) CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES, III. PROCEDURE, A. Initial Encounter
1. When a patient alleges he/she is the victim of sexual violence or misconduct that occurred in an institutional setting:
   a. Health care staff shall:
      1) Provide necessary and immediate emergency medical attention to the victim and suspect.
      2) To the extent possible, maintain physical separation (visual and auditory) between the alleged victim and suspect(s).
      3) Notify the patient of health care staff’s duty to report all allegations of sexual violence, staff sexual misconduct, and sexual harassment, and the limitations of confidentiality, at the initiation of services.
4) Notify the Watch Commander of the incident.
5) Notify Investigative Services Unit (ISU) staff of the incident.

(d) California Correctional Services Volume 1, Chapter 16 - Prison Rape Elimination Act, Procedure 3.
states, “When a patient who is 18 years of age or older alleges he/she was the victim of sexual violence or misconduct that occurred outside of an institutional setting and requests that the incident be reported, or upon receipt of a custody referral for the same situation, health care staff shall:

a. Obtain authorization from a patient to release information through completion of the CDCR 7552, Prison Rape Elimination Act Authorization for Release of Information.
b. Submit the CDCR 7552 to the ISU for appropriate reporting.”

As the staff, including the investigators, are State of California Peace Officers, they would also be responsible for ensuring investigations are conducted in accordance with the Elder Abuse Act.

(e) Section 54040.12 - Investigation states “All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing.” Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation.

Section 54040.7.3 - Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender states “When a third party, on behalf of an inmate, makes an allegation of sexual violence or sexual harassment against an offender, that allegation or complaint shall be submitted in writing to a custody supervisor. The Custody Supervisor shall forward the documented third party report of the allegation to the Locally Designated Investigator (LDI) for investigation and determination of the appropriate disposition.”

All aspects of the standard are addressed in written authority. All staff interviews, including those with Camp Commanders and Camp staff, confirm that staff are aware they must report all suspicions of sexual abuse, sexual harassment retaliation including any staff behavior that contributed to this occurring. The communication route is through the Watch Commander. A process (checklist) is in place to ensure all reports are referred for investigation. Staff interviews also confirmed that they are readily aware of the requirement to maintain confidentiality; no prompting was required to obtain that information during staff interviews. Furthermore, all staff interviews confirmed that the immediate reporting will include anonymous complaints and any received by a third party, verbally or in writing. This checklist also ensures immediate protection of the inmate. The process is further illustrated in notations regarding 115.65 Coordinated Response. The interview with the investigators confirmed he has not had any knowledge regarding an incident not getting referred to him, or an LDI. Review of the investigations support this as well.

Policy, training, and the checklist address most requirements of the standard. Staff interviews support knowledge of these requirements. Brushing teeth was not on this list. A Corrective Action Plan was initiated to require that this be added to the Initial Contact Guide. This was immediately corrected; the Auditor found the corrected copy in all PREA kits located at each Camp operation subsequent to that discovery.
Standard 115.62: Agency protection duties

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*)

Section 54040.7 - Detection, Notification, and Reporting states “CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner.”

A CDCR Form 837, Crime Incident Report, shall be submitted for each allegation of Sexual Violence against an offender by an offender in compliance with Section 51030.3, except as described in Section 54040.7.3. An offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member. If the staff who receives the report is non-custody, he/she shall immediately notify his/her supervisor and the Watch Commander. Each employee who observes the incident or is provided a report by the victim must complete required reports.

3335. Administrative Segregation states, when an inmate’s presence in an institution’s General Population (GP) present an immediate threat to the safety of the inmate or others. They can be placed in non-disciplinary segregation (NDS).

The PAQ indicates there has been no occurrence requiring immediate action to protect an inmate from imminent sexual abuse. The auditor found no reason to disbelieve this during the audit process. Policy supports that they will protect the inmate immediately. Staff interviews confirm that staff is aware they must take immediate action to protect an inmate from imminent sexual abuse.
Standard 115.63: Reporting to other confinement facilities

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)

(a), (b), (c), (d) Section 54040.7.4 - Notification from/to Other Confinement Facilities states “Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim’s statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. The Hiring Authority or agency office receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in accordance with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported.” This written authority designates that the reporting will be made by the head of the facility, in writing, within 72 hours. It also addresses how the investigation will be completed and communicated.

The PAQ reports that at this facility, three notifications were sent to other facilities; no allegations were received from another facility. The facility was unable to provide documentation as this occurred with the previous Warden and previous PREA Manager; however, this was discussed during the interviews.
with the Warden, PREA Manager and PREA Coordinator. A system is in place to ensure the requirements of the standards are met. With this, the auditor believe this will occur according to the policy.

**Standard 115.64: Staff first responder duties**

**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)*

(a), (b) Section 54040.11 - Suspect Processing, Offender on Offender states, “To the extent possible, all staff will ensure that there is no physical, verbal, or visual contact between the victim and suspect.”

