

PREA Facility Audit Report: Final

Name of Facility: California Health Care Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/24/2019

Date Final Report Submitted: 06/12/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Robin M. Bruck	Date of Signature: 06/12/2020

AUDITOR INFORMATION	
Auditor name:	Bruck, Robin
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Telephone number:	(575) 523-3303
Start Date of On-Site Audit:	10/21/2019
End Date of On-Site Audit:	10/25/2019

FACILITY INFORMATION	
Facility name:	California Health Care Facility
Facility physical address:	7707 Austin Road, Stockton, California - 95215
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Joshua Prudhel
Email Address:	joshua.prudhel@cdcr.ca.gov
Telephone Number:	209-467-6966

Warden/Jail Administrator/Sheriff/Director	
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Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
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Telephone Number:	M: (209) 467-6960

Facility Health Service Administrator On-site	
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Facility Characteristics	
Designed facility capacity:	2951
Current population of facility:	2770
Average daily population for the past 12 months:	2667
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	18-100
Facility security levels/inmate custody levels:	Level I, II, III, IV/ Minimum, Medium, Close, and Maximum Custody Levels
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	3902
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	350
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	97

AGENCY INFORMATION	
Name of agency:	California Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	1515 S St, Sacramento, California - 95811
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Jose Zepeda	Email Address:	jose.zepeda@cdcr.ca.gov

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) site review of the California Health Care Facility (CHCF), located at 7707 Austin Road, Stockton, California was conducted on October 21-25, 2019 by Robin M. Bruck, U.S. Department of Justice Certified Auditor for adult facilities, lead auditor and author of this report. In August 2019 an Intergovernmental Agreement was finalized between the State of New Mexico Corrections Department (NMCD) and the California Department of Corrections and Rehabilitation (CDCR), both parties are members of the Western Consortium. The purpose of the audit is to determine the facility's compliance with the Federal Prison Rape Elimination Act standards. The auditor was assisted by support staff, NMCD Captain Jose Santiago, NMCD Captain Carlos Lazarin, NMCD Lieutenant Victor Aldaz and NMCD Compliance Officer Jodi Upshaw.

PRE-ON-SITE AUDIT PHASE

The auditor did not conduct a formal kick off meeting with the facility, as the facility participated in a previous audit in October 2017 and was familiar and understand all aspects of the audit process, to include the purpose, role of the auditor and the purpose of corrective action. On August 8, 2019, the auditor sent the facility administration, to include the CHCF Warden, CDCR PREA Coordinator and the CHCF PREA Compliance Manager, an introduction email. The email included an introduction of the auditor, the audit process map and the auditor's goals, expectations and future communication instructions, for the upcoming audit. In addition, the email discussed changes in the timeline for receiving the interim report and the final report, as this audit, is the second probation audit for the auditor.

During initial communications with the facility, logistics, unimpeded access to the facility, documents, inmates and staff, were discussed. All members of the audit team provided information to the facility, for background checks and authorization for laptops, cell phones and camera. The auditor and the agency PREA Coordinator discussed the use of the Online Audit System (OAS). On August 8, 2019, the auditor completed an audit initiation form, for access to OAS. On August 9, 2019, the auditor was granted access, however there was some difficulty in obtaining access for the facility staff. On August 29, 2019, the facility staff had been granted access. Due to these difficulties, the facility sent the auditor an encrypted disc with all standard information, the facility Pre-Audit Questionnaire (PAQ) and other documents. The disc was received on August 26, 2019. The facility completed the PAQ in the OAS system on September 6, 2020.

On August 28, 2019, the auditor began a thorough review of the facility PAQ, documentation and materials provided by the facility. The documentation and materials included but not limited to agency policies and procedures, education material, training curriculum, organizational charts, mission Statements, posters, offender handbook, website information, staff and offender rosters and other PREA related material used to demonstrate compliance with the PREA Standards.

This review prompted a series of questions, which were sent via email to a “California Health Care Facility” distribution list. Those included on the distribution list were the facility Warden, CDCR PREA Coordinator, and CHCF PREA Compliance Manager. The auditor did not use an “issue log” but chose to communicate with the facility through email. As the auditor identified gaps, missing information or had questions regarding the facility process, an email containing a series of questions or requests for additional information was sent to the facility. The facility was very responsive and responded quickly and efficiently to each request.

On August 28, 2019, the auditor sent the facility the Notice of Audit in English and Spanish. The facility was given instructions, to print in large font and in color and post within the facility in all areas frequented by offenders, visitors and staff, no later than September 8, 2019. It was requested that the facility provide time stamped photographs of the postings and to ensure that mailroom staff are aware that all correspondence addressed to the auditor shall not be opened and shall be treated as all other confidential or legal mail, as recommended by the PREA Auditor Handbook. On September 9, 2019, the auditor received time stamped photographs, from the facility indicating that the auditor notice had been posted. The auditor has received three (3) letters from inmates housed at the facility. One (1) letter appeared to have been opened and stapled closed. On September 25, 2019, the auditor sent the facility an email, reminding them that any mail addressed to the auditor shall not be opened. The facility immediately acted and an email was sent to all mailroom staff, instructing them that no mail addressed to the auditor or PREA Auditor will be opened. During the site review, two (2) of the inmates were interviewed, the third letter was anonymous and contained a poem.

On August 30, 2019, the auditor reviewed the agency website. Information regarding the Prison Rape Elimination Act was difficult to find. The auditor had to search “PREA” on the website. The site contains the agency PREA policy, PREA definitions, PREA reporting information, the PREA Annual reports and PREA audits. The auditor “clicked” on the Office or Inspector General tab, and located the “report misconduct” tab. Utilizing this reporting function, the auditor submitted a report, instructing the reader to treat as an actual report of sexual abuse. A few hours later, the auditor received a call from the Office of Inspector General, notifying that the report had been received. The caller stated that if it had been an actual report, they would have notified the facility PREA Compliance Manager of the allegation. They would also follow up a few days later to ensure that the report had been referred for investigation.

EXTERNAL CONTACTS

On September 4, 2019, the auditor conducted an internet search for any articles relevant to the facility. The auditor did not locate any articles regarding sexual abuse or sexual assaults. The auditor did review the CHCF Medical Inspection completed by the Office of Inspector General in May 2019. In addition the auditor reviewed the facility ACA Audit Report, which had been completed in April, 2017.

The auditor researched the State of California’s mandatory reporting laws. The auditor and the audit team are considered mandatory reporters if there is abuse of child under the age of eighteen or a vulnerable adult. In addition, the auditor reviewed an MOU between the California Health Care Facility and the Division of Juvenile Justice indicating that the facility can and has housed youthful offenders at the facility.

Just Detention International (JDI) is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the world dedicated exclusively to ending sexual abuse behind bars. On September 23, 2019, the auditor sent an email to JDI, inquiring about any/all reports that had been received from or regarding the California Health Care Facility. On October 2, 2019, the auditor received a response to the email. JDI reported that they usually

receive two (2) to three (3) letters a month from offenders at the facility. JDI reported a common theme that runs through letters received is that the LGBTQI offenders are routinely harassed by staff. In addition, JDI reported that as part of JDI's California Advancing PREA project, they worked with the agency to establish MOU agreements with the local rape crisis centers. A draft of the MOU with the Women's Center Youth and Family Services was sent to Headquarter in 2016 and to their knowledge has not been finalized. This was confirmed by the auditor during the site review.

On September 23, 2019, the auditor placed a call to the Women's Center Youth and Family Services (WCYFS) and spoke with a manager of the agency. During the call, the auditor was informed that currently the MOU with the agency and CHCF is under review. However WCYFS is currently providing services to the facility. These services include but are not limited to, a rape crisis hotline, providing advocacy during a SANE exam, interviews and court proceedings. If an inmate called the hotline to report an incident, the agency must obtain a signed consent form from the inmate, prior to reporting to the facility. The manager could not tell the auditor how many calls had been received during the past twelve (12) months, but did state that they have received several. He could not give a number of SANE exams, where they accompanied the victim, but stated that there was one (1) a few weeks ago. WCYFS reported that their staff have been to the facility for tours, to update security clearances and that the relationship between WCYFS and CHCF has been a good one.

On October 7, 2019, the auditor attempted to call the SANE Unit at the local hospital. However, the auditor did not reach a "live" person and was able to leave a message. To date, the auditor has not received a return call.

All investigators with the agency are sworn peace officer. The agency investigates both criminal and administrative investigation, therefore the auditor did not attempt to contact external investigators.

Due to time allotted for the tour of the facility and interviews of staff and inmates, on October 15, 2019, the auditor requested the facility send a list of current employees, inmates and investigations. The auditor randomly selected names from each list and requested the facility obtain the following information from each file, to ensure that the audit team could complete file reviews and copy and scan the information, while on site.

EMPLOYEE FILES:

- Date of Hire
- Criminal History Check (prior to hire) (if employed longer than 5 years-Criminal History within the five years)
- Application
- CDCR 1951 Supplemental Application
- Institutional Reference Check – if applicable
- PREA Training Documentation
- Specialized PREA Training – if applicable (investigator, medical or mental health)

INMATE FILES:

- Inmate Date of Arrival (inmate transfer history or similar document showing date of arrival at CHCF)
- Intake Screening (initial PREA screening completed upon inmate arrival at facility)
- 30 Day Screening (30 day PREA screening)

- Any Screening (based on new information)
- Inmate PREA Intake Information (PREA information provided to inmate upon arrival)
- Referral to Medical or Behavioral Health if applicable (CDCR 128 MH5)
- Documentation of Comprehensive PREA education provided to inmate

INVESTIGATION FILES:

- Complete investigation Report
- Specialized training for the investigator who completed the investigation
- Any referral for mental health
- Retaliation Monitoring documentation
- SART Review
- Inmate Notification Documentation

In addition, on October 15, 2019, the auditor sent the facility a proposed audit schedule and requested the following lists be available on the first day of the site review:

- Complete Offender Roster
- Youthful Offenders
- Offenders with physical disabilities or cognitive disability
- Offenders who are Limited English Proficient (LEP)
- Transgender or Intersex offenders
- Lesbian, gay, bisexual offenders
- Offenders placed in Segregated housing for their own protection from sexual violence
- Offenders who reported sexual abuse
- Offender who reported sexual victimization during risk screening
- Complete Staff Roster
- Specialized Staff- please identify
- Agency Contract Administrator
- Intermediate or higher level facility staff who conduct unannounced rounds
- Staff who supervisor Youthful Offenders
- Education and Program staff that work with Youthful Offenders Facility HR Staff
- Investigator Staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise offenders in Segregation
- Staff on the Sexual Abuse Incident Review Team
- Staff responsible for Retaliation Monitoring
- First Responder both security and non-security
- Intake Staff
- Contractors who have contact with offenders
- Volunteers who have contact with offenders
- All Grievances (appeals) in the past twelve months
- All allegations of sexual abuse and sexual harassment in the past twelve months
- All hotline calls made during the past twelve months

ON-SITE AUDIT PHASE

The auditor and the audit team arrived at the California Health Care Facility, at 8:30 a.m. on the morning of October 21, 2019. The team signed into the facility and received visitor badges, to enter the facility.

We were escorted to the Warden's conference room. An entrance meeting began at 9:00 a.m. Members of the facility administration, including PREA staff were introduced to the auditors.

After opening remarks and introductions, the auditor was given an opportunity to discuss logistics and an overview of the audit process. Timelines and milestones were discussed regarding the completion of the on-site phase, post audit phase, interim report and the final report. The auditor briefly discussed the purpose of corrective action, as not being a "got you" process, but would enhance the current procedures and create a safer environment for not only offenders but staff as well. Each participant was given an opportunity to ask questions. At the conclusion of the meeting, the audit team, set up home base in the visitation room and prepared for a tour of the facility.

SITE REVIEW

The California Health Care Facility, is designed to house two thousand nine hundred and fifty-one (2951) inmates. On the first day of the audit, the inmate count was two thousand seven hundred and seventy-five (2775) inmates. The facility has housing units that are single cell occupancy, double cell occupancy and dorms. Due to the massive size of the facility, the audit team was broken up into three (3) teams. The audit teams visited all areas of the facility to include, but not limited to, the inmate records area, housing units, intake, food service, education, laundry, medical/mental health, administrative segregation, and recreation yards.

During the site review, as we entered housing units, staff made announcements, "staff of floor". It was explained to the audit team that the "staff on floor" signifies that female staff has entered into the unit. Staff explained that inmates are educated regarding the meaning, during the intake process. However, as we walked on the floors of the housing units, many of the inmates were informally asked what does "staff on floor" mean. It was clear that inmates have not been educated on the meaning, as many did not know or stated, it meant upper staff was entering the unit.

Staff members were visible and were seen monitoring key areas of the facility. CHCF is unique in regards to staff being present in the housing areas, as there is medical staff, mental health staff and correctional staff, assigned to each housing unit, for every shift. There was additional medical staff, posted at several cells, conducting one-on-one watches (suicide watches), which increases the staff to inmate ratio.

Areas where inmates were not allowed to enter, had locked doors and were clearly marked off limits. Areas observed that presented a sexual safety concern: "blind spots" were addressed with the staff and were immediately rectified in some cases, with the placement of mirrors or off-limit signs. The audit team informally interviewed two (2) inmates and two (2) staff while in each housing unit.

The audit teams noted video camera placement in the housing units and reviewed the video monitoring setup, to verify that the cameras were positioned in such a way as to provide adequate coverage of the housing units, yet afford the inmates privacy in the bathroom/shower areas of the facility. No shower or bathroom areas could be seen with the camera placement.

"Shine the light on Sexual Abuse" PREA posters were posted on the bulletin boards of each housing unit. The information was in both English and Spanish. The poster informs inmates of the agency "zero tolerance" policy and three (3) ways to report sexual abuse. Each inmate phone, contained a sticker, which informed the inmates the number to call for OIG PREA Ombudsperson and the Women's Center of San Joaquin Youth and Family Services (local rape crisis center). The audit team utilized the inmate phones and tested each number. The number for the WCSJYF was not the correct number. Facility staff immediately replaced all of the phone stickers with the correct number.

OIG PREA Poster could be seen in some of the housing units. These posters instruct the inmates on how to report an allegation or if they believe the PREA investigation was not handled properly they could report to the OIG PREA office.

Along with the PREA posters, WCSJYF posters could be seen. The poster informs the inmates that the call is free and confidential, to speak with a victim advocate for emotional support to anyone who has been a victim of sexual assault or abuse during or before incarceration. In addition, the posters contained an address for the inmates to have confidential written correspondence with an advocate. These posters were in both English and Spanish and appeared to have the correct numbers to call.

The auditor observed the PREA Audit Notice, in all housing units of the facility and in areas to include but not limited to administration, program areas, visitation and medical and mental health areas.

In each housing unit, the auditor observed the inmate mailbox, appeals (grievance) box and the sick call box. The appeal forms, were readily available to all inmates. Commonly known grievances are called appeals in CDCR. All appeals are placed into a locked box and are retrieved by the Office of Appeals support staff or clerical staff designated by the Warden. When retrieving the documents contained in the locked box the staff member is required to sign each housing unit log book, noting the time, name, signature and number of items collected from the box. Appeals are collected daily Monday-Friday and must be delivered to the Office of Appeals no later than 10:30 daily. The auditor did observe entries into the log book indicating the procedure is being followed. Although time did not allow for the auditor to test the system, the auditor confirmed with the Investigative Unit that all appeals received alleging sexual abuse are forwarded to the Unit for investigation. This was also confirmed during the review of appeals received during the documentation period.

All showers and toileting areas were viewed by the audit team. The housing unit provides ample coverage to enable the inmates to shower, perform bodily functions and change clothing with nonmedical staff viewing. However in housing unit A-4, the top tier showers did not provide adequate coverage. This was reported during staff and inmate interviews. The auditor viewed these showers and from the control center, inmates showering on the top tier were in full view of anybody in the housing unit. Although the doors on the showers were half doors, allowing security staff to see an inmate's head and feet, when looking up, from the control center, the doors provided minimal coverage and viewing of entire genital area occurred. The facility will place "mud" flaps on the bottom of the shower doors, to provide privacy. In addition, in one housing unit, medical staff was assisting an inmate with showering, as security staff looked on. There was no closed door or privacy screen, nor was there an attempt to cover the inmate, as the audit team entered the unit, which allowed the audit team full view of the inmate in a state of undress.

All program areas were observed, to include the Facility Shared Services (FSS) Area. This area includes but is not limited to intake center, education, library, emergency room, dialysis center, physical therapy, dental office, religious services and the staff dining area.

The auditor visited the intake area and observed the PREA video playing on the monitor. Later during the week of the site review, the auditor did observe the intake process, screening process and the inmate education (PREA) process. The auditor did have some concerns with these areas and those concerns will be discussed in detail under each specific standard. In addition, the auditor observed the facility computer programs, Strategic Offender Management System (SOMS) and Electronic Records Management System (ERMS). The level of access to these systems, depends upon the security level of the staff member and those that "need to know".

INTERVIEWS:

On the first day of the site review the facility provided the auditor the following lists, for use in selecting random offenders and random staff for formal interviews.

- Complete Offender Roster
- Youthful Offenders
- Offenders with disabilities
- Offenders who are Limited English Proficient (LEP)
- Lesbian, gay, bisexual, transgender, intersex (LGBTI) offenders
- Offenders in segregated housing
- Offenders who reported sexual abuse
- Offender who reported sexual victimization during risk screening
- Complete Staff Roster
- Specialized Staff
- Contractors who have contact with offenders
- Volunteers who have contact with offenders

INMATE INTERVIEWS:

Based upon the inmate population of two thousand seven hundred and seventy-five (2775), the PREA Auditor Handbook requires as minimum of fifty (50) inmate interviews be conducted. This includes a minimum of twenty-five (25) random inmate interviews and twenty-five (25) targeted inmate interviews. The audit team conducted forty-six (46) random inmate interviews and thirty-three (33) targeted inmate interviews.

Category of Inmates	Number of Interviews Conducted
Random Inmates	43
Targeted Inmates	33
Total Inmates Interviewed	76
Breakdown of Targeted Inmate Interviews	
Youthful Inmates	0
Inmates with Physical Disabilities	5
Inmates who are Blind, Deaf or Hard of Hearing	1
Inmates who are LEP	1
Inmates with Cognitive Disability	Interviews could not be completed
Inmates who Identify as Lesbian, Gay, Bisexual	1
Inmates who Identify as Transgender or Intersex	17
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmate who reported Sexual Abuse	2
Inmates who reported Sexual Victimization during Screening	4
Inmate Correspondence	2

The audit team was provided an office within the housing units to conduct the interview in private. The inmates were asked specific questions, derived from the PREA Resource Center's Interview Guide. The questions are designed to determine the inmate's knowledge of the PREA protections and specifically their knowledge of reporting sexual abuse and sexual harassment protocols. Each inmate was randomly chosen, with the intent to select inmates from different age range and length of stay at the facility. The inmates participated willingly in the process and stated that they had not forced to participate. There was some difficulty with targeted inmates. This facility is a medical/mental health facility. The audit team had difficulty during interviews with maintaining the inmate's focus on the questions being asked, therefore if interviews could not be conducted with all targeted inmates, interviews were conducted in other categories to replace, the ones that could not be conducted.

During the site review, many inmates were asked informally, if they knew about PREA and how to report, those that did, stated, they have read the poster on the bulletin board, however there were many inmates that did not know about PREA and how to report an allegation. These informal interviews are not included in the total inmate interviews, however the answers provided were considered in each standard in which the question applies.

During random inmate interviews, most stated they could report to an officer; however they did not know about the advocacy line or other ways they could report within the facility or outside the facility. Many reported that they do feel safe at the facility. It was apparent that there was a clear lack of education regarding PREA and the agency zero tolerance policy. This area will be discussed in detail under the specific PREA standards.

STAFF INTERVIEWS:

CHCF reported the facility is authorized three thousand nine hundred and two (3902) position, which includes nine hundred and sixty-two (962) custody positions, six hundred and sixty-five (665) non-custody and two thousand two hundred and seventy-three (2273) medical and mental health positions. There are three (3) shifts:

- 1st watch: 10:00 p.m. to 6:00 a.m.
- 2nd watch: 6:00 a.m. to 2:00 p.m.
- 3rd watch: 2:00 p.m. to 10:00 p.m.

While on site, the audit team interviewed ninety-eight (98) staff members, which includes forty (40) random staff and fifty-eight (58) targeted staff. The staff members were randomly selected from all shifts to include male and female, administrative staff, correctional officers and medical and mental health staff. In selecting the staff to interview, length of time at the facility was also considered.

Category of Staff	Number of Interviews Conducted
Random Staff	99
Specialized Staff	40
Total Staff Interviewed	129
Breakdown of Specialized Staff	
Agency Head	1
Warden/CEO	2
PREA Coordinator	1
PREA Compliance Manager	1
Agency Contract Administrator	1
Intermediate or Higher Level Staff	3
Staff who Supervise Youthful Inmates	1
Medical Staff	21
Mental Health Staff	8
Human Resource Staff	1

Volunteers	1
Contractors	6
Investigative Staff	2
Staff who perform Screening for Risk of Victimization and Abusiveness	3
Supervisor who Supervises Inmates in Segregation	1
Intake Staff	2
First Responders	1
Incident Review Team	2
Retaliation Monitor	1
Rape Crisis Center	1
OIG PREA Ombudsman	1

All staff interviews were conducted in private offices to allow for confidentiality. The staff members were asked specific questions, derived from the PREA Resource Center Interview Guide. The questions are designed to determine their knowledge of the agency's zero tolerance policy and reporting mechanisms that are available to inmates and their level of understanding of the PREA standards. During informal interviews and random interviews, many officers reported their last PREA was during the training academy. Many struggled with the questions and needed some coaching from the audit team with some of the questions, however all seemed to know about the agency's zero tolerance and how to report an incident.

FILE REVIEWS:

The file reviews were conducted utilizing the Employee, Inmate Files/Record and Investigation Documentation Review forms. Each file was randomly selected by the auditor prior to arrival on site. File reviews were conducted after the audit team returned from the site review, as time did not allow for the review while on site.

Category of File Reviews	Number of Files Reviewed
Inmate Files	166
Employee Files	130
Correctional Staff	54
Medical/Mental Health Staff	40
Administrative Staff	36
Investigative Files	33
Staff Sexual Misconduct	18
Staff Sexual Harassment	7
Inmate on Inmate Sexual Abuse	6
Inmate on Inmate Sexual Harassment	2

INVESTIGATIONS:

The facility reported there were forty-eight (48) investigations during the reporting period. The facility reported fifteen (15) were determined “unfounded”, fifteen (15) “unsubstantiated” and seventeen (17) “pending”. There were no cases that resulted in criminal charges being filed with the Courts. The auditor reviewed thirty-three (33) investigative files. It should be noted that several of the cases reviewed where allegations that the inmate reported, occurred at other facilities within CDCR. There was warden to warden notification, however the CHCF maintains a complete investigative file, to include the final report. All investigations appeared to have been timely conducted, included interviews, statements and relevant details.

SITE REVIEW CONCLUSION:

An exit conference was conducted on October 25, 2019, at 9:00 a.m., with facility leadership and the audit team. The Warden and the CEO did not attend the debriefing, as there was an emergency that required their assistance. The Chief Deputy Warden was available for the beginning of the meeting, however was also called away.

The audit team thanked the facility, for their professionalism, hard work and commitment to PREA. Facility staff was very open and receptive to honest discussions regarding areas of compliance that could be strengthened. The auditor expressed that there would be corrective action, as to some of the standards, however did not go into detail, as a determination could not be finalized without completing the analysis of all documentation, observations, interviews. It was reiterated that corrective action would benefit everyone and increase the sexual safety and security of all staff and inmates. The exit conference was brought to a conclusion around 9:45 a.m.

POST ON-SITE AUDIT PHASE-CORRECTIVE ACTION:

The auditor issued the facility Interim Report on December 18, 2019. The auditor and the facility continued to communicate during the corrective action period. During the corrective action period, the facility PREA Compliance Manager was transitioned to a new position. The facility Warden designated a new PREA Compliance Manager. As far as the corrective action, the transition appeared to be smooth with no interruptions in the flow of documents, emails and discussions. The facility remained cooperative, and provided necessary documentation and all actions taken by the facility, to effectively demonstrate compliance with each standard. There were no barriers in completing this audit.