Section 54040.8 - Response, Initial Contact further adds, “Upon the initial contact with an employee, that employee will take the alleged victim to a private secure location.” Section 54040 - Crime Scene Preservation states, “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. ISU staff and/or trained personnel shall process the crime scene including collecting and securing evidence. ISU staff shall photograph/videotape the crime scene and evidence collected, make a diagram of the crime scene, and collect/package all evidence.” The Initial Contact Guide has been developed to assist employees in completing the tasks associated with initial contact. The employee shall make every effort to ask the victim to not shower; remove clothing without custody supervision; use the restroom facilities, and/or; consume any liquids and ensure the alleged perpetrator does not shower; remove clothing without custody supervision; use the restroom facilities, and/or; consume any liquids.

Policy, training and the checklist address the requirements of the standard. Staff interviews support knowledge of these requirements.

**Standard 115.65: Coordinated response**

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)*

The facility’s coordinated response is summarized below:

Section 54040.8 – Response states “It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct, and display sensitivity to the potential emotional impact of the situation. All staff are reminded that this is a very serious situation. Incident specific information shall be treated as confidential, and disclosure made only to employees who have a “need to know” and to other persons and entities as permitted or required by law.”

A Watch Commander Notifications Checklist has been developed to identify the tasks to be completed. When the call is made to request the ambulance, it is critical to inform the dispatcher that the injured offender is the victim of sexual assault/battery. At the time the victim is sent to the outside hospital or on-site location, the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated and trained staff from the facility will be dispatched or called in to act as the Victim Advocate as defined in Section 54040.3.

Crime Scene Preservation - 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. ISU staff and/or trained personnel shall process the crime scene including collecting and securing evidence. ISU staff shall
photograph/videotape the crime scene and evidence collected, make a diagram of the crime scene, and collect and package all evidence.

Evidence:
All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner (SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions.

Section 54040.8.2 – Victim Advocate and Victim Support Person. Victim Advocate and Victim Support Person for Medical Examination states “In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of a sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination.”

Section 54040.8.3 – Medical Services Responsibilities states “California Correctional Health Care Services (CCHS) medical staff will provide indicated emergency medical response. The assigned RN will initiate the CDC Form 7252, Request for Authorization of Temporary Removal for Medical Treatment and have it delivered to the Watch Office or designated area to expedite the transportation process. To the extent possible, staff in the Triage and Treatment Area (TTA) will maintain physical separation and visual separation between the victim and suspect(s). CCHCS Medical staff will conduct follow-up testing for sexually transmitted infections/diseases and HIV as indicated. Licensed Health care staff shall determine and identify any injuries sustained by the alleged victim and suspect, assess and identify if they are urgent/emergent, and provide immediate emergency medical care to the alleged victim and suspects. The injuries sustained by the alleged victim and suspect shall be documented on a CDCR Form 7219, Medical Report of Injury or Occurrence and CDCR Form 837-C for use in the inmate disciplinary process and provide to custody. The Chief Medical Executive, or designee shall review the medical documentation of the incident.”

Sierra Conservation Center Supplement Chapter 5 Custody/Security Operations Article 44 Prison Rape Elimination Act indicates that a PREA kit shall be maintained by ISU which includes the following:

- Two clean jumpsuits
- Four pieces of “examination table” type paper
- Three evidence collection envelopes
- Two evidence collection paper bags
- Two pairs of latex gloves, other PPE
- Two small brown paper bags and masking tape
- Sterile swabs

A Transportation Checklist has been developed to identify the duties to be completed related to the transportation of Sexual Assault victims and suspects.

Section 54040.9 – Forensic Medical Examination states “In accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report.”

Section 54040.10 – Return to Triage and Treatment Area/Receiving & Release states “Upon the return of the victim from the SART/SANE Exam, the offender will be assessed following Inmate Medical
Services Policies and Procedures (IMSP&P). . . . Staff are reminded to be aware of warning signs of post-trauma mental health problems.”

Mental Health Responsibilities - All victims of sexual violence or staff sexual misconduct shall be referred for an emergent SRE. The SRE must be completed by a qualified and trained staff member. If the SRE indicates a heightened risk for suicide, the mental health staff member shall complete a full mental health evaluation. The mental health clinician completing the routine Mental Health Evaluation shall ensure that the victim receives services as outlined in the Mental Health Services Delivery System (MHSDS) Program Guide.

Sierra Conservation Center Supplement Chapter 5 Custody/Security Operations Article 44 Prison Rape Elimination Act indicates Camp Commanders will be familiar with the Sexual Assault Response Team (SART) procedure for their specific county to ensure compliance. Camp Commanders shall ensure camp staff are trained in sexual victimization protocol and are familiar with the DOM procedure.

The auditor finds the response plan to be thorough and addresses all required elements of staff first responders, medical and mental health practitioners, investigators, and facility leadership. Therefore the standard is deemed to be compliant.