AUDIT FINDINGS

Facility Characteristics:

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

CHCF is located in Stockton, California, is a state prison facility within the California Department of Corrections and Rehabilitation, which houses adult male inmates. On June 25, 2013, the CDCR dedicated the \$839 million dollar medical facility designed to provide medical care and mental health treatment to inmates who have the most severe and long term needs. The 1.4 million square foot facility is certified to provide intermediate level care and to complement less acute treatment provided in other prisons operated by the CDCR.

The facility is unique, in that a Warden oversees the daily security needs and operations, while a CEO oversees the medical/mental health daily needs and operations. There seems to be a clear division between the two with differences that include but are not limited to the hiring practices, training of staff and appeals filed by the inmates. During informal interviews with security staff and with Medical/Mental Health staff, there appears to be animosity, between them, as they struggle to find a balance between the two missions.

This facility provides both outpatient and inpatient mental health services for patients with a serious mental disorder. The licensed Psychiatric Inpatient Program at this facility is designed to provide more intensive treatment for patients who cannot function adequately or stabilize in an outpatient program.

The 54-building complex located in South Stockton includes housing for patients who require acute and long term care for medical and psychiatric needs. The facility also includes a diagnostic center, dental clinic and dialysis units to treat diabetes, a common disease among elderly and ill inmates.

The average daily number of inmates is two thousand five hundred and seventy (2570). The facility is authorized three thousand nine hundred and two (3902) position, which includes nine hundred and sixty-two (962) custody positions, six hundred and sixty-five (665) non-custody and two thousand two hundred and seventy-three (2273) medical and mental health positions.

The facility has five separate housing facilities that each have access to the Facility Shared Services (FSS).

Facility A has five (5) housing units with a total of two hundred and twenty-nine (229) cells. There are ninety-six (96) double cells and one hundred and thirty-three (133) single cells. A1A and A1B house the Mental Health Crisis Beds. A2A and A2B house the Psychiatric Inpatient Program (PIP) and A4 is general population.

Facility B has sixteen (16) housing units with a total of four hundred and seventy-five (475) cells. All cells are single cell and houses the Psychiatric Inpatient Program (PIP).

Facility C has twelve (12) housing units with three hundred and twenty (320) cells. There are eighty-eight (88) four-man cells, sixteen (16) double cells and two hundred and sixteen (216) single cells, which

house the Low Acuity/Out Patient Programs.

Facility D has fourteen (14) housing units with four hundred and twenty (420) single cell beds and houses the High Acuity and Correctional Treatment Center.

Facility E has thirteen (13) housing units with a total of fourteen hundred and six (1406) beds. There are two hundred and fifty (250) double cells, fifty (50) single cells, six hundred and forty-eight (648) double bunks in dorm setting and sixty (60) single beds in dorm setting. This facility houses general population and Out Patient housing.

There are assigned ADA Assistants which are inmate helpers also known as the "Gold Coat Workers". They are available at all times to assist the handicap with movement across the compound for appointments and programming.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

Number of Standards Exceeded: 0

Number of Standards Met: 31

List of Standards Met:

§115.11; §115.12; §115.14; §115.18; §115.21; §115.22; §115.34; §115.42; §115.43; §115.51;
§115.52; §115.54; §115.62; §115.63; §115.65; §115.66; §115.67; §115.68; §115.71; §115.72; §115.73;
§115.76; §115.77; §115.78; §115.82; §115.86; §115.87; §115.88; §115.89; §115.401; §115.403

Number of Standards Not Met: 14

List of Standards Not Met:

§115.13; §115.15; §115.16; §115.17; §115.31; §115.32; §115.33; §115.35; §115.41; §115.53; §115.61;
§115.64; §115.81; §115.83

Corrective Action:

115.13

1. The facility shall develop a process to ensure supervision of inmates within "no man's land."
2. The facility shall incorporate a review of "blind spots" during their annual review process.
3. The facility shall develop a process for completing unannounced rounds, at different times and shifts, which incorporates those areas that are not monitored by video or staffed during the evening hours.
4. Educate staff regarding the intended purpose of unannounced rounds.
5. Educate intermediate and higher level staff, the intended purpose of the unannounced rounds are to deter staff.
6. The auditor will monitor the unannounced rounds for a period of time, to ensure that the process

has been developed and implemented in the facility practice.

115.15

1. Educate the current inmates on the meaning of "Staff on Floor"
2. Develop and implement a process, to ensure that all incoming inmates are provided education regarding "Staff on Floor"
3. Educate Medical staff on the use of privacy screens, during shower times or exams, to ensure the inmate has reasonable privacy from non-medical staff.
4. Install "mud" flaps on the bottom doors of the showers in Housing Unit A-4.

115.16

1. Ensure that the "I-Speak" poster are in all housing units, with the correct phone numbers.
2. Ensure that the staff language line instructions are replaced throughout the facility with the correct number.

115.17

1. The facility shall develop a process to ensure that all potential employees and contractors are completing the supplement application form.
2. The facility shall develop a process to ensure that all documentation of the employee participation in Live Scan is maintained.
3. The facility shall develop a process and procedure to ensure that all employees are aware of the continuing duty to disclose.

115.31

1. The facility shall ensure that all staff, custody, administrative staff and medical/mental health staff have 2019 PREA Training.
2. This training shall be documented with the use of the CDCR 844 form. The CDCR 844 should contain a statement "by signing this form, the employee has attended the PREA training and understands the training provided"
3. A process and procedure shall be developed and implemented to document all training moving forward.

115.32

1. Establish a procedure for tracking the contractors and volunteers and the training received at the facility.
2. Ensure that all contractors and volunteers receive 2019 PREA training.
3. Ensure that all contractors and volunteers have documented by signature that they understand the training they have received.

115.33

1. Develop a process to ensure that all current inmates are provided education, to include the updated Orientation Handbook, updated brochures and "Staff on Floor" explanation.

2. Develop a process moving forward to ensure that Inmates are given the opportunity to watch the PREA Video, whether during the intake process or within thirty days of arrival at the facility.
3. Remove all outdated Orientation Handbook, to ensure the updated version is being utilized.
4. Develop a process to ensure that the inmate checks the boxes on the 128B form, to indicate the education he has received.
5. Discussion with the auditor and the facility, options regarding education of the current inmates in the facility.

115.35

1. The facility shall ensure that all medical/mental health staff have completed the specialized training.
2. The facility shall ensure that all medical/mental health staff have complete annual PREA training per standard 115.31
3. This training shall be documented with the use of the CDCR 844 form.
4. The CDCR 844 should contain a statement "by signing this form, the employee has attended the PREA training and understands the training provided"
5. A process and procedure shall be developed and implemented to document all training moving forward.

115.41

1. The screening form shall be updated to ask the victim, if they has ever experienced sexual victimization within a correctional setting or in a non-correctional setting.
2. A work around process shall be developed to document, the change in screening form and how the question is asked, to be utilized until CDCR can complete the update on the screening form.
3. The auditor and the facility, shall discuss ways to ensure those inmates within the facility, have been properly assessed and housed, based on the changes in the assessment.

115.53

1. The facility shall replace all phone stickers with the correct phone number.
2. The facility shall update the Inmate handbook to include the PREA information page include information on the extent the communications will be monitored and the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws.
3. The facility shall establish an MOU with the Local Rape Crisis Center to ensure that each party understands their roles and responsibilities. All efforts to establish the MOU shall be documented.

115.61

1. Establish procedures and protocols to ensure that all notification are made.
2. Update the Watch Commander Checklist to include notification to the Adult Protective Services, if the victim is a vulnerable adult.
3. Educate the Watch Commanders of this responsibility.

115.64

1. Update the PREA Information Cards.

2. Educate all staff, on the policy and procedures for first responders.

115.81

1. The facility shall create and implement a procedure to ensure that all inmates that score high for victimization, high for abusiveness or have committed a prior act of sexual violence be offered mental health.
2. Ensure that all offers of mental health are documented.

115.83

1. The screening form shall be updated to ask the victim, if they has ever experienced sexual victimization within a correctional setting.
2. A work around process shall be developed to document, the change in screening form and how the question is asked, to be utilized until CDCR can complete the update on the screening form.
3. The auditor and the facility, shall discuss ways to ensure those inmates within the facility, have been properly assessed and offered mental health services, and treatment.

On December 12, 2019, the auditor and the facility conducted a conference call to discuss and create a corrective action plan to follow moving forward. On January 2, 2020, the corrective action plan was implemented. The corrective action plan included the facility deficiencies and recommendations made by the auditor, the actions that will be taken by the facility to satisfy the deficiencies and the proposed timeline in which the action was to be completed. On June 11, 2020, all corrective action had been completed and the facility effectively reached compliance on all standards.

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. CHCF Pre-audit Questionnaire 2. CDCR Department Operations Manual (DOM), Chapter 5, Article 44, §54040.1 3. CDCR DOM Chapter 5, Article 44, §54040.2 Purpose 4. CDCR DOM Chapter 5, Article 44, §54010.3 Definitions 5. CDCR DOM Chapter 5, Article 44, §54040.15 Disciplinary Process 6. California Code of Regulations (CCR), Title 15, §3401.5 Staff Sexual Misconduct 7. Organizational Chart 8. CDCR PREA Coordinator Duty Statement 9. CDCR Statewide PREA Compliance Manager list 10. CDCR PREA Compliance Manager Statement Clause 11. CHCF PREA Compliance Manager Duty Statement 12. Interview: CDCR PREA Coordinator, CHCF PREA Compliance Manager and Director of Adult Prisons <p>(a): The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a written policy mandating zero tolerance for all forms of sexual abuse. The facility further indicated that the policy outlines how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>CDCR Department Operations Manual (DOM), Chapter 5, Article 44, §54040.1 (Policy), states, “<i>CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation, and for all offenders under its jurisdiction.</i>”</p> <p>CDCR DOM Chapter 5, Article 44, §54040.2 (Purpose) states, “<i>The purpose of this policy is to ensure compliance with Public Law 108-79, the Prison Rape Elimination Act of 2003 (PREA), California Assembly Bill 550 (Chapter 303, Statutes of 2005), the Sexual Abuse in Detention Elimination Act, and 28 Code of Federal Regulations, Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape. It will provide guidelines for the prevention, detection, response, investigation, and tracking of sexual violence, staff sexual misconduct, and sexual harassment against CDCR offenders.</i>”</p> <p>CDCR DOM Chapter 5, Article 44, §54010.3 (Definitions) includes general definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as illustrated in §115.6.</p> <p>California Code of Regulations (CCR), Title 15, §3401.5 (Staff Sexual Misconduct) indicates that a staff member who participates in prohibited behaviors will be subjected to disciplinary action and/or criminal prosecution.</p> <p>CDCR DOM Chapter 5, Article 44, §54040.15 (Disciplinary Process) indicates that any offender, who participates in the prohibited behaviors, will be disciplined and referred for criminal prosecution.</p>

The agency policy includes a comprehensive description of the agency strategies and response to reduce or prevent sexual abuse and sexual harassment of offenders. Prevention, detection and response strategies are broken down in the following ways:

Preventative Measures

- Staff, Contractor and Volunteer Training
- Offender Education
- Allowing inmates to shower, dress and perform bodily function without viewing by the opposite sex.
- Performing security rounds
- Communication and Pronoun Usage
- Searches
- Offender Housing

Detection:

- Offender Reporting
- Third Party Reporting
- Notification from/to other confinement facilities
- Screening for Appropriate placement
- Referrals for Mental Health

Response:

- Initial Contact
- Custody Supervisor Responsibilities
- Crime Scene Preservation
- Providing a victim advocate (Emotional Support, Medical Examination and Investigatory Process)
- Medical Services Responsibilities
- Mental Health Responsibilities
- Transportation Responsibilities
- Forensic Medical Examination
- Return to Triage and Treatment
- Investigation

During the site review posters could be seen on the bulletin boards in all housing units. The posters state, "*CDCR has a Zero Tolerance policy which can be found in DOM 54040.1*" The posters further state "*No means No, and Yes is not Allowed.*"

Formal and informal interviews with staff and inmates, indicated that they have some knowledge of the zero tolerance policy.

(b): CDCR employs a PREA Captain as the agency PREA Coordinator. The auditor reviewed the Duty Statement, which states that the position is under the direct supervision of the Mission Correctional Administrator and is responsible for providing a safe, humane, secure environment, free from sexual misconduct in California State Prisons. The facility provided the auditor with the agency organizational chart; however, the PREA Captain position is not

included in the organizational structure. The Duty Statement, indicates that ninety-five (95) percent of the PREA Coordinator's time is devoted to PREA duties, with five (5) percent, being other duties required or directed. The PREA Coordinator oversees thirty-five (35) PREA Compliance Managers within the agency.

During a formal interview with the Director of Adult Prison, she confirmed that the agency PREA Coordinator, is an upper level position with direct access to herself, for any issues that she may encounter.

During a formal interview, the PREA Coordinator stated that she has sufficient time, authority and resources to complete her PREA duties. She stated that she keeps in constant contact with the designated PCM's through phone calls and emails. She was extremely knowledgeable regarding the agency PREA policy and the agency's efforts to comply with the standards in all facilities.

(c): The auditor reviewed a Statewide PREA Compliance Manager list, which indicates that there are thirty-five (35) facilities within the CDCR. All facilities have a designated PCM and a backup PCM. It appears that all PREA Compliance Managers are in upper level positions within their respective facility, such as Associate Warden or Captain. CHCF has designated a Custody Captain as the facility PCM. The Duty Statement describes the duties of the Custody Captain, which includes duties for which the PCM is responsible.

During a formal interview with the PREA Compliance Manager (PCM), he stated that he was recently designated as the PCM of the facility. He did feel that he had sufficient time and authority to complete his duties. The PREA Compliance Manager was knowledgeable and could articulate the facility's efforts to comply with the PREA standards.

Findings:

The facility has established a written zero tolerance policy. The policy outlines the agency's comprehensive approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy does include definitions of prohibited behaviors consistent with standard §115.06. The agency has designated an upper-level agency wide PREA Coordinator with sufficient time and authority to develop, implement and oversee the agency's efforts to comply with all PREA standards. In addition, the facility has designated a PREA Compliance Manager with sufficient time and authority to oversee the facility's effort to comply with the PREA Standards.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. CHCF Pre-audit Questionnaire 2. CDCR Contracts: GEO Group, Corrections Corporation of America, City of Taft, City of Delano, City of Shafter 3. Interview: Contract Administrator <p>(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility has not entered into or renewed contracts for the confinement of inmates.</p> <p>However, CDCR has five (5) contracts for the confinement of offenders with other entities, which covers a total of nine (9) facilities, seven (7) within the state and two (2) facilities located outside the state, which have now closed. The auditor reviewed each contract. All five (5) contracts state <i>“If you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR’s Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards.”</i></p> <p>In addition, the auditor reviewed the agency website and verified that all contracted facilities have been found to be in compliance with one or more US Department of Justice PREA audits.</p> <p>CDCR has the Contract Beds Unit (CBU), which provides oversight and monitors compliance with all contracted facilities. Each contracted facility has a CDCR contract monitor housed within the facilities. During an interview with the Contract Administrator, he confirmed that all contracts contain the required language and the contract does provide the agency with the ability to monitor and ensure that the contractor is complying with the PREA standards. The CBU will conduct monthly on-site inspections of all in-state contracted facilities.</p> <p>Findings:</p> <p>The agency ensures that all contract facilities, adopt and comply with the PREA standards. All contracts contain the required language. Each contracted facility has been found in compliance with a PREA audit. All contracted facilities have a state compliance monitor housed within their facility to monitor compliance with the PREA Standards.</p> <p>After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. CHCF Pre-Audit Questionnaire 2. Telestaff codes for staff vacancies 3. CDRC DOM Chapter 5, Article 44, §54040.4 Security Rounds 4. CDRC DOM Article 25, §14090.3 General Information 5. Staffing Plan Analysis 6. CDRC DOM Chapter 5, Article 44, §54040.17.1 Annual Review of Staffing Plan 7. CDRC DOM Chapter 5, Article 44, §54040.18 Institutional Staffing Plan 8. CHCF PREA Annual Data Collection 9. Samples of Security Round 10. Interviews: Warden, PREA Coordinator, Intermediate or Higher Level Facility Staff <p>(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against abuse. The average daily number of inmates is two thousand five hundred and seventy (2570). The average daily number of inmates on which the staffing plan was predicated is two thousand nine hundred and fifty-one (2951).</p> <p>CDRC DOM Chapter 5, Article 44, §54040.17.1 (Annual Review of Staffing Plan) states, <i>“Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine and document whether adjustments are needed to: (1) the staffing plan; (2) The facility’s deployment of the video monitoring systems and other monitoring technologies; and (3) the resources assigned to ensure adherence to the staffing plan.”</i></p> <p>The auditor reviewed CHCF’s 2019 Staffing Plan and the Staffing Plan Analysis. The plan indicates that the facility takes into consideration all elements required by this standard. These elements include 1) generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) any findings of inadequacy from federal investigative agencies; 4) any findings of inadequacy from internal or external oversight bodies; 5) all components of the facility’s physical plant (including “blind spots” or areas where staff or inmates may be isolated; 6) the composition of the inmate population; 7) the number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents or sexual abuse; and 11) any other relevant factors.</p> <p>The average daily number of inmates is two thousand five hundred and seventy (2570). The facility is authorized three thousand nine hundred and two (3902) positions, which includes nine hundred and sixty-two (962) custody positions, six hundred and sixty-five (665) non-custody and two thousand two hundred and seventy-three (2273) medical and mental health</p>

positions. Security rounds are made throughout each shift by the custody staff assigned to specific areas. The Staffing Plan also includes the use of four hundred (400) cameras that monitor the housing units and corridors, providing direct and indirect supervision of the offender population.

During the site review, the auditor observed significant custody staff and support staff within the facility. The facility provides medical care and mental health treatment to inmates with severe or long term needs. Medical and Mental Health staff, as well as custody staff are located in all housing units on a twenty-four hour basis. Although there appears to be an adequate number of staff within the facility, there is a “blind spot” which is of concern to the auditor. The facility staff call this area “no man’s land” in which the inmates walk from the main complex to Housing Unit E. The area spans approximately $\frac{3}{4}$ of a mile. The walkway is not a straight walk, it twists and turns around Housing Unit E. Inmates are walking to and from each facility, in the daylight hours and in the night time hours. There is not adequate supervision in this area. The walkway does have several towers located throughout the area, but these towers are not manned at all times. There is a gatehouse at the beginning of the walkway, which is manned, however the officer does not have adequate line of sight of the entire walkway, during day light hours and even less during the nighttime hours. The auditor did not observe staff, walking or patrolling the area. During informal discussions with staff, they reported that this area has always been an area of concern for inmate safety, as well as staff safety. During informal interviews with inmates, several indicated that this area is not safe.

During an interview with the facility Warden, she stated that she believes the staffing plan is adequate, for the protection of inmates from sexual abuse. She is able to ensure staffing levels are maintained for the daily operations, through the use of overtime, if needed.

(b) The facility indicated in their responses to the Pre-Audit Questionnaire that there have been no deviations from the staffing plan during the documentation period.

CDCR DOM Chapter 5, Article 44, §54040.18 states *“In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan.”*

The Warden indicated that she reviews the Daily Activities Report and can confirm that there have been no deviations from the staffing plan. The auditor reviewed several Daily Activity Reports and did not find a report of deviations to the staff plan.

(c) CDCR DOM Chapter 5, Article 44, §54040.17.1 states *“Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to (1) the Staffing Plan, (2) the facility’s deployment of video monitoring systems and other monitoring technologies and (3) the resources assigned to ensure adherence to the staffing plan.”*

The auditor reviewed the PREA Annual Data Collection Tool and Staffing Plan Review, which indicated a review of all elements of the standard had been completed and included recommendations and corrective action, such as a PREA Sergeant was added to the Program Support Unit and training for medical staff on procedures when an offender returns to the facility after a forensic medical exam.

In addition the auditor reviewed the facility 2018 Staffing Plan which indicates that there is a review of the staffing plan on a yearly basis.

The agency PREA Coordinator stated that in consultation with her, the staffing plan is maintained and adjusted as needed, but at least once a year, by the Program Support Unit. However there are procedures in place that gives the Warden, the options to request additional staff, with supporting justification.

During an interview with the Warden, she indicated that adjustments were needed to the video monitoring system. Prior to her appointment, twenty-four (24) cameras were added to the visitation area of the facility. The PREA Compliance Manager was consulted regarding the placement of the cameras, to ensure the sexual safety of all inmates.

(d) CDCR DOM Chapter 5, Article 44, §54040.4 Security Rounds states *“A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen.”* In addition the policy states *“Staff is prohibited from alerting other staff members that these rounds are occurring, unless such announcement is related to the legitimate functions of the facility.”*

During the site review, the auditor reviewed log books within the housing units. Entries documenting unannounced rounds were easily located, as the entries were in red pen. Examples of the entries were “Sgt. ___ conducts unannounced round, no PREA issues.” It was noted that several logs had the entry to the side and not in sequential order. These entries were not dated. In discussions with staff, they indicated that it was easier to locate and see the entry when it was written to the side versus in order on the log book. The auditor recommended that the entries include the time of the unannounced round as per CDCR policy.

The auditor did not locate samples of unannounced rounds in other areas, such as education, library or the warehouse. These areas do not have video monitoring, and would be considered “blind spots” when not in operation. Informal discussions with facility staff, indicated that supervisory rounds or unannounced rounds are not completed in these areas, during normal operations or when programming has ceased for the day. It should be noted that all staff members have an electronic key which opens the doors to these areas. These areas are not restricted to upper staff, allowing entry at all times by any staff member.

During formal and informal interviews with random staff, at least half of the staff stated that supervisors do not conduct unannounced rounds, while the other half stated that they do and during the rounds the supervisor checks the log book and asks if there are any PREA issues. It is evident, to the auditor that staff do not know what the intended purposes are for conducting these unannounced rounds.

Several supervisory staff who conduct unannounced rounds were interviewed. During the interviews, the auditor was walked through the process when conducting unannounced rounds. It was stated that they look for any issues present, such as blind spots or anything that gives red flags. The round is documented that there are no PREA issues in the log book with a red pen. When asked if they conduct unannounced rounds in areas that have been shut down for the night, it was stated “no why would we.” It is unclear if the supervisory staff are aware of the intended purpose for conducting the unannounced rounds and how they differ from their

normal weekly rounds.

The auditor did observe that there is minimal radio chatter, at the facility. The auditor confirmed that if staff alerted other staff, a supervisor was conducting an unannounced round, the staff member would be disciplined.

Recommended Corrective Action:

1. The facility shall develop a procedure to ensure there is adequate supervision of inmates within "no man's land", during all shifts.
2. The facility shall incorporate a review of "blind spots" during their annual review process.
3. The facility shall develop a process for completing unannounced rounds, at different times and shifts, which incorporates those areas that are not monitored by video or staff during the evening hours.
4. Educate staff regarding the intended purpose of unannounced rounds.
5. Educate intermediate and higher level staff, the intended purpose of the unannounced rounds are to deter staff.
6. The auditor will monitor the unannounced rounds for a period of time, to ensure that the process has been developed and implemented in the facility practice.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On January 27, 2020, the facility revised CHCF DOM Supplemental 54040.4 Security Rounds. The updated policy states "*The watch commander assigned to first watch is responsible for ensuring weekly PREA security checks of all areas of CHCF are conducted by the Sergeant assigned to the area. Facility Lieutenants will be responsible for the facility Sergeants conducting these weekly PREA security checks on second and third watches. Sergeants will tour their areas at minimum once a week signing in the area log book, date, time, location, and No PREA issues or PREA issues discovered. The Sergeant will then print and sign their name in red ink in the log book entry. The entry will be made in the timeline of the log book and not alongside other log book entries.*"

On February 28, 2020, the facility completed training of all Intermediate and higher-level staff on the revised policy. The PREA Compliance Manager confirmed that the training included the purpose of completing the unannounced rounds and the procedure to follow. The facility provided the auditor with CDCR 844 Forms, which contained staff signatures, indicating that they had participated and understood the training they had received.