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

<table>
<thead>
<tr>
<th>115.66 (a)</th>
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<tbody>
<tr>
<td>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</td>
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<thead>
<tr>
<th>115.66 (b)</th>
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<tbody>
<tr>
<td>Auditor is not required to audit this provision.</td>
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</table>

**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*)

The facility works with staff who may belong to one of the following fourteen unions:
- BU 1 Associate Governmental Program Analyst
- BU 3 Teacher, Vocational Instructor
- BU 4 Officer Technician
BU 6 Correctional Officer
BU 10 Associate Hazardous Material Specialist
BU 11 Laboratory Assistant
BU 12 Plumber, electrician, Carpenter
BU 13 Stationary Engineer
BU 15 Correctional Supervising Cook
BU 16 Dentist, Physicians & Surgeon
BU 17 Registered Nurse
BU 18 Psychiatric Technician
BU 19 Psychologist, Chaplain
BU 20 Registered Dental Assistant, Licensed Vocational Nurse

All contracts have been made available to the auditor. Review of the key areas supports that they do not prohibit the agency’s ability to remove alleged staff sexual abusers from contact with any inmate pending the outcome of the investigation. Interviews with the Warden, PREA Coordinator and Agency Head designee support this as well. The PREA Coordinator indicated that all efforts towards compliance with PREA standard are addressed with the unions affected by the proposed policy/procedure changes. Based on review of union contracts, interviews, and review of investigations that support that staff will be reassigned pending an investigation, the auditor finds this standard to be in compliance.

**Standard 115.67: Agency protection against retaliation**

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 residents 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)*

(a), (e) Section 54040.1 – Policy states, “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. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offenders from reporting the incident(s) or cooperating with investigation of an incident(s).”

Section 54040.13 – Allegation Follow-up states, “For at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member and has the discretion to assign this monitoring in other circumstances: If the reported conduct is sexual harassment, when a volunteer or independent contractor made the report of sexual violence, staff sexual misconduct, or sexual harassment, or if any person fears retaliation for cooperating with an investigation.”

(b), (c), (d) Two forms have been developed to meet the requirements of this standard:
- CDCR 2304 - Protection Against Retaliation – Inmate. This form compels the reviewer to meet with the inmate up to six times and addresses housing unit change needs, removal of alleged abuser, emotional support services, disciplinary reports, housing unit changes, and work reports/assignments. It has a section to note if the reviewer believes there is a continuing need to monitor.
- CDCR 2305 Protection Against Retaliation - Staff. This form compels the person monitoring to address if the staff reported the incident or cooperated with the investigation, met with the staff, address if there have been any reassignments, if emotional support is needed, and concerns related to performance evaluation. It again has an area to address if continuing to monitor is needed.

(c) Section 54040.13 - Allegation Follow-up states, “The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.”

Five examples were provided to the auditor during the pre-audit phase for review. In addition, for every investigation reviewed that required retaliation monitoring, documentation was provided and reviewed. Interview with the Agency Head designee, Warden, and investigator support that retaliation is not tolerated and all efforts will be made to ensure that those involved in reporting an allegation are given assurances that any acts of retaliation towards them for reporting the incident will not be tolerated and appropriate action will be taken. Based on the policy, reviews of retaliation monitoring forms, and interviews, the auditor finds this standard to be compliant.

**Standard 115.68: Post-allegation protective custody**

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*)

3335. Administrative Segregation states, “When an inmate’s presence in an institution’s General Population (GP) presents an immediate threat to the safety of the inmate or others. They can be placed in non-disciplinary segregation (NDS). If placement is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with 3044 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 limitations.

The facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If the period of segregation exceeds 30 days, reasoning shall be documented on a CDC Form 128-G (Rev. 10/89), Class Chrono. Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population. The review shall be documented on the CDC Form 128-B (Rev.4/74), General Chrono. If the custody supervisor determines the need for continued segregation no longer exists, the inmate shall be referred to the Institution Classification Committee for a program review. The reasons for ordering an inmate’s placement in administrative segregation shall be clearly articulated on a CDC Form 114-D (Order and Hearing on Segregated Housing), by the initial segregating authority. The CDC Form 114-D shall include sufficient information and detail to allow the inmate to present a written or verbal defense to the stated reason(s) and circumstances for segregation during the classification hearing.

The PAQ indicates there has been no occurrence that warranted the use of segregation to house an inmate who is alleged to have suffered sexual abuse. During the audit process, the auditor found no reason to dispute this statement. Policy excerpts noted above ensure that the requirements as set forth in §115.43 are met. Interviews with the Agency Head designee and the Warden support that administrative segregation will be used as a last resort. Based on the policy, interviews, and reviews of the investigations which support that administrative segregation is not used to address PREA allegations, the auditor finds this standard to be in compliance.
### INVESTIGATIONS

#### Standard 115.71: Criminal and administrative agency investigations

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<thead>
<tr>
<th>115.71 (a)</th>
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<tr>
<td>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</td>
</tr>
<tr>
<td>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</td>
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<tr>
<th>115.71 (b)</th>
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<tr>
<td>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</td>
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<th>115.71 (c)</th>
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<tr>
<td>Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No</td>
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<tr>
<td>Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No</td>
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<tr>
<td>Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No</td>
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<th>115.71 (d)</th>
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<tr>
<td>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</td>
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<th>115.71 (e)</th>
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<tr>
<td>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</td>
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<tr>
<td>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</td>
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| 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)*
(a) Sections 31140.6 – Authority to Conduct Investigations and 31140.11 to 31140.16, pursuant to Government Code Section 11182, the Secretary of the Department delegates the authority to initiate and conduct investigations to the Assistant Secretary, OIA, California Department of Corrections and Rehabilitation Office of Internal Affairs. All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. In addition, all allegations require completion of the Survey of Sexual Violence (SSV-IA) form. Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation. Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary.

Staff on Offender: Allegations of staff on offender sexual misconduct or staff sexual harassment will be immediately reported to the Hiring Authority via the Watch Commander. The Hiring Authority will assign an LDI to conduct an inquiry until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority.

Offender on Offender: All sexual violence allegations to include sexual assaults, attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be investigated by the LDI. These staff designated by the Hiring Authority will be responsible for completion of the investigation and will follow standard investigative procedures. The LDI or Custody Supervisor may utilize the Sexual Assault/Battery Interview Guidelines when questioning the alleged victim regarding the specific facts of the allegation. The ISU Lieutenant or LDI shall be responsible for completing the SSV-IA.

(b) See comments to 115.34

(c) Section 54040.8.1 – Custody Supervisor Responsibilities. As confirmed by the interview with the investigator, and review of investigations, the data base does provide information regarding past allegations of sexual abuse by the alleged perpetrator which is reviewed when conducting an investigation.

(d) Section 31140.3.1 – Referral for Criminal Prosecution and Section 54040.15 – Disciplinary Process states, “Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated.”

(e) Section 54040.12 - Investigation states, “Credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual’s status. Pursuant to PC Section 293(b), the Victims of Sex Crimes form must be attached to all criminal reports relating to offenses listed in Government Code section 6254(f), which in adult prisons are: PC Sections 220, 261, 261.5, 262, 264, 264.1, 266(c), 273(a), 273(d), 273.5, 286, 288, 288(a), 289, 422.6, 422.7, 422.75, and 646.9.”

(f) Section 54040.12 – Investigation states that the investigator will include an effort to determine whether staff actions or failure to act contributed to the abuse.

(g) Sections 31140.40 – Investigative Report to 31140.41 – Distribution of Investigations, ISU criminal and administrative investigations are documented in written reports which contain a thorough
description of the physical, testimonial, and documentary evidence. Documented evidence is appropriately stored in an evidence repository.

(h) Sections 31140.31 – Subject Interviews, and Section 54040.15 – Disciplinary Process states, “Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution.”

Section 31140.20 – Criminal Investigations states “if probable cause exists to believe that a crime has been committed, the investigation shall be referred to the appropriate agency for prosecution. Criminal investigations shall be conducted in compliance with all laws, regulations, and departmental policies.

(i) Section 54040.17 – Institutional PREA Review Committee, Records Retention states, “All case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule.”

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

(j) Section 54040.12 - Investigation states, “The departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation.

(k) NA

(l) CDCR ISU and OIA conduct all administrative and criminal sexual abuse investigations.

Review of the investigations, the written authority and the interviews with the Warden, investigator and PCM all support that investigations are taken seriously, they are addressed by appropriately trained staff and will be retained as required.

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

**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)

Section 33030.13.1 - Investigative Findings states, “The findings of each allegation shall be determined by the Hiring Authority in consultation with the Vertical Advocate for designated cases and the SAIG for cases the BIR is monitoring. The findings and their explanations are as follows:

NOT SUSTAINED: The investigation failed to disclose a preponderance of evidence to prove or disprove the allegation made in the complaint.

SUSTAINED: The investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint.”

Therefore, this agency uses the standard of preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. This was also supported by the findings when reviewing the investigations for the previous 12 months and the interview with the investigator.

Standard 115.73: Reporting to inmates

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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident
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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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)

(a), (c), (d) 54040.12.5 - Reporting to Offenders states as follows:

Offender on Offender

Following an investigation into an offender’s allegation that he or she suffered from sexual violence by another offender, institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been:

- indicted on the alleged sexual violence; or
- convicted of the charge.
The agency’s obligation to report/inform the offender of changes shall terminate if the offender is released from the agency’s custody.

Staff on Offender
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 PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been:

- The staff member is no longer posted within the inmate’s unit;
- The staff member is no longer employed at facility;
- indicted on the alleged sexual misconduct; or
- convicted of the alleged sexual misconduct.