On April 13, 2020, the auditor received the facility PREA Annual Data Collection Tool and Staffing Plan Review dated March 25, 2020. The review was reviewed and approved by the agency PREA Coordinator. The review indicated that a Budget Change Proposal (BCP) was submitted to include the addition of two (2) custody positions in order to eliminate the blind spot in "no man's land" identified during the audit. In addition, the auditor reviewed the BCP that was submitted to Headquarters on March 25, 2020.

On April 21, 2020, the auditor received and reviewed samples of unannounced rounds that had been documented in the control log books. The logs indicate that the unannounced rounds are occurring on all shifts at different times. In addition, the facility implemented log

books in the areas of the facility that are closed during the evening hours, samples from these log books were also reviewed. There does not seem to be a pattern on when the rounds are occurring.

On June 10, 2020, the facility provided the auditor with an Addendum to Post Orders 252851, 261862, 352168, 361863. The addendum, effective immediately adds to the job duties of these posts. The addendum states, "*Effective immediately, Officers assigned to posts 252851 E Sec Pat 2, 261862 S Sec Gate, 352168 E Sec Pat 3, and 361863 S Sec Gate shall coordinate inmate movement through the inner perimeter between E Facility and the FSS. The purpose of doing so is to maintain visual supervision of inmates in this area.*" With the Addendum to the post orders, the facility will have supervision in the area referred to as "no man's land".

The facility has effectively demonstrated compliance during the period of corrective action and has provided supporting documentation. The facility is in compliance with this standard.

115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. MOU regarding Inpatient Care for the Juvenile Justice Youth Provided by the Psychiatric Inpatient Program and Mental Health Crisis Beds at the Correctional Health Care Facility and the California Institute for Women 2. Interviews: PREA Compliance Manager and Staff who Supervise Youthful Offenders <p>(a) The facility indicated in their responses to the Pre-Audit Questionnaire that there have been two (2) youthful offenders, housed at the facility during the reporting period.</p> <p>The MOU regarding Inpatient Care for the Juvenile Justice Youth Provided by the Psychiatric Inpatient Program and Mental Health Crisis Beds at the Correctional Health Care Facility and the California Institute for Women states, <i>“Male DJJ youth, ages 16 and older, who require inpatient care and mental health treatment beyond what DJJ can provide, may require access to the services at the California Health Care Facility.”</i></p> <p>and Section V states, <i>“DJJ youth shall be housed in accordance with the Welfare and Institution Code 208 standards.</i></p> <ul style="list-style-type: none"> • <i>Youth housed at PIP or MHCB shall be placed in a single cell licensed bed.</i> • <i>All youth shall be supervised at all times, including during programming and treatment activities and shall be escorted by DAI staff to and from cells.</i> • <i>When available, a vacant cell will be in between, and across from the DJJ youth's cell and adult DAI inmates. If there is no available vacant cells across from the youth, a privacy screen shall be used.</i> • <i>When more than on DJJ youth is admitted into the PIP or MHCB during the same period of time, the DJJ youth shall be housed in cells next to the other DJJ youth.”</i> <p>While on site, the auditor had informal discussions with staff regarding the housing of youthful offenders. Many of the staff reported that juveniles would not be housed at the facility. However during the reporting period, the facility has housed two (2) youthful offenders. These offenders were placed in the same housing units as the adult inmates.</p> <p>The auditor viewed the area in which the youthful offenders were housed. Each youthful offender was housed at the end of the housing unit. The youthful offenders were placed in segregation status, however it was not a true segregation cell. The cell had an office located on one side and an ante room on the other, providing site and sound separation. The facility utilized a tri-fold privacy screen for the front of the cell. The youthful offender was unable to see the adult inmates and vice versa.</p> <p>The youthful offenders were given the opportunity to shower and utilize recreation areas without physical contact with the adult inmates. Staff from the Juvenile Justice Office provided</p>

education and other programming opportunities, which was separate from the adult population.

Interviews with staff who supervised the youthful offenders stated that the offenders were escorted by staff at all times during movement and were provided sight and sound separation while in their cell.

No youthful offenders were housed at the facility during the site review. Therefore no interview could be conducted.

Findings:

The facility prohibits placing youthful offenders in a housing unit, in which a youthful inmate will have sight, sound or physical contact with any adult inmate through use a shared dayroom or other common areas. Youthful offenders are provided sight and sound separation from the adult inmates. Staff provides direct supervision, while in the cell, as well as times that the youthful offender is out of cell, this includes shower, programming and recreation times. Youthful offenders are given programming opportunities and provided with large-muscle exercise, while house at the facility.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. PREA Training (BET) Codes
3. CHCF Cross Gender Search Policy
4. CDRC DOM Chapter 5, Article 44, §52050.16.5 Cross Gender Unclothed Body Searches
5. Memo-ADANI Compass Low Dose Scanner
6. CDRC DOM Chapter 5, Article 44, §54040.5 Searches
7. CDRC DOM Chapter 5, Article 44, §52050.16.4 Cross Gender Searches on Female Inmates
8. CHCF Cross Gender Viewing Policy
9. CDRC DOM Chapter 5, Article 44, §54040.4 Cross Gender Viewing-Preventative Measures
10. CDRC DOM Chapter 5, Article 44, §52050.16.7 Unclothed Body Searches of Transgender and Intersex Inmates
11. CHCF Transgender Search for Determining Genital Status
12. Transgender Inmates Training BET code 11058564 (Instructor Text)
13. Transgender Inmates Training BET code 11058564 (Participant Workbook)
14. Transgender Inmates Training BET code 11058564 (Power-point)
15. Office of Training and Professional Development (OPTD) Search Training Lesson Plan
16. CHCF- Office of Training and Professional Development (OPTD) Search Training Lesson Plan
17. PREA Lesson Plan BET Code 11054378
18. Sample of percentage of all custody staff who received training
19. Samples of Course Enrollment – Positive Report
20. Interviews: Non-Medical Staff, Random Staff, Random Inmates and Transgender/Intersex Inmates

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that they do not conduct cross-gender strip or cross-gender visual body cavity searches of inmates and reported in the past twelve months there have been zero (0) performed at the facility.

CDRC DOM Chapter 5, Article 44, §52050.16.5 (Unclothed Body Search of Inmates), states “*Unclothed body searches: Correctional personnel other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency.*” In addition, DOM Chapter 5, Article 44, §54040.5 (Searches), states “*Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5...*”

The facility utilizes an Adani Compass Low Dose Scanner. The auditor reviewed a memorandum that was issued on February 8, 2019, which states “*operators viewing the image produced by the low dose scanner system shall be the same gender as the inmates*”

being scanned. If cross-gender staff use the Adani Compass Low Dose Scanner during exigent circumstance, the search must be documented in a Notice of Unusual Occurrence (NOU)." The facility reported that there have been no exigent circumstances of cross-gender staff utilizing the scanner.

During random staff interviews, it was reported that cross-gender strip and cross-gender visual body cavity searches are not allowed per policy. Many reported that they do not conduct strip searches, even of the same gender. In additions, during random inmate interviews, many inmates reported that have not been stripped search at the facility.

The facility did not have strip search logs for the auditor review. Strip searches only occur in certain areas of the facility, for example during intake and in housing unit E, which houses the inmate workers for the facility.

(b) CDCR DOM Chapter 5, Article 44, §52050.16.4 (Clothed Body Search of Female Inmates) states "*Clothed Body Searches of female inmates shall be conducted by female correctional staff only, except in emergency situations...*" **However, CHCF houses male offenders only, therefore this provision would not apply.**

(c) CDCR DOM Chapter 5, Article 44, §54040.5 (Searches) states "*Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5, and shall document all cross-gender pat-down searches of female inmates in accordance with DOM 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU) Completed NOU forms shall be reviewed by the supervisor and routed to the institutional PCM to retain for adult purposes...*" **CHCF does not house female offenders, therefore this provision would not apply.**

(d) CDCR DOM Chapter 5, Article 44, §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 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 addition it states "*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 with the housing unit changes.*"

During the site review, all showers and toileting areas were viewed by the audit team. Some of the housing unit provide ample coverage to enable the inmates to shower, perform bodily functions and change clothing with nonmedical staff viewing. However in housing unit A-4, the top tier showers did not provide adequate coverage. This was reported during staff and inmate interviews. The auditor viewed these showers and from the control center which is on the bottom floor, inmates showering on the top tier were in full view of anybody in the housing unit. Although the doors on the showers were half doors, allowing security staff to see an inmate's head and feet, when looking up, from the control center, the doors provided minimal coverage and viewing of entire genital area occurred.

It should also be noted that during the site review, the audit team entered a unit, and the staff announced "staff on floor". Medical staff was assisting an inmate with showering, as both male and female security staff, were in the area. The door was not closed nor was there a privacy

screen. There was no attempt made to cover the inmate, which indicated to the auditor that this is normal daily practice. The audit team did have full viewing access of the inmate in a state of complete undress.

Staff reported that privacy screens are utilized when conducting strip searches, to avoid incidental viewing in areas such as intake, the warehouse and the maintenance areas. While in the intake area, the auditor requested to see the privacy screens. The screens were not readily available and took some time to locate, indicating that the strip searches are being conducted without the use of the screen. In addition, a member of the audit team walked into an area, where a strip search was being conducted, the staff did not utilize the privacy screen, and the inmate was seen by the same gender auditor in a unclothed state. Many of the privacy screens were seen in staff bathrooms. All staff bathrooms are not designated male or female, each staff member has a key card that opens the bathroom doors and therefore the privacy screens are being utilized to prevent another staff member from walking into the bathroom while being utilized by another staff member. The auditor would recommend that the facility utilizes "in use" signage on the bathroom doors, to ensure that privacy screens are available to be utilized for the intended purpose.

CDCR policy requires that staff of the opposite gender announce their presence when entering the housing units. This announcement is made at the beginning of each shift and/or when the status quo changes. The facility is a medical facility, medical, mental health staff and custody staff are located in the housing units twenty-four hours a day. The staff are both male and female. Inmates reported that female staff are always in the units. During the site review, as the audit team entered the housing units, staff announced "Staff on the Floor" CHCF staff reported that there is a large staff population in CDCR that are gender non-conforming/transgender staff. CDCR compromised with the union to announce "Staff on Floor" versus "Female on Floor" CHCF staff reported that during intake the inmates are educated regarding the announcement to mean female staff are entering the housing units. However during inmate interviews, when asked what the phrase meant, inmates did not know or other reported it meant that upper management staff was coming into the unit.

The facility reported that inmates are educated and sign CDCR form 128 B documenting that the "staff on the floor" was explained during the intake process and the inmate understood what the phrase meant. However in review of samples of this form, many were blank, indicating this was not explained to the inmates.

The auditor observed an inmate during the intake process. The CDCR form 128 B had a computerized x in all boxes, prior to being given to the inmate, the boxes indicate that the inmate had received education in the following ways 1) Video "What you need to know: (English, Spanish, Hmong Version); 2) given information brochure on PREA with reporting information; 3) given inmate Orientation Handbook with PREA reporting information; 4) opposite gender announcement explained, "staff on floor" means staff of the opposite gender are in the housing unit. The form was handed to the inmate for signature, and the inmate signed the form. However at no time had the inmate watched the video or was the "staff on floor" explained.

(e)(f) CDCR DOM Chapter 5, Article 44, §52050.16.7 (Unclothed and Clothed Body Searches of Transgender or Intersex Inmates) states "*In the event that there is an individual going through Receiving and Release (R &R) who self-identifies as a transgender or self-identified*

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 record (i.e., paperwork indicates male, inmate will be searched by a male staff member). If staff 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."

The auditor reviewed the Instructor guide, participant workbook and the PowerPoint for "Transgender Inmates." This training is provided to all correctional staff during the in-service training. The training goes over issues and concerns regarding transgender inmates, terminology, professional conduct and communication, clothed and unclothed body searches, state issued clothing and authorized personal property.

In addition the auditor reviewed the "Searches and Inmate Property" training. The training covers clothed and unclothed body searches, pat down searches, to include the proper way to conduct a pat-down search on a transgender inmate. The training indicates that for females who identify as male, the inmate will be searched utilizing the usual and customary process for searching female inmates. Male inmates who identify as female, staff will utilize the alternate search method. The technique to be used will require the lower body to be searched the same as all male inmates and the upper body to be searched utilizing the back of the hand, as you would any female inmate. These searches can be conducted by either male or female staff.

During specialized interviews with transgender inmates, all reported that they have not been stripped search for the sole purpose of determining their genitalia status.

During random staff interviews, a majority of the staff reported that policy states that you cannot search a transgender solely to determine genitalia status and were aware that if there is a need to know, you would contact medical staff. In addition, staff was able to demonstrate how to conduct a pat search on a transgender inmate, which included the use of the back of the hand.

The PREA Compliance Manager indicated that policy allows for male or female staff to conduct a pat search on a transgender inmate. They can use the alternate search method, which includes the upper body search with the back of the hand. If a transgender inmate requested a search be conducted by another gender, the facility would accommodate that request if they had staff available at the time.

Prior to the issuance of the interim report, the facility had placed "mud flaps" on the bottoms of the shower doors within Housing Unit A-4. The facility did provide the auditor with photographs of before and after the "mud" flaps had been installed. With the addition of the flaps, the showers provide adequate coverage.

Corrective Action Recommended:

1. Educate the current inmates on the meaning of "Staff on Floor"
2. Develop and implement a process, to ensure that all incoming inmates are provided education regarding "Staff on Floor"
3. Educate Medical staff on the use of privacy screens, during shower times, exams or

- strip searches, to ensure the inmate has reasonable privacy from non-medical staff.
4. Install "mud" flaps on the bottom doors of the showers in Housing Unit A-4, ensure that all upper housing unit showers do not allow for viewing of the opposite gender.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On December 17, 2019, the facility Warden issued a memorandum to all inmates in the facility. The memorandum states, "*CHCF utilizes the Public Address System at the beginning of each shift to make the announcement, "Staff on Tier". In addition, anytime a status quo change happens with staff entering a housing unit a, "Staff on Tier" announcement will be made inside the housing unit. These announcements mean there are staff members on the tier that consist of opposite biological sex. Inmates should be aware and conduct themselves in a manner that will prevent cross gender exposure.*" The memorandum was posted in all buildings that are frequented by inmates to include the housing units, and all program areas. The facility sent the auditor photographs of the posted memorandum for documentation of compliance. In addition, the facility updated the CHCF Orientation Manual to include the definition of "Staff on Tier" announcement. This will ensure that all inmates coming into the facility are aware of the meaning of the announcement.

On April 8, 2020, the auditor received supporting documentation, that all medical staff were trained on CDCR DOM Chapter 5, Article 44, §54040.4 Preventative Measures which included the use of privacy screens in order to ensure that inmates have reasonable privacy. The auditor was provided CDCR 844 forms, which contained the employee signature documenting their attendance and understanding of the training that was provided.

On June 10, 2020, the auditor received a memorandum from the the facility Warden. The memorandum states, "*The purpose of this memorandum is to inform you that the California Health Care Facility (CHCF) has provided the new inmate orientation handbook to the inmate population at CHCF. The inmate orientation handbook was disseminated to the inmate population through the Inmate Advisory Council representatives in the CHCF housing units. The updated inmate orientation handbook has also been provided to the Patient Management Unit, where our inmate transfers are received.*"

The auditor reviewed the updated Inmate Orientation handbook. The PREA Information page has been added to the handbook. This section explains the agency zero tolerance for sexual violence, staff sexual misconduct and sexual harassment. In addition, it states, "*In order to minimize cross gender exposure, staff of the opposite biological sex will announce their presence when entering the housing unit by stating "staff on the floor". This announcement will be made at the beginning of each shift, by Central Control via the Public Address System; if staff of the opposite gender are assigned, or when a staff of the opposite gender enters the housing unit.*"

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. Memo-LEP Contract with Interpreters
3. Limited English Proficient Contract with Interpreters
4. CDCR I-Speak Poster
5. CDCR DOM Chapter 5, Article 44, §54040.4 Effective Communication for Non-fluent Offenders
6. CHCF Contract Natural Languages LLC
7. Justification Memo
8. CHCF PREA ADA Policy
9. CHCF Video Remote Interpreting
10. CHCF Voiance Language-Foreign Language
11. CHCF Limited English Proficiency Directives
12. CDCR DOM Chapter 5, Article 44, § 54040.12 Prohibits Inmate Interpreters
13. CDCR DOM Chapter 5, Article 44, §54040.12 Limited Inmate use as Interpreters – Investigations
14. CCR Title 15, §3000
15. Interviews: Agency Head, Inmates with Disabilities, and Random Staff

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse an sexual harassment.

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) 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.*"

CCR Title 15, Section §3000, defines effective communications means providing the inmate, to the extent possible, the means to understand and participate in the disciplinary process to the best of their ability.

The auditor reviewed a justification memo dated October 6, 2017, the memo state's "*In order to ensure that inmate 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 modifications or accommodations to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provision are made to ensure effective communications 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. When 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 form his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. For instances involving due process, employees give priority to the inmate's primary means of communication, which may include but is not limited to; auxiliary communication aids, sign language interpreter, and bilingual interpreter."

The auditor reviewed CDCR form 128 B, which is the form used to document inmate education, received at intake. The form also contains a section called "Ensure Effective Communication" the inmate TABE score is documented in this section. Either the inmate has a score of 4.0 or higher, can read or write and understands and/or effective communication is required due to....(reason). The form documents what accommodations must be provided to effectively communicate with the inmate.

The auditor reviewed one hundred and sixty-six (166) inmate files. There were several files that did not contain, the signed CDCR Form 128 B. However, all files that had the form, did indicate that the section "Ensure Effective Communication" was completed. Inmates that did not have a 4.0 score or higher, modification for effective communication were documented on the form, to ensure that the inmate had an understanding of the PREA education.

The agency has two (2) contracts (Davin's Interpreting Service and Natural Languages, LLC) for a sign language interpreters on as needed basis and contracts with Voiance Language Services, for foreign language telephone interpreter services. In June 2009, a memo was sent to all Directors and Wardens, to serve as a reminder to all CDCR staff of procedures to ensure effective communication with Limited English Proficient (LEP) inmates. The memo provides instructions on how to access the service as well as a directive to appoint an LEP Coordinator in each facility. The Coordinator is responsible for ensuring the "I-Speak" cards are available in all housing units, ensuring the 1-800 toll free number is current and operational. The LEP Coordinator also ensures that a list of competent bilingual staff interpreters is updated and available. All staff are required to attend one hour of training during the in-service training regarding this issue.

The agency has a contract for American Sign Language Video Remote Interpreting Services. The contract provides services to assist CDCR with inmates who are hearing impaired or deaf. The contract states that CDCR staff may request services any time, including weekends and holidays, as necessary.

During an interview with Director of Adult Prisons, she stated that all PREA documentation is provided in both English and Spanish. If other languages are needed the agency does have contracts with outside agencies who can provide the documentation in the other languages. She stated that the agency policy and procedures require that if the staff are unsure if the inmate understood zero tolerance or how to report, the information would be repeated back to the inmate, until they were sure it was understood.

The auditor observed the "I-Speak" posters in some of the housing units. It was not seen in all housing units. The poster contains a phone number for staff to obtain interpreter services and a Healthcare phone number for inmates to use. The staff number was blacked out and no other number provided. The auditor did test the healthcare number for inmates and was connected to the language line.

The audit team interviewed an inmate classified as a limited English inmate. The staff was asked to connect the auditor with an interpreter utilizing the language line, for the interview. Each control desk had a poster for staff with instructions on how to access the language line. There was difficulty, as the phone number provided on the instructions was not the correct number. After a period of time, the staff did obtain the correct number and the interview was completed.

TDY phones were visible and available in each housing unit for the hard of hearing inmates. An inmate who is legally deaf was interviewed by the audit team. The inmate reported that he has not had an issue at the facility. He is able to understand everything. He also stated that he can and has read the PREA posters in the unit and would know how to report, if he needed to.

(c) CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states *“Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation.”*

Staff reported that they would not use an inmate interpreter. Staff were aware of the language line and were also aware that there was a list of staff interpreters that could be used if needed. The auditor reviewed and confirmed that there is a list of staff interpreters. The facility does have staff available that can speak languages to include but not limited to Hmong, Mandarin Chinese, Chinese and Spanish.

Corrective Action Recommended:

1. Ensure that the “I-Speak” poster are in all housing units, with the correct phone numbers.
2. Ensure that the staff language line instructions are replaced throughout the facility with the correct number.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The facility updated the “I-Speak” posters to include the correct phone numbers. The posters were placed on the bulletin boards in each housing unit, as well as the instructions on how to use the interpreter line. On February 3, 2020, the facility sent the auditor photographs of the updated posters for documentation of completion. In addition, the facility replaced the “Telephone Interpreter Guide” in all housing units. The auditor tested the number included on the guide to confirm the numbers were in working order. The numbers provided were correct.

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 3, Article 6, §31060.3 Appointments
3. Sample CDCR 1951 Form (New Hirer, transfer and promotions)
4. CHCF Agency Appointment Promotion Policy
5. Memo-Background Investigators PREA
6. CDCR DOM Chapter 3, Article 6, §31060.3 Agency Consideration of Sexual Harassment
7. CDCR DOM Chapter 3, Article 6, §31060.16 New Employee Contractor Background Checks
8. CHCF Agency Background Check
9. CDCR 1951 Supplemental Application for all CDCR Employees
10. CDCR 1951 Form Human Resource use of 1951 Notice, September 2016
11. CDCR Form 2025 Background Employee Reference
12. CDCR Contract Language Background checks for Contractors
13. Contract-Attachment that requires Background Checks for Contractors
14. Justification Memo
15. CDCR DOM Chapter 3, Article 6, §31060.16 Background Checks Employees
16. Memo-ID Card with Timelines and Renewal
17. CDCR DOM Chapter 3, Article 6, §31070.1 ID Cards
18. California Application std678
19. CDCR 1951-Discipline for Omissions
20. Title 15, §3401.5 and DOM 33030.16 Discipline Matrix for Sexual Misconduct
21. Title 15, §3401.5 Staff Sexual Misconduct Policy
22. Interviews: Human Resource Staff

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency policy prohibits hiring or promoting anyone who may have contact with inmates, has not engaged, been convicted or civilly adjudicated, in sexual activity described in this standard. In addition, the facility reported that six hundred and ninety-nine (699) employees have been hired, during the documentation period.

CDCR DOM Chapter 3, Article 6, §31060.3 (Appointments) states *"In accordance with 28 Code of Federal Regulation (CFR), Part 115, Standard 115.17, hiring authorities shall not hire or promote anyone who may have contact with inmates, who: has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, confinement facility, juvenile facility, or other institutions; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described immediately above."*

CDCR DOM Chapter 3, Article 6, §31060.3 (Appointments) states *"Hiring authorities shall:*

consider substantiated incidents of sexual harassment in all hiring decisions; ask all applicants and employees who may have contact with inmates directly about previous staff sexual misconduct and sexual harassment of inmates, in written applications or interviews for hiring or promotions and in any interview or written self-evaluations as part of the reviews of current employees.” In addition to the questions above, the supplemental applications inquires if the applicant has ever had a substantiated finding of sexual harassment of an inmate in prison, jail, lockup, community confinement center or other institution.”

The auditor reviewed the special terms and conditions included in all Bid Agreements with contractors which states, *“As a contractor with CDCR, you shall not assign an employee to a CDCR facility or assign an employee to duties if that employee will have contact with CDCR inmates, if that employee has 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997); 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; 3) Been civilly or administratively found to have engaged in the activity described in this section.”*

The auditor reviewed the CDCR 1951 Form Human Resource use of 1951 Notice, September 2016 directed to all institutional personnel officers, personnel liaisons and human resource personnel services which states, *“The California Department of Corrections and Rehabilitation has made revisions the Supplemental Application for all CDCR Employees, CDCR 1951 form. Effective August 1, 2016 the previous version of the CDCR 1951 dated June 25 is obsolete and should no longer be utilized. This form has been replaced with the CDCR, Supplemental Application for all CDCR Employees, with a revision date of July 2016.” In addition it states, “A completed CDCR 1951 form is required of all applicants seeking employment with the Department. The CDCR 1951 shall be completed at the time of the hiring interview by all internal and external candidates, with the exception of Peace officers applying to the same classification. The form shall be used during an initial appointment, transfer with a change in classification, and/or promotion.”*

During an interview with Human Resource Staff, it was stated that all applicants and employees being considered for promotions are required to complete a Supplemental Application (CDCR 1951). The form is to be placed in a sealed envelope and kept in the employee file. The auditor reviewed the supplemental application and samples of the form, which contain the following questions:

Have you ever:

Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997)?

Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse?

Been civilly or administratively found to have engaged in the activity described in question (2) listed above?

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?

Although the auditor reviewed one hundred and fifty-two (152) employee files, the auditor only included those employees that were hired in 2017, 2018, 2019, after the supplemental application was put into place. This review included fifty-four (54) custody files, twenty-three (23) administrative staff, seventeen (17) medical staff and fourteen (14) custody staff. There was total of eighteen (18) files, four (4) administrative staff, three (3) medical/mental health staff and eleven (11) custody staff, that did not have the supplemental application, which asks the questions required by this standard. In conversations with the agency PREA Coordinator, it was discovered that the documents for custody staff, were not transferred from the academy to the facility, once employment began.

(c)(d)(e) CDCR DOM Chapter 3, Article 6, §31060.16 (Criminal Records Check) states “*A criminal records check is a requirement for employment with the CDCR and includes: consent to be fingerprinted (live scanned) and request for and review of the CI and ISSCH.*”

The auditor reviewed the special terms and conditions included in all Bid Agreements with contractors which states, “*The contractor shall conduct a criminal background records check for each contract employee who will have contact with CDCR inmates and provide a written certification.*”

CDCR DOM Chapter 3, Article 6, §31070.1 (Personal Identification Cards-Policy) states “*In order to maintain security and order within Department facilities and provide proof to other agencies and private citizens of an individual’s relationship with the department, departmental identification cards or memorandums shall be issued to employees, contractors, consultants, volunteers, advisory group members and department retirees.*”

The auditor reviewed a justification memo issued October 6, 2017 which states, “*CDCR requires all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire.*”

CDCR utilizes a Live Scan System, which notifies the department of any arrests an employee or contractor has on an on-going basis. The applicants are required to give consent to be fingerprinted for the live scan during the application process. Each employee is issued a personal identification card. Those employees with red, blue, white or gold cards will have a five year expiration date. Employees with green border card, is for contractors and the expiration date is based on the completion of the project. Volunteers carry brown border cards, these cards will expire on an annual basis, and the volunteer must complete a background check prior to the card being reissued. Background checks are required prior to the issuance of a new identification card.

During an interview with Human Resource staff, it was confirmed that the agency policy requires all applicants consent to Live Scan (fingerprints) prior to being hired with the agency. Live Scan allows for a national criminal history search. The agency is notified of an arrest of an employee immediately, the arrest might otherwise not be known until the five year background check.

The auditor reviewed one hundred and fifty-two (152) files. Out of fifty-four (54) custody staff, there were four (4) files where documentation of live scan or criminal background check was not provided, fifty-eight (58) medical/mental health staff, twenty-six (26) files did not have documentation, and of the forty (40) administrative staff, sixteen (16) did not have documentation. Indicating that the facility is not in compliance with this provision.

(f) CDCR does not conduct employee self-evaluations and therefore does not require current employees to provide answers to the questions required in provision (a) of this standard.

During an informal discussion with the PREA Compliance Manager, he stated that the supplemental questions are only asked of applicants or for promotions. There is no system in place for continued disclosure. Although policy requires that all employees notify the facility of any arrests or the live scan system will notify the facility if an employee is arrested, a person would not be arrested if they are civilly or administratively adjudicated to have engaged in the behaviors described. The agency shall impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) The Supplemental Application, requires the signature of the applicant. The applicant must certify *“that there are no misrepresentations, omissions, or falsifications in the forgoing statements and that all statements and answers are true and correct. I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employee application, this supplemental application, during my interview, or at any time prior to employment with CDCR I may not be offered the job. Furthermore I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be rejected on probation and/or disciplined, up to and including dismissal from state service.”*

(h) The PREA Coordinator receives inquiries from other agencies, she will contact the Office of Internal Affairs for verification and responds back to the inquiring agency. The auditor did review samples of these inquiries.

During an interview with Human Resources Staff, she indicated that if an employee had previous employment with an agency that provides confinement, the staff will reach out to the past employer, during the background phase of the hiring process.

Recommended Corrective Action:

1. The facility shall develop a process to ensure that all potential employees and contractors are completing the supplement application form.
2. The facility shall develop a process to ensure that all documentation of the employee participation in Live Scan is maintained.
3. Then facility shall develop a process and procedure to ensure that all employees are aware of the continuing duty to disclose.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 15, 2020, the Director of Adult Prisons, issued a memorandum to all Associate Directors, Wardens and Chief Executive Officers. The memorandum states, *“....During a recent PREA Audit, the certified federal PREA auditor determined that the department was not compliant with standard 115.17 (f), which states, in part, “The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”*

To address this concern and demonstrate compliance by all employees with standard 115.17 (f), the Division of Adult Institutions (DAI) will be submitting a request to the Regulation and Policy Management Branch, to revise California Code of Regulations (CCR), Title 15, Section

3411. *In the interim, staff are expected to comply with the following:*

An employee shall promptly notify, and has a continuing duty to report, to the institution head or appropriate director, the fact that he/she:

*has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C., 1997)
has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
has been civilly or administratively adjudicated to have engaged in or attempted 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."*

On May 27, 2020, the agency PREA Coordinator issued a memorandum to the facility PREA Compliance Manager, to explain changes that were made to CDCR Form 2301. This form is given to contractor and volunteers, which asks them the questions required by this standard. The form has been updated to include the statement, "*As a contract employee, you have a continuing duty to promptly report and you are required to notify you employer and the Appointing Authority of the Institution to which you are assigned if the answer to any of the above questions changes.*" The auditor did review the updates made to the form, in addition the auditor reviewed samples of the CDCR 2301 form, completed by contractors and volunteers, after the changes had been implemented. Documentation was provided to the auditor that the appropriate staff were provided training for utilizing the updated CDCR 2301 form.

In May 2020, the facility instituted Operational Procedure 02-045 (Live Scan Submission), the purpose and objective states, "*The purpose of the is procedure is to ensure all individuals who are potential employees, contractors or volunteers (provisional or regular), within the California Department of Corrections and Rehabilitation (CDCR) at the California Health Care Facility (CHCF), in addition to other personnel processes, participate in completing the supplemental application form CDCR 1951 (Attachment A) throughout all phases of the hiring and promotion process.*

The objective of this procedure is to provide guidelines to ensure that the participation of all employees, contractor and volunteers in the Live Scan process id documented and maintained. This procedure shall outline the process to ensure that all employees, contractors and volunteers are aware of the continuing duty to disclose all arrests, and civil or administrative adjudications related to engagement in the behaviors described." The Live Scan Operator will keep an excel spreadsheet for tracking purposes.

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. Notice of Change-PREA Consideration for Construction, Expansion etc.
3. Div 27 51 23 CSO CSC Technology Project Manual Specification
4. PREA Considerations for Video Surveillance System
5. Interviews: Agency Head, Warden, and PREA Compliance Manager

(a)(b)The facility indicated in their responses to the Pre-Audit Questionnaire that there has been substantial expansion or modification and has installed video monitoring equipment, since the last PREA audit.

CDCR (Design and Constructive Policy Guidelines Manual Volume 1) state's "*When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.*"

CDCR (Design and Constructive Policy Guidelines Manual Volume 1) state's "*When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse.*"

Informal discussions with high level staff, indicated that they were aware of the requirements that PREA must be taken into consideration when planning expansions, modifications or installing video monitoring equipment.

The Director of Adult Prisons reported during an interview, that any time new requests are made for construction or modifications, a request is made for video monitoring equipment, as well. She also stated the agency PREA Coordinator and the facility PREA Compliance Manager are involved in all aspects of expansions or modifications, to ensure the agency's ability to protect inmates from sexual abuse.

The Warden indicated that prior to her appointment, twenty-four (24) cameras were added into the visitation area. The PREA Compliance Manager indicated that since the last PREA audit, a visitation building was added to the facility. The agency's ability to protect inmates from sexual abuse was considered. Numerous windows were placed throughout the building. The inmate restrooms have a paint section covering a portion of the window to prevent accidental viewing and modesty screens are available for use when a strip search is conducted in a strip search area. The PREA Compliance Manager confirmed that he is always consulted regarding the placement of the video monitoring equipment to maximize the facility's ability to protect inmates from sexual abuse. The audit team did observe the visitation area during the site review.

Finding:

CHCF is a relatively new facility. The design of the facility includes many windows to reduce the low visibility areas. It is apparent the agency has considered the effect of the design, acquisition, expansion or modifications on the agency's ability to protect inmates from sexual abuse. Higher level staff indicated that the agency PREA Coordinator and the facility PREA Compliance Manager are involved with the planning of any expansions, modifications or when installing video monitoring equipment.

After careful analysis of all documentation, interviews, and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. Rape Crisis Center Poster-English
3. Rape Crisis Center Poster-Hmong
4. Rape Crisis Center Poster-Spanish
5. Statewide Rape Crisis Center 24 Hour Sexual Abuse Hotline Numbers
6. Justification Memo
7. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examination
8. Custody Supervisor Checklist
9. CDCR DOM Chapter 5, Article 44, §54040.8.1 Evidence Protocol
10. Initial Contact Guide
11. Specialized Training LDI Lesson Plan
12. Transportation Guide
13. Watch Commander Checklist
14. LDI Evidence Training based on A National Protocol for Sexual Assault 2012
15. Specialized Training for Locally Designated Investigators Lesson Plan and PowerPoint
16. CCHCS Chapter 10 1.10 Co-Payment Policy
17. CDCR DOM Chapter 5, Article 44, §54040.8.2 Victim Advocate Support Person and SANE SART Examination
18. Effort to Provide SANE
19. SAFE-SANE Contract
20. Supervisor Checklist
21. Rape Crisis Contract
22. CA Penal Code 830.523. Interviews: Random Staff, PREA Compliance Manager, Inmates who reported Sexual Abuse and Investigator

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility is responsible for conducting both criminal and administrative investigations. In addition the facility reported that during the documentation period there have been three (3) forensic medical examinations conducted.

CDCR DOM Chapter 5, Article 44, §54040.8.1 (Evidence Protocol) states "*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).*"

California Penal Code 830.5 states "*The following persons are peace officers whose authority extends to any place in the state while engaging in the performance of the duties of their respective employment and for carrying out the primary function of their employment or as required under Sections 8597, 8598, and 8617, (b) correctional officer employed by the*

The agency/facility is responsible for conducting administrative and criminal sexual abuse investigations, including inmate on inmate sexual abuse and staff sexual misconduct. All PREA allegations are investigated through the Investigative Services Unit. The hiring authority will assign a Locally Designated Investigator (LDI) to conduct the investigation. The Investigators are trained to conduct both criminal and administrative investigations. All LDI's receive specialized training that is based on the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents, April 2012 and the Post Guidelines on Adult/Adolescent Sexual Assault Investigations. The protocols are developmentally appropriate for youth.

Interviews with facility investigators confirmed they were knowledgeable of the uniform evidence collection protocols. The auditor reviewed the “PREA Rape Kit”, which contained all essential items needed for evidence collection.

Random staff indicated that they have been trained in the collection of evidence, however the Investigative Services Unit, would be assigned to collect any evidence, during an incident.

(c) CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examinations states “In accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report....These examinations will consist of an explanation of the process, the offender’s signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred and a detailed physical examination that will include evidence collections and photographs...”

California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states *“The copayment shall not be charged if the health care service(s) is considered to be...treatment services relating to sexual abuse or assault.”*

Forensic medical examinations are offered without financial cost to the victim. CDCR has a contract with San Joaquin General Hospital to conduct SAFE examinations. The facility reported there have been three (3) forensic medical examinations conducted in the reporting period.

The audit team interviewed two (2) inmates that had reported sexual abuse. During the interviews it was discovered that the alleged incident did not happen at CHCF. No other inmates who reported an allegation were housed at the facility. Therefore, no relevant interviews were conducted.

The PREA Compliance Manager confirmed that all inmates are provided a victim advocate to be present during a SANE exam and interviews if the victim requests one be provided.

(d) CDCR DOM Chapter 5, Article 44, §54040.8.1 Custody Supervisor Responsibilities states “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, trained staff from the facility will be dispatched or called in to act as the Victim Advocate as defined in Section 54040.3.”

CDCR DOM Chapter 5, Article 44, §54040.3 Victim Advocate states *“An individual typically employed by a Rape Crisis Center whose primary purpose is the rendering of advice or assistance to victims of sexual assault and who has received a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by an approved counseling center. The victim advocate will be summoned to assist the alleged victim of an in-custody sexual assault including rape, sodomy, oral copulation, or forcible acts of sexual penetration for the SANE exam or interview process...In cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available, an employee who has been certified by a rape crisis center as trained in counseling of sexual assault victims....”*

The Watch Commander Notification Checklist requires that prior to the victim being transported to the outside hospital, the Watch Commander shall contact the Rape Crisis Center for Victim Sexual Assault Advocate. This was confirmed by the auditor during the investigative file review. All investigations did have the Watch Commander Notification Checklist. The checklist documents the date and time that the victim was offered a victim advocate and it is also documented if the victim declined or accepted the offer.

The facility has a pending MOU with the Women’s Center of San Joaquin-Youth and Family Services to provide confidential emotional support services to inmates who have been a victim of sexual assault or abuse during or before incarceration. Although the MOU is not currently in place, the Women’s Center of San Joaquin-Youth and Family Services is providing the services to the facility. This was verified by the auditor, through an interview with the Director of the Women’s Center of San Joaquin-Youth and Family Services.

(e) CDCR DOM Chapter 5, Article 44, §54040.8.2 Victim Advocate and Victim Support Person for Investigatory Process states *“Victims of alleged sexual violence or staff sexual misconduct, have the right to have a victim advocated and a victim support person of the victim’s choosing, present at any investigatory interviews, interviews by law enforcement, the district attorney or defense attorneys.”*

The PREA Compliance Manager confirmed that all inmates are provided a victim advocate to be present during a SANE exam and interviews if the victim requests one be provided.

(f)(g)(h) The agency is responsible for investigating both criminal and administrative allegations of sexual abuse. Therefore these provisions is not applicable.

Finding:

The agency is responsible for conducting both criminal and administrative investigations. The LDI Investigators are sworn peace officers and follow a uniform evidence protocol.

The protocol is developmentally appropriate for youth. The facility offers all victims of sexual abuse access to forensic examinations, at no charge. Although the facility does not have a signed MOU with the local rape crisis center, services are being provided and a victim advocate is provided during the SANE exam and during the investigation process, if requested by the inmate.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations for Allegations
3. CDCR DOM Chapter 3, Article 14, §31140.1 Policy
4. CHCF PREA Allegation Log 2018
5. CHCF PREA Allegation Log 2019
6. Justification Memo
7. CDCR Annual PREA Report
8. Sample of Institutional Yearly Tracking Report
9. Interviews: Agency Head

(a)(b)(c)(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that an administrative or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In addition, the facility stated that there have been forty-nine (49) allegations received that resulted in thirty-six (36) administrative investigations, there were no criminal investigations, during the reporting period.

CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations for Allegations) states “*All investigations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing....*”

The auditor reviewed the justification memo dated October 6, 2017. The memo states “*Inmate on Inmate Sexual Violence and Harassment- all investigations of sexual abuse or sexual harassment are conducted by the Institutions Investigative Services Unit (ISU). The findings are then documented on a confidential memorandum and an SSV-IA form, if the allegations are found to be substantiated, ISU collaborates with the District Attorney to make a determination on prosecution.*”

Staff sexual Conduct and staff sexual harassment: the collection of preliminary information concerning an investigation of sexual abuse or sexual harassment is conducted by the Institutions Investigative Services Unit (ISU). The findings are then documented on a confidential memorandum and an SSV-IA form. If the allegations are found to have potentially occurred, ISU then refers the case to the Office of Internal Affairs (OIA), an entity within CDCR with authority to investigate all staff misconduct allegations. The OIA completes the investigation and works with the District Attorney to make a determination on prosecuting the suspect.”

CDCR DOM Chapter 3, Article 14, §31140.1 Policy states, “*Every allegation of employee misconduct within the California Department of Corrections and Rehabilitation (CDCR or Department) shall be promptly reported, objectively reviewed, and investigated when appropriate.*”

The auditor reviewed the 2018 and 2019 CHCF PREA Allegation Log which confirms there

were forty-nine (49) allegations were received. CHCF logs all allegations received, even if the incident occurred at another facility. The ISU team will communicate with investigators from the facility where the incident occurred until conclusion of the investigation.

During an interview with the Director of Adult Prisons, she stated that all allegations will be investigated. An allegation will be forwarded to the Hiring Authority, if the allegation appears to have likely occurred and is criminal it will be referred to Internal Affairs and ultimately referred to the District Attorney for prosecution. In addition, she confirmed that each PREA Compliance Manager, through the ISU documents all allegations within the facility.

CDCR DOM Chapter 5, Article 44 Prison Rape Elimination Policy is located on the agency PREA webpage. The policy includes those sections that are relevant to both criminal and administrative investigations and can be easily accessed by the general public.

Finding:

The agency has a policy in place that requires all allegations of sexual abuse and sexual harassment be referred for investigation. If the case is criminal in nature, the investigator will work with the District Attorney to make a determination regarding prosecution of the suspect. The agency policy regarding the referral of allegations from criminal prosecution is published on the agency website and is available to the public. All referrals received are documented in a log and are forwarded to the agency PREA Coordinator on a monthly basis.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention, Security Rounds
3. CDCR DOM Chapter 5, Article 44, §54040.4 Staff Training
4. PREA On the job training (OJT) Bet Code 11053499
5. Inmate Staff Relations Instructor Guide
6. Inmate Staff Relations
7. PREA Training Curriculum Knowledge Review
8. CCR Title 15, §3391
9. CDCR PREA In-service Training Lesson Plan
10. Interviews: Random Staff, PREA Coordinator and PREA Compliance Manager

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency trains all employees who may have contact with inmates on all elements required by this standard. The training is tailored to the gender of the facility. In addition the facility reported that there is three thousand nine hundred and two (3902) employees who may have contact with inmates have received this training.

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states *“All staff, including employees, volunteers, and contractors shall receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy.”*

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states *“The training shall be gender specific based on the offender population at the assigned institution...”* The training curriculum includes training is gender specific and includes information for working with the female, male and transgender populations.

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states *“...participation in the training will be documented on a CDCR 844 , Training Participation Sign-in Sheet.”*

The auditor reviewed the agency’s PREA Training Curriculum and lesson plan. The training covers the ten (10) elements required by this provision, which includes the agency zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, the inmates rights to be free from sexual abuse and sexual harassment, the right for inmates and staff to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid an inappropriate relationship with inmates, how to communicate effectively and professionally with inmates including LGBTI Inmates and

how to comply with relevant laws related to the mandatory reporting of sexual abuse to outside authorities.

The facility provided samples of the CDCR 844 form which is the Training Participation Sign in Sheet. However only samples were provided and not documentation that all staff at CHCF have been trained. Employees are required to document their attendance at the training by signature on the CDCR 844 form.

The facility reported that three thousand nine hundred and two (3902) have been trained or received refresher training on the PREA requirements. CHCF documents training through the LMS system. The training record provided for each employee tracks all training the employee has completed within the system. The facility also provided the auditor with positive bet ID codes. PREA Bet ID 11053499 is the PREA, on the job training module. The report provided to the auditor indicates that five hundred (500) employees have completed training through this module. PREA Bet ID 11054378 is the in-service training. The report provided to the auditor indicates that seven hundred and ninety-four (794) employees have completed training through this module. PREA Bet ID 11055014 is the training provided to the Basic Correctional Officer Academy. The report indicates that forty-four (44) officers have completed this training during the documentation period. No training documentation was reviewed for medical and mental health staff.

On December 13, 2019, the facility provided the auditor with updated PREA Bet reports. PREA Bet ID 11054378 is the in-service training, which documented that one thousand two hundred and nineteen (1219) staff have attended training. PREA Bet ID 11053499 is the PREA, on the job training module dropped from five hundred (500) to forty-six (46). No documentation was provided for medical/mental health staff training.

The auditor reviewed fifty-four (54) custody staff files. There were three (3) files that did not have documentation of training. The auditor reviewed thirty-six (36) administrative staff files, twenty-four (24) did not have documentation of training. The auditor reviewed sixty-three (63) medical/mental health files, forty-two (42) files did not have documentation of training.

During interviews with random staff and specialized staff, it was reported that they are required to attend PREA training yearly. During some questions staff needed some coaching, but overall appeared to have some understanding and knowledge regarding the elements of this standard.

In discussions with the agency PREA Coordinator, she stated that all staff are trained in PREA. The PREA Compliance Manager confirmed that all staff must attend PREA training and stated that as of 2019 the employee is required to submit a PREA Knowledge Review test after the training. The employees does sign this test.

The standard requires that the agency document, though employee signature or electronically verification, that the employee understands the training that they have received. During the file review the auditor did review three (3) employee files that had a copy of the PREA Knowledge test in the documentation.

In review of all the documentation, observations, interviews, the auditor has determined that the facility is providing training for all custody staff and administrative staff. However, the facility has difficulty with documenting the training provided, in order to effectively prove compliance with this standard.

Recommended Corrective Action:

1. The facility shall ensure that all staff, custody, administrative staff and medical/mental health staff have 2019 PREA Training.
2. This training shall be documented with the use of the CDCR 844 form.
3. The CDCR 844 should contain a statement "by signing this form, the employee has attended the PREA training and understands the training provided"
4. A process and procedure shall be developed and implemented to document all training moving forward.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On June 9, 2020, the facility provided the auditor with the meeting minutes from the Training Advisory Committee Meeting held on March 12, 2020. During the meeting, the corrective action plan was discussed. Currently seventy (70%) percent of custody staff, fifty (50%) non-custody, forty (40%) percent medical staff and thirteen (13%) of PIP staff have been trained. A plan was discussed to bring the facility into compliance with this standard within two (2) weeks.

On April 8, 2020, the facility provided the auditor with documentation that all staff have attended the annual PREA training. Each employee is required to sign the CDCR 844 form, which indicates that the employee attended and understood the training received. The facility has established a procedure that during all monthly IST Training meetings, the training manager will provide compliant and non-compliant lists, regarding staff training. This will provide the facility with an ongoing assessment of training compliance and any actions that may need to be taken to maintain compliance in this area. The procedure has been documented in CHCF DOM Supplemental 54040.4. As of June 9, 2020, the facility has been unable to conduct the IST Training meetings, due to Covid 19. However, the auditor is satisfied that all employees have been trained, as documented by CDCR 844 forms.

The facility has effectively demonstrated compliance during the period of corrective action with supporting documentation. The facility is in compliance with this standard.

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training)
3. CDCR DOM Chapter 5, Article 18, §32010.8.3 (Records Keeping Training)
4. PREA Lesson Plan Bet Code 11054378
5. Justification Memo
6. Volunteer/Contractor Information Sheet
7. Interviews: Volunteer/Contractor

(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that all contractors and volunteers, who have inmate contact have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse. In addition, the facility reported that there have been five hundred (500) contractors and volunteers that have received the training, during the documentation period.

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states *"All staff, including employees, volunteers, and contractors shall receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy."*

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states *"...participation in the training will be documented on a CDCR 844 , Training Participation Sign-in Sheet."*

In review of the justification memo, all volunteer/contract staff are given one (1) hour of mandatory training in regards to Inmate Staff Interaction. The overall direction of the training is to aid staff in understanding the dynamics of establishing positive, professional interactions with inmates in the performance of their duties. The training also informs staff how to: maintain professional distance while maintaining effective communication with inmates, determine the fine-line between establishing rapport with inmates, avoid becoming overly familiar and/or other inappropriate behavior, identify the consequences of denying inmates' rights, and identifying and react appropriately to manipulation by an inmate.