(b) NA
(e) Form CDC 128-B documents the notifications. This was available in every investigative file reviewed.

Based on the policy, form to provide notification, interview with the investigator, and the review of the notifications, the auditor finds this standard to be in compliance,

<table>
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<th>DISCIPLINE</th>
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<td><strong>Standard 115.76: Disciplinary sanctions for staff</strong></td>
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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)*

(a), (b) Section 3401.5. Staff Sexual Misconduct states, “For the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee.”

Section 33030.15.5 - Dismissal from State Service states, “Dismissal is appropriate for exceptionally serious misconduct, misconduct that is not correctible through discipline or misconduct which immediately renders the individual unsuitable for continued employment. Dismissal may or may not be preceded by other forms of adverse action (i.e. progressive discipline).”

(c) Section 33030.18 - Mitigating and Aggravating Factors states, “Aggravating and mitigating factors shall be considered and may increase or decrease the penalty within the penalty range.”

(d) Section 54040.12.3 - Reporting to Outside Agencies states, “All terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.

One investigation has been referred for prosecution involving staff. It was reported upon completion of that process; the employee will be terminated. The employee resigned prior to this being finalized. The interview with the Investigator and Human Resource Manager confirmed that employees whether they resign or are terminated will be referred for prosecution during the investigation process when the actions are deemed to be criminal in nature. In addition, if they possess a professional license, they will be referred to authorities who oversee the process for investigation by that authority.
Standard 115.77: Corrective action for contractors and volunteers

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)

(a), (b) Section 54040.12.4 - Reporting to Outside Agencies for Contractors states, "Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee."

In addition, Section 3401.5. Staff Sexual Misconduct clarifies that staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee."

Standard contract language stipulates as follows: Contractor Employee Misconduct

During the performance of this Agreement, it shall be the responsibility of the Contractor whenever there is an incident of use of force or allegation(s) of employee misconduct associated with and directly impacting inmate and/or parolee rights, to immediately notify CDCR of the incident(s), to cause an investigation to be conducted, and to provide CDCR with all relevant information pertaining to the incident(s). All relevant information includes, but is not limited to:

a) investigative reports;
   b) access to inmates/parolees and the associated staff;
c) access to employee personnel records; that information reasonably necessary to assure CDCR that inmates and/or parolees are not or have not been deprived of any legal rights as required by law, regulation, policy and procedures; and

d) written evidence that the Contractor has taken such remedial action, in the event of unnecessary or excessive force, or employee misconduct with inmates and/or parolees, as will assure against a repetition of incident(s) or retaliation.

To the extent that the information provided by the Contractor fails to so assure CDCR, CDCR may require that any implicated Contractor staff be denied access to and the supervision of CDCR inmates and/or parolees at the facility and access to inmate and/or parolee records. Notwithstanding the foregoing, and without waiving any obligation of the Contractor, CDCR retains the power to conduct an independent investigation of any incident(s). Furthermore, it is the responsibility of the Contractor to include the foregoing terms within any and all subcontracts, requiring that subcontractor(s) agree to the jurisdiction of CDCR to conduct an investigation of their facility and staff, including review of subcontractor employee personnel records, as a condition of the Agreement. Furthermore, Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates and Division of Juvenile Justice Wards states, by signing this contract, the Contractor agrees that if the provisions of the contract require the Contractor to enter an institution/facility or camp, the Contractor and any employee(s) and/or subcontractor(s) shall be made aware of and shall abide by the following laws, rules and regulations governing conduct in associating with prison inmates or wards.

Section 101090.9 - Termination stipulates, “The hiring authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security and/or orderly operation of the institution/region. A report explaining the occurrence and outcome shall be routed to the hiring authority with a copy to the CRM or designated manager.”

The hiring authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security and/or orderly operation of the institution/region. This includes the following:

- The activity threatens the order and/or security of the program or facility.
- The activity threatens the safety of the volunteer, employees, public, or inmates
- There is evidence of volunteer misconduct.
- Volunteers or community group members shall receive written notification of their rejection or termination in an expeditious manner.

Policy and contract language make it clear that volunteers and/or contractors can be prohibited from contact with inmates and that relevant licensing bodies will be notified of any misconduct by contractors or volunteers. The PAQ indicates that no volunteer or contractual staff have been barred from the facility in the past 12 months; the auditor found no evidence to dispute this during the audit process. Based on the information stated, the Auditor finds this standard to be compliant.

**Standard 115.78: Disciplinary sanctions for inmates**

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)*

(a) Section 54040.15 - Disciplinary Process states, “Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed.
If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution.”

3316. Referral for Criminal Prosecution states (a) Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged.

(b) Title 15, Article 5, Inmate Discipline provides for a continuum of sanctions. Rule violations are classified as administrative or serious pursuant to Title 15, 3314 and 3315. Sanctions are defined, they are classified based on whether it is the inmates first offense and/or the level of the offense and are therefore comparable sanctions for offenses by other inmates with the same history.

(c) Title 15, Article 5, 3317 Mental Health Assessments for Disciplinary Hearings are to be considered by the hearing officer during the disciplinary proceeding to determine whether an inmate should be disciplined and/or the appropriate discipline.

(d) The inmate is not required to participate in therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse.

(e) In accordance with Title 15, Section 3323 (Disciplinary Credit Forfeiture Schedule), inmates are only disciplined for sexual contact with a staff member if it is found to have occurred against the staff person’s will.

(f) Section 54040.15.1 - Alleged Victim – False Allegations states, “Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action. A charge of “making a false report of a crime,” a Division “E” offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence does not constitute false reporting.

(g) 3007 Sexual Behavior states, “Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts.

Based on the information provided, the Auditor supports a finding of compliance with this standard.
MEDICAL AND MENTAL CARE

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

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)*

(a), (b) Section 54040.7 - Detection, Notification, and Reporting Referral, Referral for Mental Health Screening states, “If it is reported by an offender during the initial intake screening or at any other time during his/her confinement within CDCR, that he 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.

Program Guide for Mental Health Services, Referral to Mental Health states that any inmate can be referred for mental health services at any time. A referral to mental health should be made whenever an inmate has been identified as a possible victim per the Prison Rape Elimination Act. Referrals to mental health may be made on an Emergent, Urgent, or Routine Basis. A Routine referral should be seen within five working days. Referrals are made on the CDCR-MH5, Mental Health Referral Chrono, and forwarded to the mental health office. This exceeds the requirement that an inmate be seen within 14 days.

(c) This is not applicable to this facility.

(d) Division of Adult Institutions memo dated December 2017 states, “medical or mental health information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (eUHR). The only staff allowed access to the eUHR is specific medical and mental health staff.

(e) Prison Rape Elimination Act Authorization for Release of Information CDCD 7552 ensures that informed consent is obtained prior to releasing information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Policy supports that inmates who have experienced prior sexual victimization or has previously perpetrated sexual abuse are offered a referral for mental health services. Interview with the Intake Lieutenant supports that this referral is being offered; if the inmate wants the referral, the process is implemented. An example of this was provided to the auditor in the pre-audit documentation. The Program Guide for Mental Health services indicates that this referral will be addressed within 5 business days, well within the time limits of 14 days as established by the standard. This time frame was confirmed by the interview with the Mental Health Director. A memo from the central office confirms that only medical and/or mental health staff will have access to the information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners. Policy requires a signed release prior to giving information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Based on the policy and written authority in place, and interviews with staff, the auditor concludes that the facility is compliant with this standard.

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

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)*

(a) Chapter 4 4.12.1 Emergency Medical Response System Policy California Correctional Health Care Services (CCHeS), the California Department of Corrections and Rehabilitation (CDCR), and the Division of Correctional Health Care Services (DCHCS) shall ensure that medically necessary emergency medical response, treatment, and transportation is available, and provided twenty four (24) hours per day to patient-inmates, employees, contract staff, volunteers, and visitors.

(b) NA, medical staff are on site 24 hours a day, 7 days a week.

(c) Section 54040.10 - Return to Triage and Treatment Area/Receiving & Release states, “Upon the return of the victim from the SART/SANE Exam, the offender will be assessed following Inmate Medical Services Policies and Procedures (IMSP&P). The TTA Registered Nurse will also complete a request for an emergent Suicide Risk Evaluation (SRE). Mental Health staff will evaluate the victim within four hours of referral. Until that time, the offender shall be placed under constant and direct supervision to ensure he/she does not attempt to hurt him/herself or someone else

(d) Medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the
patient’s ability to pay. The copayment shall not be charged if the health care service(s) is considered to be treatment services relating to sexual abuse or assault.

Interview with the Chief Medical Officer and Mental Health Director support that inmates receive emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioner’s professional judgment. Policy supports the requirements of the standards regarding access to emergency care, timely access to emergency contraception and sexually transmitted infections prophylaxis, 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. The PAQ indicates that the facility has not had an incident requiring outside emergency medical treatment in the last 12 months. The auditor found no evidence or reason to dispute this during the audit process. As the facility has policy/procedure in place, supported by interviews with the Chief Medical Officer and Mental Health Director, the auditor finds the facility in compliance with the requirements of the standard.

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

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)*

(a) California Correctional Health Care Services 1.16.1 Prison Rape Elimination Act Policy

The California Correctional Health Care Services provides medically necessary emergency and follow-up treatment, follow-up plans, and when necessary, referrals, including testing for pregnancy, any sexually transmitted infections/disease, and HIV, to patients who are alleged victims of sexual violence, staff sexual misconduct, and sexual harassment in compliance with their duties under the California Department of Corrections and Rehabilitation's Prison Rape Elimination Act policy, CDCR Department Operations Manual.