Volunteers and Contractors are required to complete the same training as staff, specific staff such as nursing staff who work 8 hour shifts with little to no custody staff supervision at times are mandated by the institution to complete more extensive training based on their level of contact with inmates, whereas other contract staff such as self-help group volunteers maintain the 1 hour mandatory training.

Volunteers and Contractors are required to sign the Volunteer/Contractor Informational Sheet (CDCR Form 2301). The document informs the volunteer/contractor of the history of PREA, the agency PREA Policy which includes zero tolerance, retaliation, detection, preventative measures and professional behavior. The form contains a statement which states, "I have

read the information above and understand my responsibility to immediately report any information that indicates an offender is being or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment."

During interviews with a volunteer and contractors, it was confirmed that they had received PREA training. Each appeared to be knowledgeable regarding how to report, things to look out for and the agency zero tolerance policy.

The facility had a difficult time in providing the auditor a list of contractors and volunteers. Therefore no files for either has been reviewed by the auditor, to confirm the training had been received.

Recommended Corrective Action:

1. Establish a procedure for tracking the contractors and volunteers and the training received at the facility.
2. Ensure that all contractors and volunteers receive 2019 PREA training.
3. Ensure that all contractors and volunteers have documented by signature that they understand the training they have received.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The facility established a procedure in DOM Supplement 54040.4. The supplement states, *"The In-Service Training (IST) Department is responsible for tracking the compliance of all Prison Rape Elimination Act (PREA) related trainings and also for providing documents upon request during audits to prove compliance of all staff members assigned to CHCF with PREA training requirements. Completed CDCR 844 Training Participation sign-in sheets and training material will be scanned and forwarded to the CHCF Compliance Coordinator for document retention and presentation during future audits. CHCF PREA compliance will be assessed quarterly at the CHCF Training Advisory Committee Meeting. The IST Department will provide compliance percentage and non-compliance percentages during the meeting. All staff who are on the non-compliance list will be expected to be brought into compliance by the IST Department within 30 days of the Training Advisory Committee meeting."*

On April 8, 2020, the facility did provide the auditor with a list of contractors. In addition, the facility provided the CDCR form 2301, for each contractor. The form contains the contractor signature, documenting that the contractor has read the form and understood the information provided.

On April 8, 2020, the facility provided a list of volunteers with the CDCR form 2301, for each volunteer. The form contains the volunteer's signature, documenting that the volunteer has read the form and understood the information provided.

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-audit Questionnaire
2. CHCF Orientation Handbook
3. PREA Information for Orientation Handbook-English
4. PREA Information for Orientation Handbook-Spanish
5. PREA Sexual Awareness Brochure-English
6. PREA Sexual Awareness Brochure-Spanish
7. Sexual Abuse/Assault Prevention and Intervention-English
8. Sexual Abuse/Assault Prevention and Intervention-Spanish
9. CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education)
10. CDCR DOM Chapter 5, Article 44, §54040.4 (Effective Communication)
11. Sample form 128 B PREA Education Chrono
12. California Office of Inspector General (OIG) PREA Poster
13. Live in Fear Poster-English
14. Live in Fear Poster-Spanish
15. Office of Inspector General phone stickers
16. PREA Poster Order form
17. Interviews: Random Inmates and Intake Staff

(a)(b) The facility indicated in their responses on the Pre-Audit Questionnaire that inmates receive information at the time of intake about the agency zero tolerance policy and how to report incidents or suspicions of sexual abuse. In addition, the facility reported there have been one thousand five hundred and fifty-six (1556) given this information at intake and one thousand one hundred and seventy-six (1176) received comprehensive training within thirty (30) days.

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states “*Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish.*”

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states, “*The PREA Brochure entitled “Sexual Violence Awareness” and the PREA booklet entitled “Sexual Abuse/Assault Prevention and Intervention” will be distributed during initial processing in RC institutions. Both the brochure and the booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution’s offender orientation handbook.*”

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states “*Verbal and written information shall be provided to offenders, which will address: prevention/intervention, reporting, treatment and counseling.*”

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) 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..”

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) 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.*”

The auditor reviewed a memorandum issued on November 4, 2005, which indicates that all facilities within CDCR provided all inmates a copy of the PREA Information sheet for the Orientation Handbook. The agency received proof of practice memorandums from all facilities, verifying completion.

CHCF has established the following intake process. Each inmate is given the CHCF Orientation Handbook, which includes the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, and how to report an incident or suspicions of sexual abuse or sexual harassment; a Sexual Violence Awareness Brochure and Sexual Abuse/Assault Prevention and Intervention Brochure, both brochures provide the inmate with phone numbers, addresses and other avenues available to report an incident. In addition, inmates are shown the agency PREA video, which contains an English/Spanish version and contains closed caption for the hearing impaired.

During the site review, many inmates were asked informally, if they knew about PREA and how to report, those that did, stated, they have read the poster on the bulletin board, however there were many inmates that did not know about PREA and how to report an allegation.

During random inmate interviews, most stated they could report to an officer, however they did not know about the advocacy line or other ways they could report within the facility or outside the facility. It was apparent that there was a clear lack of education regarding PREA and the agency zero tolerance policy.

PREA posters could be seen in all housing units. The posters are in both English and Spanish. The posters inform the inmate of three ways to report sexual abuse, to include the addresses and phone numbers for the Office of Internal Affairs and the OIG PREA Ombudsperson. In addition, the posters state “*CDCR has a Zero Tolerance policy which can be found in DOM 54040.1.*”

The auditor observed phone stickers, on all phones in the housing units. The phone stickers, inform inmates of numbers to call for Office of Internal Affairs, the OIG PREA Ombudsperson and the Local Rape Crisis Center. The audit team tested the phone system utilizing the inmate phones. The number for the rape crisis center was not the current number for the Center. The facility immediately replaced all of the phone stickers with the correct number, while the auditor was on site.

At the time of intake, inmates sign the CDCR form 128B. This form states, “*On the ____ date, at California Health Care Facility, I received the Prison Rape Elimination Act Information/Training in the following ways:*

1. *Video “What you need to know” (English/Spanish/Hmong Version) and;*
2. *Given Information Brochure on PREA with reporting information and;*
3. *Given Inmate Orientation Handbook with PREA reporting information and;*

4. *Opposite Gender Announcement was explained, "Staff on the Floor" means staff of the opposite gender are in the Housing Unit."*

The audit team did observe the intake process. The inmate was handed the Brochure and the Orientation Handbook. The inmate was asked to sign the 128B form. Each box had already been pre-marked with a computerized check mark. The inmate did sign the form, which indicated that, in addition to receiving the brochure and the handbook, he had watched the video and the opposite gender announcement was explained to him. Although the video was playing in the intake area, from the inmate's location he could not view the video from his cell. The inmate was taken from his cell to medical (which is a medical room in the intake area). At no time was the inmate placed in the chairs, which are available to sit and watch the video. The auditor did not see or hear a staff member explain the "Staff on Floor" announcement.

The auditor also obtained a copy of the brochures from intake staff. The brochures were printed in both English and Spanish. However, the section that informs the inmates of the phone number for the Rape Crisis Center was blank and did not have the phone number stamped on it. Each facility is required to stamp the local Rape Crisis number on the brochures.

The auditor obtained a copy of the Orientation Handbook, it was dated May 2014 and did not contain the PREA information that was added to the handbook in February 2017, (provided to the auditor, in the pre-audit phase).

The auditor reviewed one hundred and sixty-six (166) inmate files. There were twenty-five (25) files that did not contain the CDCR 128B form, indicating PREA Education. Many of the forms that were in the file only documented that the inmate had been given the brochure and the orientation handbook.

The facility utilizes this form during the intake process to satisfy the facility obligations to education inmates at intake, provide the comprehensive training as required by provision (b) of this standard and to document that the material was provided to each inmate.

Recommended Corrective Action:

1. Develop a process to ensure that all current inmates are provided education, to include the updated Orientation Handbook, updated brochures and "Staff on Floor" explanation.
2. Develop a process moving forward to ensure that Inmates are given the opportunity to watch the PREA Video, whether during the intake process or within thirty days of arrival at the facility.
3. Remove all outdated Orientation Handbooks, to ensure the updated version is being utilized.
4. Develop a process to ensure that the inmate checks the boxes on the 128B form, to indicate the education he has received.
5. Discussion with the auditor and the facility, options regarding education of the current inmates in the facility.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On April 13, 2020, the facility provided the auditor with the revised CHCF DOM Supplemental

54040.7, which states "*Upon intake into CHCF inmates will view the PREA Informational video in the Patient Management Unit. Inmates will also be given a PREA Informational Brochure and CHCF Inmate Orientation Handbook containing the PREA reporting information and the definition of the, "Staff on Tier Announcement". The Correctional Lieutenant assigned to intake of the inmate shall complete a CDCR 128 Informational Chrono documenting the inmate has received this comprehensive education and establishment of effective communication. The inmate will sign the CDCR 128B indicating they have received the training....*" The facility provided the auditor with documentation that all Intake Lieutenants were trained on the revised policy. The auditor reviewed samples of the CDCR 128B, indicating that the inmates are documenting by signature that they have received the education.

To ensure that all inmates within the facility, are aware of the meaning of the "Staff on Floor/Tier" announcement, on December 17, 2019, the facility Warden issued a memorandum to all inmates housed in the facility. The memorandum states, "*CHCF utilizes the Public Address System at the beginning of each shift to make the announcement, "Staff on Tier". In addition, anytime a status quo change happens with staff entering a housing unit a, "Staff on Tier" announcement will be made inside the housing unit. These announcements mean there are staff members on the tier that consist of opposite biological sex. Inmates should be aware and conduct themselves in a manner that will prevent cross gender exposure.*" The memorandum was posted in all buildings that are frequented by inmates to include the housing units, and all program areas. The facility sent the auditor photographs of the posted memorandum to further document compliance.

On April 13, 2020, documentation was sent to the auditor, that the facility received ten (10) portable DVD players and ten (10) DVDs of the PREA Video. The facility deployed five (5) of each to the Patient Management Unit in order to be placed in front of the holding cells to allow inmates to watch the video, upon intake. The DVD players were placed on moveable stands, allowing the DVD to be moved from cell to cell, so each inmate could view the video. In addition, the PREA video is played on a loop on the institutional inmate information channel. All inmates have access to this channel in the day rooms.

On June 10, 2020, the auditor received a memorandum from the facility Warden. The memorandum states, "*The purpose of this memorandum is to inform you that the California Health Care Facility (CHCF) has provided the new inmate orientation handbook to the inmate population at CHCF. The inmate orientation handbook was disseminated to the inmate population through the Inmate Advisory Council representatives in the CHCF housing units. The updated inmate orientation handbook has also been provided to the Patient Management Unit, where our inmate transfers are received.*"

The auditor reviewed the updated Inmate Orientation handbook. The PREA Information page has been added to the handbook. This section explains the agency zero tolerance for sexual violence, staff sexual misconduct and sexual harassment. In addition, it states, "*In order to minimize cross gender exposure, staff of the opposite biological sex will announce their presence when entering the housing unit by stating "staff on the floor". This announcement will be made at the beginning of each shift, by Central Control via the Public Address System; if staff of the opposite gender are assigned, or when a staff of the opposite gender enters the housing unit.*"

The facility has effectively demonstrated compliance during the period of corrective action and

provided supporting documentation. The facility is in compliance with this standard.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-audit Questionnaire
2. LDI Basic Investigation Course Training
3. LDI Training PowerPoint
4. Specialized training lesson plan
5. WB BIC ID 11055853
6. CDCR DOM Chapter 5, Article 44, §54040.3 Specialized Training for Investigative Staff
7. CDCR DOM Chapter 5, Article 44, §54040.4 Documentation of Investigative Training
8. LDI-BIC per Institution
9. Positive BET ID 110055853
10. Positive BET ID 11057915
11. Interviews: Investigative Staff

(a)(b)(c)The facility indicated in their responses to the Pre-Audit Questionnaire that agency policy requires that investigators are trained in conducting sexual abuse investigations in a confinement setting. In addition the facility reported that there are twelve (12) Locally Designated Investigators at the facility.

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states “*All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c).*” In addition, the policy states “*All staff including employees, volunteers and contractor, shall receive instructions related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct and sexual harassment. This training will be conducted during new employee orientation, annual training and will be included in the curriculum of the Correctional Training Academy.*”

During an interview with investigative staff, he confirmed that all correctional officers are sworn peace officers and can conduct criminal and administrative investigations. The investigators are required to complete PREA training annually, and are required to complete specialized training, prior to conducting investigations. The investigator was very knowledgeable regarding evidence collection, interviewing victims and witnesses and all other aspects of an investigation.

The auditor reviewed the CDCR Basic Investigator Course Curriculum. The instructional goal states “*Investigators will understand their role and responsibilities in conducting an investigation within the correctional institution.*” The curriculum includes sections on interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, proper handling of sexual abuse evidence collection in a confinement setting and how to identify evidence required to substantiate a case for administrative action or prosecution referral.

The auditor reviewed certificates for all twelve (12) investigators, which indicate that they have all received the specialized training. In addition the auditor reviewed the LDI’s training records, which confirmed that they had received the general/refresher PREA training, that all other

employees must complete.

(d) CHCF Investigators are peace officers under the California Penal Code 830.5 and are authorized to conduct criminal and administrative investigations, therefore this provision does not apply to the facility.

Finding:

CDCR policy requires that investigators are trained in conducting sexual abuse investigations in a confinement setting. The facility provided documentation to indicate that all facility investigators have completed PREA training and the specialized training. All documentation of training is maintained by the facility.

After careful analysis of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 18, § 32010.8.3 Staff Training Records
3. CDCR DOM Chapter 5, Article 44, §54040.4 Staff Training
4. CDCR DOM Article 18, §32010.10.1 Policy on Training for all Staff
5. CCHCS Memo-Specialized Training for Medical and Mental Health Staff
6. PREA Specialized Training Course Enrollment Report
7. PREA Specialized Training PowerPoint
8. Interviews: Medical and Mental Health Staff and PREA Compliance Manager

(a) The facility indicated in their response to the Pre-Audit Questionnaire that the agency has a policy related to the training of medical and mental health staff who work regularly in their facility. In addition, the facility reported there has been one hundred and forty (140) medical and mental health staff who received this training, during the documentation period.

CDCR DOM Chapter 5, Article 44, §54040.4 (Education and Prevention) states, “*All staff including employees, volunteers and contractor, shall receive instructions related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution.*”

The auditor reviewed a memo issued by the Health Care Policy Administrator for the California Correctional Health Care Services, to all CCHCS staff. The memo issued in response to an audit finding of non-compliance with the specialized training, states “*to bring CCHCS and DHCS into compliance with this standard, an eLearning module has been developed. The eLearning module is located on the CCHCS Learning Management System (LMS) and is to be completed by each Medical and Mental Health staff practitioner who has contact with inmates. It is a one-time training to be provided to current and new staff practitioners as they begin work with an institution.*”

The auditor reviewed the specialized training curriculum. The training includes sections which cover identifying potential signs of sexual abuse and sexual harassment, identifying how and whom to report an allegation or suspicions of sexual abuse and sexual harassment, identifying methods to respond effectively and professionally to victims of sexual abuse and sexual harassment and identifying the steps required to preserve evidence of sexual abuse.

During interviews with medical and mental health staff, it was reported that they are required to attend general PREA training, annually. All reported that they have attended training and appeared to be knowledgeable on how to detect sexual abuse, how to respond and how to report an allegation.

(b) CHCF Medical Staff do not conduct forensic examinations and therefore this provision does not apply to the facility.

(c) The auditor reviewed forty (40) medical/mental health employee files, which included training documentation, sixteen (16) files did have documentation of the specialized training. In addition, the facility provided the auditor with a Positive Bet ID 11057450 report, which indicates that eight (8) medical/mental health staff have received the specialized training, between August 2018 and August 2019.

During interview with the PREA Compliance Manager, he confirmed that all medical/mental health staff are required to complete the specialized training, as well as the training provided annually to all staff.

(d) The auditor reviewed the agency's PREA Training Curriculum and lesson plan. The training covers the ten (10) elements required by this provision, which includes the agency zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, the inmates rights to be free from sexual abuse and sexual harassment, the right for inmates and staff to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid an inappropriate relationship with inmates, how to communicate effectively and professionally with inmates including LGBTI Inmates and how to comply with relevant laws related to the mandatory reporting of sexual abuse to outside authorities.

The auditor reviewed forty (40) medical/mental health employee files, twenty-three (23) files did not have documentation of general PREA training.

Recommended Corrective Action:

1. The facility shall ensure that all medical/mental health staff have completed the specialized training.
2. The facility shall ensure that all medical/mental health staff have complete annual PREA training per standard 115.31
3. This training shall be documented with the use of the CDCR 844 form.
4. The CDCR 844 should contain a statement "by signing this form, the employee has attended the PREA training and understands the training provided"
5. A process and procedure shall be developed and implemented to document all training moving forward.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On April 21, 2020, the facility provided the auditor with documentation that all medical and mental health staff have received the specialized training. The auditor reviewed the positive BET report and individual certificates of completion of the specialized training. In addition, the facility provided the CDCR 844 form indicating that the medical and mental health completed annual PREA training. The CDCR 844, is signed by the staff member indicating that they received and understood the training.

The facility has established a procedure that during all monthly IST Training meetings, the training manager will provide compliant and non-compliant lists, regarding staff training. This will provide the facility with an ongoing assessment of training compliance and any actions that may need to be taken to maintain compliance in this area. The procedure has been documented in CHCF DOM Supplemental 54040.4. As of June 9, 2020, the facility has been unable to conduct the IST Training meetings, due to Covid 19. However, the auditor is satisfied that all medical and mental health staff have received the specialized training and general PREA training.

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.6 Screening for risk of Sexual Abuse
3. CDCR DOM Chapter 5, Article 44, §54046.5 Initial Screening
4. CDCR DOM Chapter 5, Article 44, §54040.7 Inmate Reassessment review within 30 days
5. CDCR DOM Chapter 5, Article 44, §54040.6 Single Cell Status
6. Sample of Screening for risk of Victimization and Abusiveness
7. Title 15 Intake Screening –At Risk
8. PREA Risk Screening-Correctional Counselor Responsibilities
9. Sample ICC Chrono
10. Interviews: Staff Responsible for Screenings, Random Inmates, PREA Coordinator and PREA Compliance Manager

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency does have a policy requiring all inmates to be assessed for risk of sexual abusiveness and sexual abuse victimization, within 72 hours. In addition, the facility reported one thousand five hundred and twelve (1512) inmates have entered the facility, whose length of stay was over 72 hours, in the last twelve months.

CDCR DOM Chapter 5, Article 44, §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.*”

Regulations Title 15, §3269 (Inmate Housing Assignments) state “*Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment.*”

A memo regarding Prison Rape Elimination Act Risk Screening, dated August 28, 2017, states “*During the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for completing a PREA Screening form for every inmate. In addition, if the PREA Screening form identifies an inmate as “at risk as a victim” or “at risk as an abuser”, the custody supervisor shall also enter an alert into the Inmate Precaution section in the Strategic Offender Management System (SOMS). All PREA Screening forms will be completed electronically and submitted directly to ERMS. The PREA Screening form will appear in the General Chrono section of the electronic Central File.*”

During interviews with intake staff it was reported that the initial screening is conducted immediately upon the inmate’s arrival at the facility. In addition, there were forty-three (43) random inmate interviews conducted. A majority of the inmates reported that they were not asked questions of this nature during their intake process, nor at any time after the intake process.

The auditor reviewed one hundred and sixty-six (166) inmate files. The inmates had come into the facility in either 2018 or 2019. The assessments indicate that the screening was completed within seventy-two (72) hours, however there were sixteen (16) files that an assessment was not provided to the auditor.

During the site review, the auditor observed an intake of an inmate coming into the facility. Intake staff, stated that prior to interviewing the inmate, all questions on the screening assessment are initially completed by the intake staff, with the use of the SOMS and ERMS (the inmate management systems). After the initial assessment review, the intake staff, did ask the inmate if he was LGBTI and asked about his views regarding his safety. These questions were asked at the cell door, as there were safety concerns for the auditors and staff, because of the inmate's violent history. The auditor could not determine if asking the questions at the cell door was common procedure, as those in the intake area, stated that they didn't know.

(c)(d) During the facility's last PREA audit, the facility received corrective action to develop an objective screening instrument. The auditor reviewed the facility screening assessment. This provision requires that the screening include the following criteria:

- Whether the inmate has mental, physical, or developmental disability
- The age of the inmate
- The physical build of the inmate
- Whether the inmate has previously been incarcerated
- Whether the inmate's criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses against an adult or a child
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- The inmate's own perception of vulnerability
- Whether the inmate has previously experienced sexual victimization
- Whether the inmate is detained solely for civil immigration purposes

In review of the PREA Screening Assessment, the form contains eight (8) of the ten (10) elements that must be considered. Which include:

- Victim of a substantiated incident of sexual violence in a correctional setting (not including sexual harassment in the last ten (10) years?)
- Mental, physical or developmental disability
- Age (21 or under or 65 and over)
- Physical build? (male: 5'2 or less in height and/or weighs less than 120 lbs)
- First incarceration in State Prison
- Exclusively Non-violent Criminal History (convictions only)
- Any prior or current sex offenses against an adult or child
- Do you consider yourself or have you ever been perceived by others to be Lesbian, gay, bi-sexual, transgender, intersex, or gender non-conforming
- Inmate currently considers themselves vulnerable to sexual victimization

The screening form does not address whether the inmate is detained solely for civil immigration purposes, however the facility stated that they do not house inmates solely for civil immigration.

The standard requires the assessment include if there has been previously experienced sexual victimization. The instructions for completing the form state “select “yes” if there is documented information in SOMS/ERMS which indicates he/she was the victim of a substantiated incident of sexual violence in a correctional setting in the last ten (10) years (not including sexual harassment). Correctional setting includes prisons, jails or other confinement facilities.”

This question does not meet the element of the standard. Without asking the inmate if they have experienced previous sexual victimization, the facility would not know if sexual victimization has occurred while in the custody of a detention center or jail (outside of the CDCR), if unreported sexual victimization has occurred and/or would not include unsubstantiated cases, in which evidence could not be obtained to prove or disprove an allegation. In addition, many times, an inmate may report an allegation for the first time, during the initial intake assessment.

CDCR states that if an inmate answers yes to five (5) or more of the questions or yes to question 1 (victim of substantiated incident of sexual violence) the scoring routine will suggest the inmate is “at risk as a victim”. Only those inmates, who had a previous documented substantiated case within the past ten years would be considered “at risk as a victim”. This is indicative that inmates are not being properly assessed for risk of sexual violence and/or not being offered a follow-up meeting with a mental health practitioner, as required with a “yes” answer to this questions, in standard §115.81.

This provision requires that the screening include the following criteria:

- Prior acts of sexual abuse
- Prior convictions for violent offense
- History of prior institutional violence or sexual abuse

The auditor reviewed the facility screening assessment. The assessment asks the following questions:

- History of sexual violence in a correctional setting?
- Prior convictions for sex offenses in a non-correctional setting.
- Convictions for non-sexual violent offenses in a non-correctional setting, within 5 years?
- Guilty finding for non-sexual violent offense in a correctional setting; meeting the criteria defined as Division A-1, A-2 or B offense within 5 years.

Although the assessment does inquire about the three elements, adding a time frame of “within five years” would limit it to only those instances that happened within a five year time frame. The auditor would recommend the removal of the five year time frame.

The instruction page indicates that if an inmate answers yes to three (3) of the questions or yes to question 1 (History of sexual violence in a correctional setting) the scoring routine will suggest the inmate is “at risk as an abuser”.

(f)(g) CDCR DOM Chapter 5, Article 44, §54040.7 (Screening for Appropriate Placement) 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."