(b) Health care staff shall offer follow-up testing for pregnancy, sexually transmitted infections/diseases and HIV as indicated. Attachment I, Volume 1, Chapter 16.2 California Correctional Health Care Services specifies testing/treatment recommendations for evaluation and follow up for sexual assault which addresses up to 6 months following the incident.

(c) Interviews with the Chief Medical Officer and Mental Health Director confirm that in their professional opinion, services are consistent with the community level of care.

(d), (e) This is not applicable to this facility.

(f) Health care staff is responsible for providing emergency care until the alleged victim can be sent to a county Sexual Assault Response Team (SART) facility, and/or hospital for medical stabilization; determining and reporting if the injuries sustained by the alleged victim qualify as serious bodily injury.
as defined in California Code of Regulations (CCR); and administering follow-up testing for pregnancy, sexually transmitted infections/diseases, and HIV, as indicated.

Section 54040.8.3 - Medical Services Responsibilities states “California Correctional Health Care Services (CCHS) medical staff will provide indicated emergency medical response.

(g) Medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the patient’s ability to pay. The copayment shall not be charged if the health care service(s) is considered to be treatment services relating to sexual abuse or assault.

(h) Referrals to mental health may be made on an Emergent, Urgent, or Routine Basis. An inmate deemed to require an Emergent (immediate) referral shall be maintained under continuous staff observation until evaluated by a licensed mental health clinician. An Urgent referral is to be seen within 24 hours. A Routine referral should be seen within five working days.

(a), (b) Mental Health Responsibilities: All victims of sexual violence or staff sexual misconduct shall be referred for an emergent Suicide Risk Evaluation (SRE). The SRE must be completed by a qualified and trained staff member. The SRE shall be conducted as soon as possible, but no more than four hours after referral, and shall include a face-to-face evaluation of the victim in a confidential setting. If the SRE indicates a heightened risk for suicide, the mental health staff member shall complete a full mental health evaluation. All victims of sexual violence or staff sexual misconduct shall be referred for a routine Mental Health Evaluation regardless of the outcome of the SRE. The mental health clinician completing the routine Mental Health Evaluation shall ensure that the victim receives services as outlined in the Mental Health Services Delivery System (MHSDS) Program Guide, which includes criteria for inclusion in the MHSDS program based on qualifying diagnoses or medical necessity. Any stressors related to the reported sexual violence/staff sexual misconduct (e.g. safety/security issues or fear of retaliation) shall be documented in the Health Record and considered in the decision regarding the victim’s need for mental health services. Any victim who requests to be included in the MHSDS and be provided mental health services related to a reported sexual violence/staff sexual misconduct shall be provided services according to the MHSDS Program Guide. If appropriate, the victim shall be given educational materials to provide information related to the medical and mental health conditions which may result after a sexual violence/staff sexual misconduct. Victims shall be monitored for, signs and symptoms of self-harm, post-traumatic stress disorder, depression, and other mental health consequences. Consideration during medical treatment (including counseling) must be given to:

Sexually Transmitted Disease (STD) Conversion.
Presence of Hepatitis B and/or C.
HIV Testing.

The written authority noted above supports the requirements of the standards. Both medical and mental health staff confirmed during interviews that follow up medical and mental health follow up needs will be evaluated and provided in accordance with their professional judgment. Although no examples were available from the previous 12 months, based on the review of policy and interviews with medical/mental health staff, the auditor finds the standard to be compliant.

<table>
<thead>
<tr>
<th>DATA COLLECTION AND REVIEW</th>
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<tbody>
<tr>
<td><strong>Standard 115.86: Sexual abuse incident reviews</strong></td>
</tr>
</tbody>
</table>

**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)

(a) Section 54040.17 - Institutional PREA Review Committee states, “The purpose of this Section is to set forth California Department of Corrections and Rehabilitation (CDCR) policy governing the sexual violence and staff sexual misconduct incident review process. The policy has its foundation in CFR, Chapter 28, Prison Rape Elimination Act (PREA) standards.

Per 28 CFR, Standard §115.86, each Hiring Authority is required to 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 allegation’s that have been determined to be unfounded.

The PCM shall make a good faith effort to reach a judgment on whether staff’s actions prior to, during, and subsequent to the reporting of the incident are in compliance with regulations, procedure, and applicable law and determine if follow-up action is necessary.”

(b) The PCM shall normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 60 days of the date of discovery. (Note, the LDIs are required to complete the investigation within 30 days, therefore this meets the requirements of the standard).

(c) The IPRC shall normally be comprised of the following staff:

- Hiring Authority or designee, as chairperson and final decision maker;
- PREA Compliance Manager;
- At least one other manager;
- In-Service Training Manager;
- Health Care Clinician;
- Mental Health Clinician; and
- Incident Commander or Investigative Services Unit Supervisor.