A memo regarding Prison Rape Elimination Act Risk Screening, dated August 28, 2017, states, *"In addition to an inmate being screened during his/her initial intake, supervisors may have to complete additional screenings if circumstances concerning the inmate's safety change."*

During interviews with Correctional Counselors, a unit classification committee is conducted at fourteen (14) days. Inmates are asked during the committee, if the inmate has experienced sexual violence, in the past fourteen (14) days, since arriving at the facility. It was stated that when the Correctional Counselors, inquire with the inmate, if there is no new information a notation would be made in the classification Chrono section of SOMS for documentation of the reassessment. If the inmate answers yes, a new assessment is completed based on new information. In review of the PREA Resource Center FAQ's this would be in compliance, as long as all inmates are asked if they experienced sexual violence and/or if any information has changed, since arriving at the facility.

The Correctional Counselor Responsibilities state, *"When a correctional counselor is completing the file review and preparing an inmate's case for presentation before the initial Unit Classification Committee (UCC), the counselor will identify any new information that has been received related to PREA victimization or sexual abusiveness towards other inmates. If new information is detected, it shall be reviewed by the UCC. 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 SOMS, if applicable.*

The UCC chairperson's responsibilities during the committee, 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 victimizations."

The auditor reviewed one hundred and sixty-six (166) inmate files. The files contained a classification review document, indicating that during the Unit Classification Review, a PREA Review and Housing Review is completed. It was confirmed that the UCC is conducted within fourteen (14) days, as reported to the auditor. The document indicates that the inmate is present or it is documented when the inmate waives attendance at the committee. The auditor reviewed seventeen (17) files, which indicated there was an assessment completed based on new information.

(h) CDCR DOM Chapter 5, Article 44, §54040.6 (Single Cell Status) 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."*

The auditor confirmed during interviews with intake staff and Correctional Counselors, that inmates will not be disciplined for refusing to answer any of the PREA related questions.

The PREA Screening Instructions state, *“Information identifying inmates as either, PREA-At Risk as a Victim or PREA – At Risk as an Abuser, although not deemed confidential, is sensitive information and shall only be shared with staff unless there is a need to know. This information is not to be shared with the inmate population.”*

During informal interviews with staff, it was confirmed that only Correctional Counselors and Intake Screening staff have access to the PREA Assessments and can view the questions and answers. Notations are placed in the housing Chrono indicating if the inmate is “at Risk as a Victim and At Risk as an Abuser, which can be seen by staff with access to the housing Chrono and need to know.

Recommended Corrective Action:

1. The screening form shall be updated to ask the victim, if they has ever experienced sexual victimization within a correctional setting or in a non-correctional setting, without a time limit.
2. A work around process shall be developed to document, the change in screening form and how the question is asked, to be utilized until CDCR can complete the update on the screening form.
3. The auditor and the facility, shall discuss ways to ensure those inmates within the facility, have been properly assessed and housed, based on the changes in the assessment.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 7, 2020, the facility provided the auditor with a memorandum issued on May 6, 2020, to the CHCF Warden from the Associate Director. The memorandum indicates that the screening form has been revised and that CHCF shall implement the new screening assessment form beginning May 11, 2020. In addition, the auditor reviewed the updated screening assessment form which includes:

Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting in the last 10 years

Have you experienced sexual victimization in a correctional setting that you have not previously reported?

Have you experienced sexual victimization in a non-correctional setting?

Mental, physical or developmental disability

Age (21 or under or 65 and over)

Physical build? (male: 5’2 or less in height and/or weighs less than 120 lbs)

Any prior or current sex offenses against an adult or child

Do you consider yourself or have you ever been perceived by others to be Lesbian, gay, bi-sexual, transgender, intersex, or gender non-conforming

First incarceration in a state prison

Exclusively Non-violent Criminal History (convictions only)

Inmate currently considers themselves vulnerable to sexual victimization.

The auditor reviewed samples of screening assessments conducted after May 11, 2020, which confirms the facility is utilizing the updated screening instrument.

The auditor and the facility discussed options to ensure that all inmates housed at the facility, are properly assessed. CHCF has frequent classification committees. PIP inmates at the acute level are seen once a week until discharge, PIP inmates at the Intermediate Care Facility are seen every thirty (30) days until discharge and all inmate are seen annually. During the committee, the classification staff are required to inquire about PREA related issues and the answers are documented on the chronos. Due to the amount of classification committees held throughout an inmate stay at the facility, the auditor is confident that all inmates will be appropriately screened.

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. Memo - Use of Screening Information
3. Changes to PREA Screening Form- Mental Health Referral Process
4. Memo-Counselor Responsibilities
5. PREA Screening Instructions
6. CDCR Compliance Letter
7. CDCR DOM Chapter 5, Article 44, §54040.4 Preventative Measures
8. CDCR DOM Chapter 5, Article 44, §54040.6
9. CDCR DOM Chapter 6, Article 12, §62080.14 Transgender Inmates
10. Memo – Gender Dysphoria
11. 128-B Transgender Biannual Assessment Chrono
12. Tracking List of Annual Review for Transgender Inmates
13. Memo-Transgender Biannual reassessment for Safety in Placement and Programming
14. Classification Committee Chrono
15. Administrative Determinants CCR §2275.2
16. Title 15 §3377 Security Levels
17. California Penal Code Section 667.5 (c) – defines violent felony
18. Interviews: Correctional Staff, Intake Staff, PREA Compliance Manager and Transgender/Intersex Inmate

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency utilizes information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping those high risk of being sexually victimized from those at high risk of being sexually abusive.

CDCR DOM Chapter 5, Article 44, §54040.6 (Single Cell Status) states, “*The process review and evaluation for single cell status shall be initiated during the RC processing as part of the initials screening. This process will include completion of the PREA Screening form, which includes questions related to sexual violence and victimization. Upon the offender’s arrival at his/her assigned institution, this information will again be assessed and a PREA Screening Form will be updated as necessary.*”

CDCR DOM Chapter 5, Article 44, §54040.7 (Screening for Appropriate Placement) states, “*Based on information that the offender has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the offender in a private location.*”

PREA Screening Form Instructions #4 states, “*Custody supervisors assigning/approving housing moves are required to review the inmate precautions 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 are not housed together in a cell.”

CCR Title 15, §3375.2 Administrative Determinants (2) states, *“An inmate with a history of sex crimes designated in section 3377.1(b) shall be housed in accordance with their placement score and shall not be assigned outside the security perimeter.”*

During interviews with intake staff, the initial housing assignment is made prior to the inmate arriving at the facility. During intake, the intake staff completes the initial assessment and verifies that the housing assignment is appropriate for the inmate. If the assessment requires changes to the housing assignment, the intake staff has the ability to make the changes needed.

The facility has established a Unit Classification Committee, which occurs within fourteen (14) days of the inmate’s arrival at the facility. During this committee the PREA screening form is reviewed and considered in all decisions affecting the inmate to include housing, work, education and programming assignments. The UCC is documented on the CDCR Form 128-G Classification Chrono.

The process was confirmed during interviews with Classification Counselors and with the PREA Compliance Manager. In addition, the auditor reviewed one hundred and sixty-six (166) inmate files. All files contained the CDCR Form 128-G, which documents a review of all case factors, to include a housing review and PREA review. Notations were made to indicate any modifications needed for housing, work, education and program assignments.

(c)(d)(e) CDCR DOM Chapter 6, Article 12, §62080.14 (Transgender or Intersex Inmates) states, *“Inmates who have been diagnosed as transgender or intersex, as documented on the Medical Classification Chrono, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment.”* In order to ensure inmate-patients received the necessary medical care/mental health treatment, CDCR has identified fourteen (14) facilities within the State to house the transgender population.

A memo regarding Transgender Biannual Reassessment for safety in Placement and Programming dated August 25, 2017 states, *“If an inmate is due to be seen for his/her annual classification review during the identified review period (August through January or February through July), the Correctional Counselor will ask the Inmate about any threats they have received during the pre-committee interview. In addition, to interviewing the inmate, the CC shall review the inmate’s case factors in the Strategic Offender Management System and the Electronic Records Management System for any additional information which may indicate the inmate has any placement or programming concerns.”*

On a biannual basis the agency will send out a list to all PREA Compliance Managers identifying all transgender/intersex inmates that are known to the department. The list contains each institutions respective inmates, along with the month of the inmate’s scheduled annual classification review. If an inmate is due to be seen for his/her annual classification review during the identified review period, the Correctional Counselor will ask the inmate about any threats they have received during the pre-committee interview. In addition to interviewing the

inmate the CC shall review the inmates case factors in SOMS and ERMS for any additional information which may indicate the inmate has any placement or programming concerns. The CC documents his/her actions, as they relate to the PREA Biannual Assessment, in the Classification Committee Chrono.

The facility reported twenty-seven (27) known transgender/intersex inmates housed at the facility. During the site review, the audit team interviewed nine (9) reported transgender/intersex inmates. There were six (6) who reported that they have not ever been asked about their own views regarding their safety, while three (3) reported that they have been asked numerous times. In addition, the auditor followed up and reviewed ten (10) transgender/intersex biannual PREA Assessments and confirmed the facility is completing the biannual assessments. Inmates had been asked about their safety and documented on the Classification Committee Chrono.

(f) CDCR DOM Chapter 5, Article 44, §54040.4 (Preventative Measures) states, *“Per 28 CFR, Standard §115.42, upon request, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.”*

The audit team conducted nine (9) interviews with transgender/intersex inmates. All reported that they were able to shower separately from other inmates. Most showers are single showers, no other accommodations are needed.

Findings:

Information gained from the initial assessment and the reassessments, are utilized by the facility for housing, work assignments, education and other programming opportunities. The facility makes determinations on a case by case basis. The agency reviews and assigns transgender/intersex inmates on a case by case basis and the needs of the inmates. Fourteen (14) facilities have been designated to house transgender/intersex inmates. The facility is conducting biannual assessments and takes the inmates own views regarding their safety into consideration. Transgender/intersex inmates are able to shower separately from other inmates.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CCR Title 15, §3335 Segregated Housing 30 day Review
3. CDCR DOM Chapter 5, Article 44, §54040.6 Offender Housing
4. NDS Classification Chrono
5. Interviews: Warden, Staff who Supervise Inmates in Segregated Housing, and Inmates in Segregated Housing

(a)(b)(c)(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy that prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made. In addition, the facility report that there have been zero inmates who are high risk placed into involuntary segregation during the reporting period.

CDCR DOM Chapter 5, Article 44, §54040.6 (Offender Housing) states, *“Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, 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.”*

CCR Title 15, Article 7, §3335 (D) (1) Administrative Segregation states, *“If the placement in NDS is related to being a victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 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.”*

CCR Title 15, Article 7, §3335 (D) (2) Administrative Segregation 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, the reasoning shall be documented on a CDC Form 128-G, Classification Chrono.”*

CCR Title 15, Article 7, §3335 (D) (3) Administrative Segregation states, *“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. This review shall be documented on the CDC Form 128-G, Classification Chrono.”*

During an interview with the facility Warden, she confirmed that the facility does not place inmates that are high risk for victimization into involuntary segregation. There are other alternatives to ensure that the inmate is safe. If there were a need to place an inmate into segregation, the reasons for the placement would not exceed thirty (30) days and would be

documented.

During the inmate file reviews, the auditor reviewed files of inmates that scored high for victimization. Included in the file, was the inmate's housing review and assignment. None of the files that were reviewed indicated that the inmate was placed in segregation due to scoring high for victimization.

During interviews with staff who conducts assessments and makes the housing assignment, it was confirmed that inmates who score high for victimization are not placed into involuntary segregation. During the site review, there were no inmates who scored high for victimization housed in segregation. Therefore no interviews were conducted.

Finding:

The agency does have a policy that prohibits the placement of inmates at high risk for victimization in involuntary segregated housing unless there is no alternatives. The policy requires that those placed in segregated housing have access to all programs, privileges, education and work opportunities.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Inmate Education and Reporting
3. CDCR DOM Chapter 5, Article 44, §54040.7 Third Party and Mandated Reporting
4. CCR Title 15, §3401.5 Reporting Mandates
5. PREA Handbook (English)
6. PREA Handbook (Spanish)
7. PREA Tri-fold (English)
8. PREA Tri-fold (Spanish)
9. PREA-Shine the Light Poster
10. CDCR 128-B
11. Orientation Handbook Attachment
12. PREA Booklet
13. Sexual Violence Awareness Brochure
14. Contractor, Volunteer and Staff Reporting Training
15. Interviews: Random Staff, Random Inmates, Inspector General Staff and PREA Compliance Manager

(a)(b)(c)(d) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has established procedures for multiple internal ways for inmates to report privately to agency officials. In addition, the agency provides at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency.

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states, *“Verbal and written information shall be provided to offenders which will address: prevention/intervention, reporting and treatment and counseling.”*

CDCR DOM Chapter 5, Article 44, §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.”*

CCR Title 15, §3401.5 (Staff Sexual Misconduct-Reporting Requirements state, *“Any employee who observes, or who receives information from any source concerning staff sexual misconduct, shall immediately report the information or incident directly to the hiring authority, unit supervisor, or the highest-ranking official on duty. Failure to accurately and promptly report any incident, information, or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action.”*

CCR Title 15, §3401.5 (d) states, *“Confidentiality. Alleged victims who report criminal staff sexual misconduct falling into one of the Penal Code section set forth in Government Code Section 6254 (f)(2) shall be advised that their identity may be kept confidential pursuant to*

Penal Code Section 293.5, upon their request.”

The auditor reviewed the agency “Shine the Light” PREA poster. The poster is printed in both English and Spanish. The poster provides inmates with three (3) ways to privately report sexual abuse, sexual harassment or retaliation. They include:

- Tell any staff member;
- Use the confidential telephone number to CDCR Office of Internal Affairs or;
- Call the Office of Inspector General PREA Ombudsperson.

The Sexual Violence Awareness and the Sexual Abuse/Assault Prevention and Intervention Brochures which include the following ways to report:

- Write a letter to the CDCR Office of Internal Affairs or to the Office of Inspector General
- Offenders may file an appeal (grievance)
- Offenders may share the information with a family member

During the site review, the “Shine the Light” PREA posters was observed on the bulletin boards of all the housing units. The phone stickers were observed on each inmate phone and the auditor confirmed the numbers and addresses are located in the PREA Brochures.

The auditor did speak with a member of the Inspector General Office. The auditor confirmed that if a report is received it is immediately forwarded to the facility PREA Compliance Manager for a referral for investigation. The Inspector General’s Office will follow up with the facility, to ensure that an investigation was completed.

During interviews with random inmates, most stated they would report to an officer or tell a family member. None of the inmates interviewed reported that they have ever made a report, but believed that a report can be made either verbally or in writing.

Random staff indicated that inmates can tell a staff member or medical staff or they could call the numbers on the inmate phones. Staff indicated that they are aware that they are required to accept and report any allegation made by an inmate and shall report it immediately. In addition, staff reported that they could anonymously report by utilizing the same phone numbers and address provided to the inmates.

During reviews of the investigative files, the auditor observed each alleged victim was given a Notification/Request for Confidentiality of Information. By filling out this form, the inmate exercises his right to privacy and his/her name will not become a matter of public record.

Findings:

The agency has established procedures allowing multiple internal ways for inmates to report privately. The agency provides the phone number and address for the Inspector General’s Office that is not part of the agency. Staff are required to accept all allegations whether they are made verbally, in writing, anonymous or through a third party. The agency has established procedures for staff to privately report staff sexual misconduct or retaliation.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CCR Title 15, §3084.2 Appeal Preparation and Submittal
3. CCR Title 15, §3084.8 Appeal Time Limits
4. CCR Title 15, §3084.9 exceptions to the Regular Appeal Process
5. CDCR DOM Chapter 5, Article 44, §54040.7 Notification via Inmate Appeals
6. CDCR DOM Chapter 5, Article 44, §54040.15.1 False Allegations
7. CHCF Operational Procedure 03-013 Appeal Collection Procedure
8. CHCF Appeal Log 2018
9. CHCF Appeal Log 2019
10. Documentation of Refusal of Victim Advocate
11. Sample of Rule Violation – False Allegation
12. Interviews: Inmates who reported sexual abuse

(a)(b)(c)(d)(e)(f) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility does have an administrative procedure for dealing with inmate grievance regarding sexual abuse. In addition the facility reported there have been twenty-three (23) appeals that alleged sexual abuse, during the documentation period. The auditor was provided the logs for 2018 and 2019.

CCR Title 15, §3084.9 (Exceptions to the Regular Appeal Process) (5) Prison Rape Elimination Act (PREA) Sexual Violence (Inmate on Inmate) and Staff Sexual Misconduct Appeals, 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 or 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.”*

CCR Title 15, §3084.9 (Exceptions to the Regular Appeal Process) (5) Prison Rape Elimination Act (PREA) Sexual Violence (Inmate on Inmate) and Staff Sexual Misconduct Appeals (A) Staff Complaints, (1) states, *“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) and (B) “PREA Allegations against another Offender: A time limit shall not be imposed upon when an appellant may file a grievance alleging inmate on inmate sexual violence.”*

CCR Title 15, §3084.8 (Appeal Time Limits) (c) (1) states, *“First level responses shall be completed within 30 working days from date of receipt by the appeals coordinator.”* (2) states, *“Second level responses shall be completed with 30 working days from the date of receipt by the appeals coordinator.”* (3) states, *“Third level responses shall be completed with 60 working days from date of receipt by the third level Appeals Chief.”* There are exceptions provided for

all levels 1 and 2. If there is an exceptional delay to complete the review within the specified time limits, the appellant shall be provided an explanation of the reasons for the delay and the estimated time of completion.

CDCR DOM Chapter 5, Article 44, §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 policy also defines “third party” which includes inmates, family members, attorneys, or outside advocates.

CHCF Operational Procedure 03-013 Appeal Collections Procedures details the procedure for collecting all appeals within the facility. All appeals are placed into a locked box and are retrieved by the Office of Appeals support staff or clerical staff designated by the Warden. When retrieving the documents contained in the locked box the staff member is required to sign each housing unit log book, noting the time, name, signature and number of items collected from the box. Appeals are collected daily Monday-Friday and must be delivered to the Office of Appeals no later than 10:30 daily.

During the site review the auditor observed the appeal boxes within the housing units. The inmates are able to place the appeal in the box themselves and do not have to rely on staff to submit for them. In addition the auditor observed the control logs, indicating that the appeals are retrieved on a daily basis. There was notations in the control log that contained the time date and signature of the person responsible for retrieving the appeals.

The audit team interviewed two (2) inmate that had reported sexual abuse. The inmates did not utilize the grievance process to report the allegations and both inmates interviewed had reported an incident that had occurred at another facility. In attempt to interview inmates that had reported at the facility, the auditor inquired regarding the location of inmates that were the victims in the investigations that occurred during the documentation period, however all inmates were no longer housed at the facility.

The facility reported twenty-three (23) appeals regarding sexual abuse were filed during the documentation period. The auditor reviewed seventeen (17) of the appeals. It appears that appeals alleging sexual abuse are treated as emergency appeals and are removed from the grievance process and forwarded to the Investigative Unit for an investigation, which removes all time lines normally required for appeals.

Finding:

The agency has administrative procedures in place to address inmate grievances, therefore the facility is not exempt from this standard. Agency policy requires any appeal alleging sexual violence or staff sexual misconduct to be treated as an emergency grievance. All such grievances are immediately forwarded to the hiring authority and to the Investigative Unit for investigations. Each housing unit, has a grievance box available to all inmates. The box is locked and a designated staff member is the only person who can retrieve the grievances from the box. The facility accepts third party reports made on behalf of an inmate. Both CDCR policy and Title 15, are available within the facility library for the inmates to review.

In review of all documentation, interviews and observations, the facility has sufficiently

demonstrated compliance with all provisions of this standard.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.8.1 Victim Advocate Communications
3. CDCR DOM Chapter 5, Article 44, §54040.8.2 (Access to outside Victim Advocate)
4. PREA Sexual Violence Awareness Brochure-English
5. PREA Sexual Violence Awareness Brochure-Spanish
6. Office of Inspector General Inmate PREA Poster
7. Office of Inspector General Inmate Phone Sticker
8. PREA Booklet
9. Inmate Handbook Information for Victim Advocate-English
10. Inmate Handbook Information for Victim Advocate-Spanish
11. Victim Restricted Information Deletion Form
12. Victims of Sex Crimes Confidential
13. RCC Renewal Requests-MOU
14. Interviews: Random Inmates, Inmates who reported a sexual abuse and Victim Advocate

(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. In addition the facility informs inmates, prior to giving them access to outside services, of the mandatory reporting rules and the limits of confidentiality.

CDCR DOM Chapter 5, Article 44, §54040.8.2 (Victim Advocate and Victim Support Person) states, "*Victims of alleged sexual violence or staff sexual misconduct have the right under PC 264.2, PC 679.4, and/or 28 CFR, Standard §115.21 to a victim advocate and Victim Support Person for both forensic Medical examination (where evidentiary or medically appropriate) and for the investigatory interview.*"

CDCR DOM Chapter 5, Article 44, §54040.8.2 (Victim Advocate and Victim Support Person for Medical Examination) states, "*The victim has the right to have a victim advocate present and a victim support person of the victim's choosing at the forensic medical examination.*"

CDCR DOM Chapter 5, Article 44 §54040.8.2 (Victim Advocate for Emotional Support Services) states, "*The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing address and telephone numbers, including toll-free hotline numbers where available....The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.*"

CDCR DOM Chapter 5, Article 44, §54040.8.2 (Victim Advocate and Victim Support Person) states, "*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 and staff sexual*

misconduct.”

The auditor reviewed a contract renewal requesting to renew the MOU with the local rape crisis center. However the facility could not provide the auditor with a signed MOU. The facility indicated that the MOU was at headquarters pending signature. During the pre-audit phase, Just Detention International (JDI) was contacted. It was reported that JDI helped CDCR to obtain victim advocate services and a draft MOU was completed and sent to headquarters in 2016. During an interview with the local rape crisis center, it was reported that they are providing services to the inmates housed at CHCF, even without the MOU in place.

At intake, inmates are provided with the PREA Sexual Violence Awareness Brochure. This brochure is provided in both English and in Spanish. CDCR provides the brochures for all facilities and each facility is to stamp the local rape crisis information on the brochures. However the brochures are given to the inmates with no address or phone numbers to call.

The facility has phone stickers on each inmate phone, with the phone number to call for advocacy. The sticker does not inform the inmate of the extent of confidentiality. During the site review, the audit team called the number, utilizing the inmate phones, the number posted was not the correct number. The facility immediately replaced all the phone stickers with the correct number.

During random inmate interviews, inmates did not indicate that they were aware that they could access the outside services. Inmates stated that all calls made with the inmate phones are recorded and are not confidential.

At intake, inmates are given an inmate handbook which contains PREA information. However the auditor obtained an inmate handbook, and the PREA Information was not included in the handbook. In addition, the information advises the inmate that “all telephone calls from the inmate telephone system are recorded.” The handbook states *“if you are the victim of sexual violence or staff sexual misconduct while in this institution, you may be eligible to have a victim advocate and a victim support person with you during the medical examination, interviews with law enforcement, and subsequent interview with medical staff.”* The handbook does not contain an address or phone numbers for the inmates to access the confidential support services.

During the site review, the auditor observed posters in all housing units for the Women’s Center of San Joaquin-Youth and Family Services. The posters inform of the inmates that they have access to “toll free confidential calls.” In addition, the posters also contain an address for “Confidential Written Correspondence”.

Recommended Corrective Action:

1. The facility shall replace all phone stickers with the correct phone number.
2. The facility shall update the Inmate handbook to include the PREA information page include information on the extent the communications will be monitored and the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws.
3. The facility shall establish an MOU with the Local Rape Crisis Center to ensure that each party understands their roles and responsibilities. All efforts to establish the MOU shall be documented.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On December 18, 2019, the facility provided the auditor with photographs of the inmate phones in the housing units. All phone stickers have been replaced with the correct numbers. The auditor called each number contained on the stickers to confirm that the numbers provided on the stickers were correct.

On April 16, 2020, the auditor received documentation of the MOU between CDCR and the Women's Center of San Joaquin-Youth and Family Services. The MOU was signed and finalized on February 10, 2020. The MOU clearly establishes the roles of both entities.

On May 14, 2020, the facility provided the auditor the draft of the updated Inmate Orientation Handbook. The PREA Information has been included in the Inmate Orientation Handbook. The PREA Information section includes the agency zero tolerance, how to report an incident, the role of the PREA Compliance Manager, and how to communicate with a Victim Advocate and/or a Victim Support Person, to include a phone number and a mailing address.

The information in the handbook clearly informs the inmate that all reports made to the Office of Internal Affairs and the Office of Inspector General from the inmate phones are recorded. Calls made to the Office of the Ombudsman and/or the Women's Center of San Joaquin-Youth and Family Services are confidential to the extent possible. The handbook states, *"California Health Care Facility has contracted with Women's Center of San Joaquin-Youth and Family Services to provide "confidential" emotional support services to any inmate who has been a victim of sexual assault or abuse during or before incarceration."* Telephone numbers and an address for written correspondence is included.

On June 10, 2020, the auditor received a memorandum from the facility Warden. The memorandum states, *"The purpose of this memorandum is to inform you that the California Health Care Facility (CHCF) has provided the new inmate orientation handbook to the inmate population at CHCF. The inmate orientation handbook was disseminated to the inmate population through the Inmate Advisory Council representatives in the CHCF housing units. The updated inmate orientation handbook has also been provided to the Patient Management Unit, where our inmate transfers are received."*

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7.2 Third Party Reporting
3. CDCR DOM Chapter 5, Article 44, §54040.7 Third Party Notification
4. Agency Web Page
5. PREA Orientation Handbook-English
6. PREA Orientation Handbook-Spanish
7. Public Notification Information
8. Interviews: Random Inmates

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. In addition, the facility reported that this information is publically available on the agency web site.

CDCR DOM Chapter 5, Article 44, §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 complain shall be submitted in writing to the Hiring Authority.”* The policy also defines “third party” as inmates, family members, attorneys, or outside advocates.

“When a third party files such a compliant 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.”

The PREA Information Sheet for the Orientation Handbook, informs inmates that a family member or friend, can make a report on their behalf.

The agency website provides the public with information on how to report an allegation of sexual abuse. The page provides addresses to write, as well as provides a link to report an allegation. On October 27, 2019, the auditor submitted a PREA test report, utilizing the reporting link on the agency website. Within two hours, the auditor received an email, that the test report had been received by the Office of Inspector General.

During random inmate interviews and informal interviews, inmates were aware that they could tell a family member that could make a third party report to the facility.

Finding:

The facility does provide a method to receive third-party reports of sexual abuse or sexual harassment. The agency website does include a link for the public to make a report of an

allegation on behalf of an inmate. All third party reports are documented and forwarded to the Hiring Authority and to a Locally Designated Investigator.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
3. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification and Reporting
4. CDCR DOM Chapter 5, Article 44, §54040.13 Allegation Follow-up
5. CDCR DOM Chapter 5, Article 44, §54040.8 Response
6. Watch Commander Checklist
7. PREA Allegation Logs, 2018 and 2019
8. Sample PAR Forms
9. Interviews: Agency Head, Warden, PREA Coordinator, Random Staff, and Medical and Mental Health Staff

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency requires all staff to report immediately and according to the agency policy any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it part of the agency. In addition, staff are prohibited from revealing any information related to a sexual abuse report to anyone than to the extent necessary.

CDCR DOM Chapter 5, Article 44, §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 the information is done as soon as possible and in a confidential manner.”*

CDCR DOM Chapter 5, Article 44, §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. Incident-specific information will be treated as confidential, and disclosure made only to employees that have a “need to know” and to other persons and entities as permitted by law.”*

The auditor reviewed the staff training curriculum. The curriculum mirrors both policies listed above. During random staff interviews, staff reported that they are aware of their responsibilities to report any knowledge or suspicion or any information they receive, immediately to their supervisor. Staff also indicated that they are aware that all information concerning an allegation is confidential and on a “need to know” basis.

(c) CCHCS Volume 1, Chapter 16, 1.16.2 (Prison Rape Elimination Act Procedure) A. Initial Encounter (3) states *“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.”

During interviews with medical/mental health staff, it was reported that they are aware of their responsibilities to report any information related to sexual abuse. Staff further reported that they inform the inmates of this responsibility before discussing an allegation of sexual abuse.

(d) The State of California defines “vulnerable adult” as elder adults (65 years and older) and dependent adults (18-64 who are disabled) when these adults are unable to meet their own needs, or are victims of abuse, neglect or exploitation.

CHCF is a medical/mental health facility, for inmates with severe medical and mental health issues. Therefore, has an unusually high vulnerable adult population.

During interviews with agency PREA Coordinator and the facility Warden, both were knowledgeable regarding notifications to the appropriate agencies for any allegations regarding juvenile and/or a vulnerable adult. The agency PREA Coordinator stated that the notifications are included on the Watch Commanders Checklist.

Informal discussions with the facility staff, indicated that they were aware of the requirement to notify the Child Protective Services, however were unsure regarding notification to the Adult Protective Services.

In review of the checklist the Watch Commander is required to make notification to the Child Protective Services if the victim is a minor. The checklist does not provide for notification to the Adult Protective Services if the victim is a vulnerable adult.

(e) CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor or Volunteer) states, “*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.*”

During an interview with the facility Warden, she stated that all third party allegations are forwarded to her and she will ensure that the allegation is referred to the facility Investigative Unit.

The auditor reviewed the PREA Allegations Logs for 2018 and 2019 and thirty-three (33) investigative files, which indicated that several allegations were received from third party reports, confirming that third party reports are forwarded to the facility’s Investigative Unit.

Recommended Corrective Action:

1. Establish procedures and protocols to ensure that all notifications are made.
2. Update the Watch Commander Checklist to include notification to the Adult Protective Services, if the victim is a vulnerable adult
3. Educate the Watch Commanders on this responsibility.

After the issuance of the Interim Audit Report, the auditor and the CDCR PREA Coordinator discussed the recommended corrective action for this provision and agreed that the intent of this provision is to ensure that law enforcement is notified and can conduct a proper

investigation. The facility provided the auditor with the report form in which a report is made to the State of California Health and Human Services Agency. The form indicates that after receiving a report regarding a vulnerable adult, the agency will send the written report to the local law enforcement agency within twenty-four hours. CDCR Local Designated Investigators are certified peace officers and are trained in conducting sexual abuse within a confinement setting.

The facility has effectively demonstrated compliance during the period of corrective action with supporting documentation. The facility is in compliance with this standard.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification, and Reporting
3. CDCR 2304 Protection against Retaliation (PAR) Inmate
4. CDCR 2305 Protection against Retaliation (PAR) Staff
5. Samples of CDCR 2304
6. Interviews: Agency Head, Warden and Random Staff

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility takes immediate action to protect the inmate. Further the facility reported that there was one (1) time during the reporting period that the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

CDCR DOM Chapter 5, Article 44, §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 the information is done as soon as possible and in a confidential manner.”*

The facility reported that during the reporting period, there was one (1) instance that there was belief that an inmate was subject to substantial risk of imminent sexual abuse. The facility Warden confirmed that the facility took immediate action to ensure the safety of the inmate.

During random staff interviews, it was reported that the inmate would be immediately removed from the situation and taken to a safe place, where he could be observed, until an investigation could be completed. This was also confirmed during interviews with the facility Warden and the Director of Adult Prisons.

Finding:

When the facility learns that an inmate is subject to substantial risk of imminent sexual abuse, the facility takes immediate action to protect the inmate. The lesson plans for staff training, reiterate the expectations and responsibilities to take immediate action, ensuring the inmate's safety from sexual abuse.

In review of all documentation, interviews, and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7.4 Notification from/to other Confinement Facilities
3. 2018 PREA Allegation Log
4. 2019 PREA Allegation Log
5. Sample Warden to Warden Notification
6. Interviews: Agency Head and Warden

(a)(b)(c)(d)The facility indicated in their responses to the Pre-Audit Questionnaire that the agency does have a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse occurred. In addition the facility reported that there have been twenty (20) allegations received from other facilities.

CDCR DOM Chapter 5, Article 44, §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. The 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.”*

CDCR DOM Chapter 5, Article 44, §54040.7.4 (Notification from/to other Confinement Facilities) states, *“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. The Hiring Authority shall be responsible to conduct an Institutional PREA Review Committee. Upon completion, a copy of all documentation related to the allegation shall be returned to the institution where the alleged incident was reported for tracking and audit purposes.”*

During an interview with facility Warden, she was very knowledgeable regarding her responsibility of the Warden to Warden notifications. She indicated that she will make a phone call to the Warden and will follow up with an email to serve as documentation of the notification. The Director of Adult Prisons was also knowledgeable regarding the procedures for Warden to Warden notifications.

The auditor reviewed several email notifications from the facility Warden to Warden’s at other facilities. The notifications were completed within seventy-two (72) hours and the emails have been maintained to document compliance.

The facility Investigative Services Unit, documents such notifications on the PREA Allegation Log. The LDI's will keep in communication with the other facility, until the investigation has been complete. The Investigative Unit, keeps a complete copy of the investigation. During a review of the facility, investigations, several of the files reviewed, were allegations that were either were reported at the facility, however occurred at another, or was reported at another facility but occurred at CHCF.

Finding:

The agency does have a policy requiring Warden to Warden notifications. The policy requires that the notification be completed within seventy-two hours. The auditor reviewed email notifications and it appears that the Warden will make notification on the same day that the allegation is received. The Investigative Unit will monitor the investigation status, with communications between the two facility investigative units. The Investigative Unit maintains documentation of the completed investigation, conducted by the other facility.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.8 Response
3. Custody Supervisor Checklist
4. Sample Allegation Log
5. Samples of Investigations
6. Interviews: Security Staff and Non Security First Responders, and Random Staff

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a first responder policy that includes all elements required by this standard. In addition the facility reported that there have been forty-eight (48) allegations of sexual abuse, in the past twelve (12) months, of these allegations five (5) incidents required first responders to separate the alleged victim from the abuser, two (2) incidents staff were notified within the time period that allowed for collection of evidence.

CDCR DOM Chapter 5, Article 44, §54040.8 (Response, Initial Contact) states, *“Upon the initial contact with an employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the tasks associated with the initial contact. The employee shall request the victim does not:*

Shower;
Remove clothing without custody supervision;
Use the restroom facilities and/or;
Consume any liquids”

The auditor reviewed the Custody Supervisor Checklist, which states *“Ensure victim is secured (ensure no visual or physical contact occurs between victim and suspect(s)), ensure the crime scene has been secured, request the victim to the best of your ability does not shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquids.”*

In addition the auditor reviewed the initial contact guide which states, *“If you are a non-custody staff member, notify the custody supervisor immediately of the area for assistance in responding to this situation and request the victim to the best of your ability does not shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquids.”*

During the site review, the auditor observed PREA Information Cards that are provided to staff to be used as a guide during a PREA incident. The card states, *“All staff shall ensure the victim and the suspect, to the best or your ability DO NOT:*

Shower;
Remove clothing without custody supervision;
Use the restroom
Consume any liquids"

During an interview with a security first responder, he stated that he would separate the victim and the perpetrator and that no one is allowed to shower. Several other staff member from security and non-security were informally and formally asked, a majority reported that they would not allow either to shower or use the bathroom.

All staff, (custody or non-custody) could be a first responder to an incident. Although policy, the Custody Supervisor Checklist, the Initial Contact Guide and staff training instruct staff to request the victim not to destroy evidence and ensure that the perpetrator does not, staff do not have a clear understanding of this element of the standard.

Prior to the issuance of the Interim Report, the facility immediately removed the PREA Information Cards.

Recommended Corrective Action:

1. Update the PREA Information Cards
2. Educate all staff on the policy and procedures for first responders

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The PREA Information Cards were removed from the line. On December 17, 2019, the facility Warden issued a Memorandum to all staff to reiterate the Prison Rape Elimination Act (PREA) policy. The memo states, "*Upon initial contact with an employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the task associated with initial contact. The employee shall REQUEST the victim does not:*

Shower;
Remove clothing without the custody supervisor
Use the restroom facilities and/or;
Consume any liquids"

In addition, the facility provided CDCR 844 forms, which indicated by signature that all staff received training in first responder duties and understood the training that they received.

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.8 Response-Initial Contact
3. CHCF DOM Supplement §54040.1
4. CDCR DOM Chapter 5, Article 44, §54040.8.3 Medical Services Responsibilities
5. Interviews: Warden

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that they have developed a written institution plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and the facility leadership.

CDCR DOM Chapter 5, Article 44, §54040.8 (Response) covers all areas of a response to a sexual assault/abuse, to include but not limited to initial contact, custody supervisor responsibilities, crime scene preservation, evidence, victim advocates, medical staff responsibilities, transportation responsibilities, forensic medical examination, and mental health responsibilities.

During an interview with the facility Warden, she confirmed that the facility did have a written response plan in case of an incident. The plan includes first responders, medical/mental health staff, investigators and the Institutional PREA Review Team.

The auditor reviewed CHCF Supplement 54040.1 which is the facility's written intuitional plan that coordinates the actions taken in response to an incident of sexual abuse among staff first responders, medical/mental health, investigators and upper management. In addition the plan includes a detailed list to include phone numbers to notify the SANE unit, and the Women's Center of San Joaquin County to request an advocate.

Finding:

The facility has developed a written institutional plan to coordinate the actions in response to an incident. The plan identifies the responsibilities of all staff involved, which includes first responders, medical/mental health staff and investigators. The plan was signed and put into place in December 2018.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. California Correctional Peace Officer Association Agreement (CCPOA)
3. Interviews: Agency Head

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency or facility has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012 or since the facility's last PREA Audit.

CCPOA Agreement, 4.01 Management Rights states, *"...to establish and change work schedules, assignments and facilities locations; to hire, transfer, promote, and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees; to alter, discontinue or vary past practices and otherwise take such measures as the employer may determine necessary to be necessary for the orderly, efficient and economical operations of CDCR."*

CDCR employees are represented by the California Correctional Peace Officers Association, Bargaining Unit 6, Corrections. The auditor reviewed the Agreement and did not see any notations that would limit the agency's ability to remove alleged staff sexual abusers from having contact with any inmates pending the outcome of an investigation. The disciplinary process outlined in the agreement is consistent with the provisions in §115.76.

During an interview with the Deputy Director of Adult Prisons, she stated that the agreements have been renewed and the agency does have the ability to remove staff, to protect victims of staff sexual misconduct, sexual harassment, or retaliation.

Finding:

The agency has renewed collective bargaining agreement. There is nothing in the agreement that prohibits the agency's ability to remove alleged staff sexual abuser from contact with inmates pending a conclusion of an investigation or limits the agency's right or extent of discipline when it is warranted.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.1 Policy
3. CDCR DOM Chapter 5, Article 44, §54040.13 Allegation Follow up
4. CDCR 2304 Protection Against Retaliation-Inmate
5. CDCR 2305 Protection Against Retaliation-Staff
6. CCR Title 15, §3401.5 Staff Sexual Misconduct
7. CCR Title 15, §3335 Administrative Segregation
8. CDCR Form-Institutional PREA Review Committee
9. Interviews: Agency Head, Warden, Designated Staff Member Charged with Monitoring Retaliation, Inmates in Segregated Housing (for risk of sexual victimization/who alleged to have suffered sexual abuse, and Inmates who reported sexual abuse

(a)(b)(c)(d)(e)(f) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or who cooperate with an investigation from retaliation. In addition, the facility reports that there has been zero incidents of retaliation.

CDCR DOM Chapter 5, Article 44, §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 offender from reporting the incident (s) or cooperating with investigation of an incident(s).*”

CDCR DOM Chapter 5, Article 44, §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 shall act promptly (in accordance with DOM Article 14, Section 31140.22 to remedy any such retaliation and ensure a CDCR Form 2304 or 2305, Protection Against Retaliation, is initiated.....The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.*”

CCR Title 15, §3401.5 (Staff Sexual Misconduct) (g) Protective Measures, states, “*Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperated with staff sexual misconduct investigations including but not limited to housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with an investigation.*”

The auditor reviewed CDCR Form 2304 (Protection against Retaliation (PAR)-Inmate) and

CDCR Form 2305 (Protection against Retaliation (PAR)-Staff). Both forms state, “*The PREA Compliance Manager or designee shall monitor staff/inmate who have reported an allegation of sexual violence or sexual misconduct or who cooperated with a sexual violence/misconduct investigation for 90 days following the allegation. If the allegation is determined to be unfounded, the monitoring shall cease. The PREA Compliance Manager or designee shall interview the inmate bi-weekly (every other week) to review his/her perception of retaliation for the allegation or cooperation in the investigation and document below. If retaliation is detected ensure immediate corrective action is taken and documented.*”

The form indicates that there must be a review of disciplinary reports, program or job changes, and housing changes beginning at fifteen (15) day monitoring period and increases at fifteen (15) day intervals. After the ninety (90) day monitoring period, the monitor does ask if there is a “continuing need”, if there is, the user is instructed to complete an additional PAR form and attach to the original document.

In addition, the auditor reviewed CDCR Form 2305 (Protection against Retaliation (PAR)-Staff. The form indicates that there must be a review of post reassignments (job changes), removal of alleged staff abuser from contact, facility transfer, or other, and beginning at a fifteen (15) day monitoring period and increases at fifteen (15) day intervals. After the ninety (90) day monitoring period, the monitor does ask if there is a “continuing need”, if there is, the user is instructed to complete an additional PAR form and attach to the original document.

During an interview with the agency Director of Adult Prisons, she stated that the PREA Compliance Managers at the facilities monitor inmates and staff for retaliation for a period of ninety (90) days and longer if needed. She stated that the PCM will speak with staff and inmates to ensure that they are safe. The facility Warden also confirmed that staff and victims are monitored for retaliation by the PREA Compliance Manager.

During an interview with the PREA Compliance Manager, he confirmed that he is responsible for retaliation monitoring. The reviews are conducted at fifteen (15) days, thirty (30) day, forty-five (45) day, sixty (60) day and ninety (90) day intervals. In addition he added that a face to face interview will be conducted at fifteen (15) and thirty (30) day. All reviews are documented on the CDCR Form 2304 (inmates) and 2305 (staff). When conducting the reviews, he will look at housing changes, disciplinary history, mental health, behavioral changes, work assignments and/or programming. He will check on staff through emails.

During the file reviews of the investigations, the auditor confirmed that retaliation monitoring had been completed and was documented in the investigation file.

Finding:

The agency has established a policy to protect inmates and staff who report sexual abuse. During the monitoring the facility will look at multiple areas to include housing changes, changes in work or programming assignments, disciplinary history and changes in behavior. The PCM will include periodic status checks during the monitoring period. All retaliation monitoring is well documented.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CCR Title 15, §3335 Administrative Segregation
3. CDCR DOM Chapter 5, Article 44, §54040.6 Offender Housing
4. CDCR Classification Committee Chrono
5. Interviews: Warden, Staff who supervise Inmates in Segregated Housing, and Inmates in Segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregation housing unless an assessment of all available alternatives has been made. In addition, the facility reported that there has been one (1) inmate that was placed into segregation for more than thirty (30) days.

CDCR DOM Chapter 5, Article 44, §54040.6 (Offender Housing) states, “*Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, 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.*”

CCR Title 15, Article 7, §3335 (D) (2) (Administrative Segregation) 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.*”

CCR Title 15 Article 7, §3335 (D) (1) Administrative Segregation states, “*If the placement in NDS is related to being a victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 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.*”

CCR Title 15 Article 7, §3335 (D) (3) Administrative Segregation states, “*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.*”

Staff who supervise inmates in segregation stated that inmates are placed into segregation in order to keep them safe, pending the investigation. In addition, he stated that inmates are afforded programming, privileges and education. The staff member indicated that it was not what is considered “true seg.”

The audit team conducted interviews with inmates who reported an allegation, however during the interviews it was discovered that the inmates had made reports at other facilities not at

CHCF. Therefore information obtained is not relevant to procedures in place at CHCF. There were no other inmates housed at CHCF, who had reported an allegation.

During random inmate interviews, inmates reported that they would not file a PREA report, as they did not want to be placed in segregation.

During an interview with the facility Warden, she stated that the facility would do what is necessary to keep the inmate safe. If a victim is placed in segregation, they are afforded programming, privileges and education, until alternative arrangements could be made. She also confirmed that there has been one (1) instance that an inmate was placed in segregation for a short period of time.

During an informal discussion with a facility LDI, he stated that inmates are immediately placed into segregation, for their own safety, until the investigation could be completed. The PREA Compliance Manager stated that inmates are not placed into segregation pending an investigation. The auditor reviewed thirty-three (33) investigative files. Several of the victims were in segregation when the allegation was made. The auditor reviewed one (1) file that indicated the victim was placed into segregation for his safety. The placement was at the request of the inmate and the facility met all requirements in standard §115.43. The housing chronos indicated that the victims who reported an allegation were not placed into segregation after making the allegation.

Finding:

The agency has a policy that prohibits the placement of inmate who allege to have suffered sexual abuse in segregated housing unless an assessment of all available alternatives have been made. The facility reported one such instance, it was at the request of the inmate for his safety. The placement was in accordance with standard §115.43.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
3. CDCR DOM Chapter 5, Article 44, §54040.8.1 Custody Supervisor Responsibilities
4. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations
5. CDCR DOM Article 14, §31140.1 Internal Affairs Investigations
6. CDCR DOM Chapter 5, Article 44, §31140.6 Authority to Conduct Investigations
7. CDCR DOM Article 20, §14030.6 Who may request a Polygraph Examination
8. CDCR DOM Chapter 5, Article 44, §54040.17 Records Retention
9. CDCR DOM Chapter 5, Article 44, §54040.21 PREA Data Storage and Destruction
10. CCR Title 15, §3315 Serious Rule Violations
11. CCR Title 15, §3316 Referral for Criminal Prosecution
12. CDCR Records Retention Schedule Update
13. California Penal Code 830.5
14. State of California, Office of Emergency Services, Forensic Medical Report
15. CDCR Basic Investigator Course Curriculum
16. CDCR Office of Internal Affairs, Investigator's Field Guide
17. CDCR Initial Contact Guide
18. CDCR Sexual Assault Interview Guidelines (PREA)
19. Interviews: Warden, PREA Coordinator, PREA Compliance Manager, Investigative Staff and Inmates who reported sexual abuse

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy related to criminal and administrative investigations. In addition, the facility reported forty eight (48) investigations. No cases were referred for prosecution during the reporting period.

California Penal Code 830.5 states *"The following persons are peace officers whose authority extends to any place in the state while engaging in the performance of the duties of their respective employment and for carrying out the primary function of their employment or as required under Sections 8597, 8598, and 8617, (b) correctional officer employed by the Department of Corrections and Rehabilitation....."*

CDCR DOM Chapter 3, Article 14, §31140.1 (Internal Affairs Investigations) states, *"Every allegation of employee misconduct with the California Department of Corrections and Rehabilitation (CDCR or Department) shall be promptly reported, objectively reviewed and investigated when appropriate."*

CDCR DOM Article 14, §31140.6 (Authority to Conduct Investigations) states, *"Pursuant to Government Code Section 11182, the Secretary of the Department delegates the authority to initiate and conduct investigations to the Assistant Secretary, OIA."*

During an interview with investigative staff, it was reported once an allegation has been

received, an investigation will begin immediately. Depending on the severity of the investigation, it could be completed within a few days or could be several months.

Locally Designated Investigators conduct both criminal and administrative investigations. The auditor reviewed thirty-three (33) investigations. The review indicates that the investigation was conducted promptly, thoroughly and objectively. In addition the auditor confirmed that several allegations were made by a third party or anonymous, indicating the facility conducts investigations that have been reported utilizing these methods.

(b) CDCR DOM Chapter 5, Article 44, §54040.4 (Education and Prevention) 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 auditor reviewed the CDCR Basic Investigator Course Curriculum. The instructional goal states *“Investigators will understand their role and responsibilities in conducting an investigation within the correctional institution.”* The curriculum includes sections on interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, proper handling of sexual abuse evidence collection in a confinement setting and how to identify evidence required to substantiate a case for administrative action or prosecution referral.