(d) The IPRC shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- If the staffing plan was not complied with, this fact shall be documented during this review and addressed in 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;
- Prepare a report of its findings and any recommendations for improvement;
- Determine a plan to correct findings and document in the report;

(e) The IPRC shall

- Document implementation of the Action Plan or reasons for not doing so, and
- Submit the report to the Hiring Authority for final review.
The final report will be provided to the appropriate Associate Director, upon approval of the Hiring Authority, if the findings require physical plant modification or other fiscal resource needs that can't be addressed through their existing budget (i.e., staffing).

Written authority, interview with the PCM and the investigator and review of the Incident Reviews all provide evidence of compliance with the requirements of the standard. The auditor gave a finding of exceeds standard due to the following: Section 54040.16 - Referral of Completed Cases for Independent Review states, “Designated staff in CDCR headquarters shall provide the Sexual Abuse in Detention Elimination Ombudsperson with copies of all completed Survey of Sexual Violence Incident – Adult (SSV-IA) forms. CDCR Form 602 Inmate Appeals, Ward Grievances, sexual assault investigation reports, and other data related to allegations of sexual assault will be made available to the Office of the Sexual Abuse in Detention Elimination Ombudsperson upon request.”

<table>
<thead>
<tr>
<th>Standard 115.87: Data collection</th>
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<tbody>
<tr>
<td><strong>115.87 (a)</strong></td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td><strong>115.87 (b)</strong></td>
</tr>
<tr>
<td>▪ Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>115.87 (c)</strong></td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td><strong>115.87 (d)</strong></td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td><strong>115.87 (e)</strong></td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td><strong>115.87 (f)</strong></td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
</tbody>
</table>

**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)

(a), (b) Section 54010.17 - Collection of Data by Agency and Annual Report, Departmental PREA Coordinator, 28 CFR, Standard §115.88, requires the agency 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. It states,

On an annual basis:
1. The Departmental PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee.
2. The institution will complete the data collection tool and return it to the Departmental PREA Coordinator.
3. The Departmental PREA Coordinator will review the information contained on the data collection tool.
4. 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.
5. The report will be routed through the chain of command to the Agency Secretary for review and approval.
6. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website.

(c) Section 54040.20 - Tracking – Data Collection and Monitoring
The data collected shall 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 Federal Department of Justice.

(d) Section 54040.20 - Tracking – Data Collection and Monitoring
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 its inmates.

(e) Section 54040.21 - PREA Data Storage and Destruction states, “All aggregated PREA data, from facilities under CDCRs direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website.”

(f) Section 54040.20 - Tracking – Data Collection and Monitoring
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 2017 Annual Report, posted on the webpage, includes the following: Introduction, background on PREA, CDCR’s policy on zero tolerance and prevention, detection and response, investigations and tracking. It also includes definitions of findings, comparison of findings from current year to previous years 2014, 2015, 2016, and 2017, analysis of statistical information, including a visual chart, review of improvements in PREA, and is signed by Secretary. Therefore, the auditor finds this standard to be compliant.
Standard 115.88: Data review for corrective action

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)*

(a), (b), (c) DOM 54010.17 - Collection of Data by Agency and Annual Report, Departmental PREA Coordinator, 28 CFR, Standard §115.88, requires the agency 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. It states:

On an annual basis:
1. The Departmental PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee.
2. The institution will complete the data collection tool and return it to the Departmental PREA Coordinator.
3. The Departmental PREA Coordinator will review the information contained on the data collection tool.
4. 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.
5. The report will be routed through the chain of command to the Agency Secretary for review and approval.
6. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website.

(d) No redactions were required on the Corrective Action Plan.

The 2017 Annual Report, posted on the webpage, includes the following: Introduction, background on PREA, CDCR’s policy on zero tolerance and prevention, detection and response, investigations and tracking. It also includes definitions of findings, comparison of findings from current year to previous years 2014, 2015, 2016, and 2017, analysis of statistical information, including a visual chart, review of improvements in PREA, and is signed by Secretary. Therefore, the auditor finds this standard to be compliant.

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

**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)*

(a) Section 54040.20 - PREA Data Storage and Destruction, states “CDCR shall ensure that all PREA data collected are securely retained.”

(b) Section 54040.20 - PREA Data Storage and Destruction states, “all aggregated PREA data, from facilities under CDCRs direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website.”

(c) Section 54040.20 - PREA Data Storage and Destruction states, “before making aggregated PREA data publicly available, all personal identifiers shall be removed.”

(d) Section 54040.20 - PREA Data Storage and Destruction states, “PREA data collected shall be maintained for 10 years after the date of the initial collection.”

Based on this policy requirement, interview with the PREA Coordinator, and the method for maintaining data (securely electronically, or secured in the ISU office), the auditor finds the standards to be compliant.
AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)

☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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?

☒ Yes ☐ No

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)*
See comments supporting compliance throughout the report.

Standard 115.403: Audit contents and findings

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)*

This is the first PREA audit for this facility and the assigned Fire Camp operations.
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.

Amy J. Fairbanks

Auditor Signature

November 25, 2019

Date