During an interview with investigative staff, he confirmed that all correctional officers are sworn peace officers and can conduct criminal and administrative investigations. The investigators are required to complete PREA training annually, and are required to complete specialized training, prior to conducting investigations. The investigator was very knowledgeable regarding evidence collection, interviewing victims and witnesses and all other aspects of an investigation.

The facility currently has twelve (12) Locally Designated Investigators. The auditor reviewed certificates for all twelve (12) investigators, which indicate that they have all received the specialized training. In addition, the auditor reviewed LDI’s training records, which confirmed that they have received the PREA training and refresher training, that all other employees must complete.

(c) The auditor reviewed thirty-three (33) investigative reports which detailed the allegations of abuse. The review indicated that the investigators gather and preserve evidence, obtain electronic monitoring if available, interviews were conducted of both victim and alleged perpetrator, and all other witnesses. In addition the report indicates that all prior victim complaints and reports of sexual abuse involving the perpetrator were reviewed. During an interview with investigative staff, he confirmed that all evidence is collected and reviewed.

(d) The auditor reviewed the Investigator’s Filed Guide, which states, *“In investigator interviews involving suspected criminal misconduct the employee shall be read his specific warning of rights as delineated in the Miranda decision. If the employee waives that right, questioning can proceed. Any and all statements made by the employee waiving the Miranda warning rights can be used in both criminal and administrative proceedings. Should the employee invoke his/her rights under the Miranda decision, the agency shall consult the Senior, SAC and the local DA in the county that the case will be referred to regarding the decision to take a compelled statement.”*

(e) CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states, *“Credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence*

rather than an individual's status."

CDCR DOM Article 20, §14030.6 (Who may request a Polygraph Examination) states, *"An employee, inmate, or parolee under investigation for an alleged violation of the law or a regulation may make a request for a polygraph examination. No person shall be ordered to take a polygraph examination."*

The auditor reviewed thirty-three (33) investigations. It appears that credibility assessments are made on an individual basis and are not determined by the person's status as an inmate or staff. In addition, this was confirmed during an interview with investigative staff. Investigative staff reported that they do not require an inmate to take a polygraph or any truth-telling devices.

(f)(g) CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states, *"The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The investigator will include an effort to determine whether staff actions or failures to act contributed to the abuse. The Confidential Memorandum will include 1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; 3) the investigative fact and findings."*

During the review of the investigations, the auditor confirmed that staff actions or failures to act contributed to the abuse are documented within the reports. The reports also document descriptions of physical evidence and testimonial evidence, credibility assessments and investigative facts and findings. Reports are completed on criminal and administrative investigations.

(h) CCR Title 15, §3316 (Referral for Criminal Prosecution) (a) states, *"Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on the 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."*

The facility reported that during the documentation period there were no allegations investigated that required a referral for prosecutions. The auditor confirmed this during the review of the investigations.

(i) CDCR DOM Chapter 5, Article 44, §54040.17 (Records Retention) states, *"All case records associated with such reports including incident reports, investigation reports, offender information, case dispositions, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule."*

CDCR Records Retention Schedule Update states, *"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."*

During the site review the auditor confirmed that the agency maintains the investigation files for a minimum of ten years. In addition, this was confirmed by the agency PREA Coordinator.

(j) CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) 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.”

During an interview with investigative staff, the auditor confirmed that an investigation will be completed whether the victim or the abuser has departed from employment or from the department's custody.

(k)(l) The agency conducts criminal and administrative investigations. Therefore this provision is not applicable.

Findings:

All correctional officers are sworn peace officers and are capable of conducting both criminal and administrative investigations. All investigative officers have been trained in properly conducting an investigation in a confinement setting. Investigators are trained in collecting and preserving evidence. All allegations received are investigated, even if received by a third party or if received anonymously. The credibility of victims and witnesses is determined based on a case by case basis and based on the evidence. Investigations will be completed regardless if the abuse or victim has departed from employment or from the agency's control. No victim inmates are required to submit to truth telling devices. The agency maintains all investigative reports for a minimum of ten years.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, 54040.12 Investigation
3. CDCR DOM Article 22, §33030.13.1 Investigative Findings
4. Interviews: Investigative Staff

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CDCR DOM Chapter 5, Article 44, 54040.12 (Investigation) states, “*All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. No standard higher than the preponderance of evidence is to be used when determining whether allegations of sexual abuse or sexual harassment were sustained.*”

CDCR DOM Article 22, §33030.13.1 (Investigative Findings) defines “not sustained”, the investigation failed to disclose a preponderance of evidence to prove or disprove the allegation made in the complaint and “sustained”, the investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint.”

The auditor confirmed the agency imposes a standard of a preponderance of evidence, during an interview with investigative staff. In addition, confirmation was determined through the file review of the investigative reports.

Finding:

The agency imposes no standard higher than a preponderance of evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12.5 Reporting to Offenders
3. CDCR DOM Chapter 5, Article 44, §54040.8.1 Custody Supervisor Responsibilities
4. CDCR 128-B sample
5. Interviews: Inmates who reported sexual abuse

(a)(b)(c)(d)(e)(f)The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, the results of the investigation. In addition, the facility reported that there were forty-eight (48) investigations, twenty-eight (28) victims were notified.

CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders) states, *“Following an offender’s allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded.”*

CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Staff on Offender) states, *“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 the facility;
Indicted on the alleged sexual misconduct;
Convicted of the alleged sexual misconduct.”*

CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Offender on Offender) states, *“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;
Convicted of the charge.”*

CDCR DOM Chapter 5, Article 44, §54040.8.1 (Custody Supervisor Responsibilities) states, *“Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5.”*

CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Staff on Offender) states, *“The agency’s obligation to report/inform the offender of changes shall terminate if the*

offender is released from the agency's custody."

The agency utilizes 128-B form to make notification to the victim. The form indicates the conclusion, to include substantiated, unsubstantiated and unfounded. The form also includes a section that will notify the victim if the staff has been removed from the unit, been terminated from employment, has been indicted on the allegations or has been convicted of the allegations. In addition, there is a section, if the allegations involve another inmate that states if the perpetrator was moved to another housing unit or facility, if the inmate was indicted on the allegations or if the inmate was convicted of the allegations. Notification is made to the victim, in person and the victim is required to sign the form, to document that he/she was notified.

The auditor reviewed thirty-three (33) investigations. All files had the completed notification form, with the exception of six (6), in these cases four (4) investigations were pending and did not have an outcome, and two (2) investigations, the victim was unknown, as the allegation had been received anonymously against a staff member.

During interviews with inmates who reported, it was determined that the allegation made had occurred at another facility, therefore information obtained during the interview was irrelevant to this facility.

Finding:

The facility notifies the alleged victim of the outcome of the investigation on all allegations, regardless if the allegation is sexual abuse or sexual harassment. The facility does have a good system in place that ensures that all victims are notified. The notification is documented by the inmate signature.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CCR Title 15, §3401.5 Staff Sexual Misconduct
3. CDCR DOM Article 22, § 33030.19 Employee Disciplinary Matrix
4. CDCR DOM Chapter 5, Article 44, §54040.12.4 Reporting to Outside Agencies for Contractors
5. Interviews: Warden, Human Resource Staff and Random Staff

(a)(b)(c)(d) The facility indicated in their responses to the Pre-Audit Questionnaire that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. In addition the facility reported that there has not been staff that have been disciplined for violations of the policies.

CCR Title 15, §3401.5 (Staff Sexual Misconduct) (b) Penalties states, *“All allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution.”*

CDCR DOM Article 22, § 33030.19 (Employee Disciplinary Matrix) indicate the penalty for sexual misconduct with an inmate(s)/parolees is dismissal.

CDCR DOM Chapter 5, Article 44, §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.”*

During an interview with the facility Warden, she confirmed that staff are aware and will be disciplined up to including termination, for violating the policies regarding sexual abuse or sexual harassment.

During informal interviews with Human Resource staff, they confirmed that there have not been staff that has been terminated or disciplined for violating the PREA policies in the past twelve months.

During informal interviews with random staff, staff indicated that they were aware that they could be terminated for violating the PREA policies.

During the file review, the auditor noted that there were no cases that required staff discipline. The outcome of the investigations included, unsubstantiated or unfounded outcomes. The Warden was also aware that all substantiated allegations must be reported to relevant licensing bodies. She confirmed that there have not been notifications as there has not been an investigation that would require the notification.

Finding:

CHCF staff are subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. Staff are aware that termination is the presumptive disciplinary sanction for those that engage in sexual abuse. All LDI investigators are sworn officers and therefore notification to outside law enforcement is not applicable. All terminations for violations of agency policies would be reported to the licensing body if applicable.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12.4 Reporting to Outside Agencies for Contractors
3. CDCR DOM Article 9, §101090.9 Termination
4. Interviews: Warden and CEO

(a)(b) The facility indicated in their responses to the Pre-Audit Questionnaire that agency policies requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. In addition, the facility reported that there have been zero contractors/ volunteers that have been reported to licensing bodies for engaging in sexual abuse.

CDCR DOM Chapter 5, Article 44, §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.”*

CDCR DOM Article 9, §101090.9 (Termination) states, *“The hiring authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security and/or orderly operations of the institution/region. A report explaining the occurrences and outcome shall be routed to the hiring authority with a copy to the CRM or designated manager.”*

During interviews with the Warden and the CEO, both individuals confirmed that if a contractor or volunteer violated the agency policies regarding sexual abuse or sexual harassment, the security clearance would be pulled and the contractor or volunteer would no longer be allowed on facility grounds until there was a conclusion to the investigation. Both were aware of their responsibility to report the substantiated allegation to any relevant licensing bodies.

Investigators are sworn peace officers and conduct criminal investigations. Therefore the facility would not notify local law enforcement.

Finding:

Agency policy prohibits any contractor or volunteer who engage in sexual abuse from having contact with inmates. Agency policy does require that any contractor or volunteer who engages in sexual abuse be reported to licensing bodies. The correctional staff are sworn peace officers and therefore notifying local law enforcement would not be applicable.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.15 Disciplinary Process
3. CDCR DOM Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening
4. CDCR DOM Chapter 5, Article 44, §52080.8.5 Special Considerations of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program
5. CDCR DOM Chapter 5, Article 44, § 54040.15.1 Alleged Victim-False Allegations
6. CCR Title 15, §3317 Mental Health Evaluations for Disciplinary Hearings
7. CCR Title 15, §3323 Disciplinary Credit Forfeiture Schedule
8. CCR Title 15, §3007 Sexual Behavior
9. CCR Title 15, §3316 Referral for Criminal Prosecution
10. Samples of Disciplinary Actions
11. Samples of CDCR Form 128-MH-5 Mental Health Referral Chrono
12. Interviews: Warden, Medical/Mental Health Staff and the PREA Compliance Manager

(a)(b)(c)(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that inmates are subject to disciplinary sanction only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. In addition, the facility reported that there have been zero (0) inmates disciplined during the reporting period.

CCR Title 15, §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.”*

CDCR DOM Chapter 5, Article 44, §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 the CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution”*

CCR Title 15, §3323 (Disciplinary Credit Forfeiture Schedule) (b) (5) classifies rape, attempted rape, sodomy, attempted sodomy, oral copulation and attempted oral copulation against the victim’s will as a Division A-1 offense which can result in forfeiture of credit from 181 days to 360 days.

Sanctions for serious rule violations are determined by a disciplinary matrix and are commensurate with the nature and circumstances of the abuse that was committed.

CDCR DOM Chapter 5, Article 44, 54040.7 (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/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH-5, Mental Health Referral Chrono.”*

CDCR DOM Chapter 5, Article 44, §52080.8.5 (Special Considerations of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program) states, *“Inmates who are alleged to have committed a Rules Violation shall receive a Mental Health Assessment, via completion of the CDCR Form 115-MH-A Rules Violation Report.”*

CCR Title 15, §3317 (Mental Health Evaluations for Disciplinary Hearings) states, *“Inmates in the Mental Health program or any inmate showing signs of possible mental illness may require a CDC 115 MH Rules Violation Report: Mental Health Assessment. All inmates at the EOP, MHCB, and DMH level of care, who receive a CDC 115, Rules Violation Report shall be referred for a Mental Health Assessment.”*

During an interview with the Warden, she confirmed that an inmate's disciplinary history, the nature and circumstance of the abuse, and the inmate's mental disabilities/ illnesses are all considered when determining disciplinary sanctions.

Mental health staff, confirmed that if a referral was made, the inmate would be offered therapy and counseling to address or correct the underlying reasons or motivations. However, she did not know of any inmates that had been referred for services, after a disciplinary hearing.

The auditor reviewed all allegations reported during the documentation period and verified that there have been no substantiated allegations of inmate-on-inmate sexual abuse.

(e) CDCR DOM Chapter 5, Article 44, § 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 make a false report.”*

The PREA Compliance Manager confirmed that no inmates had received a misconduct report for making a false allegation, during the reporting period.

(f) CCR Title 15, §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.”*

Finding:

CHCF Inmates are subject to disciplinary sanctions after a formal disciplinary process following an administrative finding of inmate-on-inmate sexual abuse. The disciplinary matrix confirms that the sanctions are commensurate with the nature and circumstances of the abuse committed. CHCF disciplinary process requires that that an inmate's mental disabilities/illness be considered when determining the sanctions. The agency policy requires

that inmates who receive such a disciplinary report be referred for a mental health assessment. Agency policy prohibits sexual activity between inmates.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening
3. CDCR DOM Chapter 5, Article 44, §540403 Definitions
4. Program Guide Overview- Mental Health Delivery System
5. CDCR MH-7448 Informed Consent for Mental Health
6. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information
7. PREA Screening Form
8. Mental Health Emergent/Urgent Consult Log
9. Samples of CDCR 128-MH5 Mental Health Referral Chrono
10. Memo regarding Standard 115.81 (d)
11. Interviews: Inmates who disclosed sexual victimization at risk screening, Staff responsible for risk screening, Medical and Mental Health Staff

(a)(b)(c)(d)(e) The facility indicated in their responses to the Pre-Audit Questionnaire that all inmates who disclosed any prior sexual victimization during a screening or inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with a medical or mental health practitioner.

CDCR DOM Chapter 5, Article 44, 54040.7 (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/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH-5, Mental Health Referral Chrono.”*

Program Guide Overview-Mental Health Delivery System states, *“Any inmate can be referred for mental health services at any time”* The document also provides a list of scenarios, when a referral shall be made. The list includes an inmate has been identified as a possible victim per the Prison Rape Elimination Act and an inmate demonstrates sexually inappropriate behavior as per the Exhibitionism policy.

The PREA Screening Form (Risk for Sexual Victimization) indicates that if an inmate answers yes to questions 1) Victim of a substantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years and 2) have you experienced sexual victimization in a non-correctional setting, CDCR 128 MH5, Mental Health Referral Chrono will be completed.

The PREA Screening Form (Risk for Abusiveness) indicates that if an inmate answers yes to questions 1) history of sexual violence in a correctional setting and 2) prior convictions for sex offenses in a non-correctional setting, CDCR 128 MH5, Mental Health Referral Chrono will be completed.

The auditor reviewed samples of CDCR 128 MH5 Mental Health Referral. The form indicates that if the referral is “routine” the inmate will be seen within five (5) days. If “urgent” the inmate will be seen within twenty-four (24) hours.

The auditor reviewed CDCR MH-7448 Informed Consent for Mental Health Care form. The form states, *“Information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations:*

- 1. I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff.*
- 2. If an assessment and report is required by legal proceedings such as, but not limited to, Board of Parole Hearings, Mentally Disordered Evaluations, Sexually Violent Predator Evaluations, or Keyhea Hearings or*
- 3. If my clinician suspects child, elder or dependent adult abuse (sexual, physical and or financial)”*

The auditor reviewed a memo dated December 5, 2017, which 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 are specific medical and mental health staff.”*

The auditor reviewed the 2018-2019 Mental Health Referral Log. The log indicates that all referrals were due to a PREA Allegation or as a result of a PREA Screening.

CDCR DOM Chapter 5, Article 44, §540403 Definitions defines “need to know” as when the information is relevant and necessary in the ordinary performance of that employee or contractor’s official duties.

The audit team interviewed two (2) inmates that scored high for sexual victimization. Both inmates reported that they were immediately offered mental health, but declined the service.

Several classification staff were interviewed. They were knowledgeable of the requirement to offer mental health and what circumstances would require the offer. One staff member stated that he refers the inmate even if the inmate declines a referral.

During interviews with mental health staff, it was stated that they are required to obtain informed consent from an inmate prior to disclosing sexual victimization that did not occur in an institutional setting, however they are mandatory reports and will inform inmates that they must report any knowledge or suspicion of an allegation that occurred while in custody.

The auditor reviewed one hundred and sixty-six (166) inmate files. The review indicated that there were seven (7) inmates that scored high for victimization, five (5) inmates were offered mental health and no documentation of a referral was provided for two (2) inmates. There were three (3) inmates that scored high for abusiveness. All three (3) were offered mental health. There was forty-five (45) inmates that had a previous conviction for a sex crime, fifteen (15) were offered mental health and no documentation of a referral was provided for thirty (30) of the inmates.

In review of the documentation, there was one (1) inmate that requested to see mental

health. Documentation was present that the inmate was referred to mental health within the fourteen (14) days.

Recommended Corrective Action:

1. The facility shall create and implement a procedure to ensure that all inmates that score high for victimization, high for abusiveness or have committed a prior act of sexual violence be offered mental health.
2. Ensure that all offers of mental health are documented.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 7, 2020, the facility provided the auditor with a memorandum issued on May 6, 2020, to the CHCF Warden from the Associate Director. The memorandum indicates that the screening form has been revised and that CHCF shall implement the new screening assessment form beginning May 11, 2020. In addition, the auditor reviewed the updated screening assessment form which includes:

1. Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting in the last 10 years
2. Have you experienced sexual victimization in a correctional setting that you have not previously reported?
3. Have you experienced sexual victimization in a non-correctional setting?
4. Mental, physical or developmental disability
5. Age (21 or under or 65 and over)
6. Physical build? (male: 5'2 or less in height and/or weighs less than 120 lbs)
7. Any prior or current sex offenses against an adult or child
8. Do you consider yourself or have you ever been perceived by others to be Lesbian, gay, bi-sexual, transgender, intersex, or gender non-conforming
9. First incarceration in a state prison
10. Exclusively Non-violent Criminal History (convictions only)
11. Inmate currently considers themselves vulnerable to sexual victimization.

The form indicates that when five (5) or more answers are "yes" to questions 2 through 10, or "yes" is answered to question 1A and/or 1B, the scoring routine will suggest the inmate is "at risk as a victim" and will require a mental health referral. The mental health referral section indicates if questions 1A, 1B, 2 or 6 in Section A or questions 1 or 2 in Section B are "yes", staff shall ask the inmate if he/she would like a Mental Health Referral. The form documents if the inmate declined mental health or if the inmate accepted mental health. If the inmate accepts mental health the staff member will submit a CDCR 128-MH5 Mental Health Referral Chrono to the Mental Health Office. Section B, #2 is prior convictions for sex offenses in a non-correctional setting.

The auditor reviewed a samples of screening assessments, which utilized the updated screening instrument. In the samples provided two (2) inmates had a previous conviction for a sex offense in a non-correctional setting. Both inmates were offered mental health and both declined. Due to Covid 19, there is little inmate movement, therefore the auditor did not have a large sample to review. However, with the updated screening instrument, the mental health

referral does notify the user, when a referral is required. The auditor is confident that the facility will continue to offer mental health for those inmates that have had a previous sex crime conviction.

The facility has effectively demonstrated compliance during the period of corrective action with supporting documentation. The facility is in compliance with this standard.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. California Correctional Health Care Services (CCHCS) Operations
3. CDCR DOM Chapter 5, Article 44, §54040.8.3 Medical Services Responsibilities
4. CDCR DOM Chapter 5, Article 44, §54040.9 Mental Health Responsibilities
5. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examination
6. California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy
7. 2018-2019 Mental Health Referral Tracking Log
8. Sample of appointments and documentation maintained in the facility Health Care Application
9. Interviews: Medical and Mental Health Staff, First Responders and Inmates who reported a Sexual Abuse

(a) The facility indicated in their responses to the Pre-Audit Questionnaire that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services is according to the medical/mental health staff's professional judgment.

CDCR DOM Chapter 5, Article 44, §54040.8.3 (Medical Services Responsibilities) states, "*California Correctional Health Care Services (CCHCS) medical staff will provide indicated emergency medical response.*" In addition, "*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.*"

California Correctional Health Care Services (CCHCS) Operations Manual (1)(A) states, "*Incidents reported within 72 hours of the event-Institutional setting 1) Licensed Health Care staff shall:*

Assess and identify any urgent/emergent injuries sustained by the alleged victim and suspect.

*Provide necessary and immediate emergency medical care to the victim and suspect
Document any injuries or unusual occurrences, in addition to documenting the assessment and care provided"*

CDCR DOM Chapter 5, Article 44, §54040.9 (Mental Health Responsibilities) states, "*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.*"

During formal and informal interviews with custody first responders, all reported that the inmates are taken to medical for an evaluation immediately. Mental Health would also be

notified.

During interviews with medical staff, it was stated that at the time of an incident inmates are immediately brought to the medical department and are assessed by the doctor. All medical assessments are documented in the inmate health file.

During the investigation file review, each investigation contained the Custody Supervisor Checklist. The checklist requires documentation of completion of the following:

1. Ensure medical assessment/triage has been initiated.
2. Ensure Sexual Assault/Battery Transportation kits are utilized per policy
3. Notify the Watch Commander
4. Explain to the victim the rights for Victim Support Services and document the answer.

The form indicates the time that the medical assessment was completed.

(b) The facility has twenty-four (24) hour qualified medical and mental health staff on duty. This provision would not be applicable to the facility.

(c) CDCR DOM Chapter 5, Article 44, §54040.9 (Forensic Medical Examination) states, *“As required by Penal Code Section 2638 (part of AB550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect.”*

CDCR CCHCS policy 4.1.6 Prison Rape Elimination Act, Procedure (a) states, *“Health care staff shall inform the victim and/or suspect that custody staff will transport them to an outside contracted county SART facility for an examination if deemed appropriate as indicated in the DOM Section 54040.12.1. The outside contracted county SART team is responsible to offer the following:*

1. *Test for STIs/STDs and HIV as medically appropriate for patients who are the victims or suspects of sexual abuse.*
2. *Pregnancy test for patients who are victims of sexually abusive vaginal penetration*
3. *A Forensic Medical examination for patients who are alleged victims and suspects of sexual violence.”*

During informal discussions with medical staff, it was stated that during the medical assessment, victims and suspects will be asked about STDs. Tests are performed while the victim is at the hospital.

(d) California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states *“The copayment shall not be charged if the health care service(s) is considered to be...treatment services relating to sexual abuse or assault.”* This was confirmed during interviews with medical staff.

Finding:

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of the services are determined by the medical/mental health practitioners. Victims who require forensic medical

examinations are transported to the local hospital. Medical/mental health staff, maintain separate logs documenting the timeliness of emergency medical treatment. Per CCHCS policy victims are not charged for the treatment or a co-pay for services.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.10 Mental Health Responsibilities
3. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examination
4. CDCR DOM Chapter 5, Article 44, §54040.11 Suspect Processing-Offender on Offender
5. Health Care Services Chapter 16 §1.16.2 Prison Rape Elimination Act Procedures
6. California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy
7. Interviews: Medical and Mental Health Staff and Inmates who reported Sexual Abuse

(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers medical and mental health evaluations, and treatment all inmates who have been victimized by sexual abuse in any prison, jail and lockup or juvenile facility. In addition, inmate victims are offered tests for sexually transmitted infections as medically appropriate and attempts to conduct mental health evaluation on all inmate abusers within sixty (60) days of learning of such abuse history.

CDCR DOM Chapter 5, Article 44, §54040.10 (Mental Health Responsibilities) states, *“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 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 the referral and shall include a face-to-face evaluation of the victim in a confidential setting.”*

Health Care Services Chapter 16 §1.16.2 (Prison Rape Elimination Act Procedures) states, *“The objective of this procedure is to establish the process for the California Correctional Health Care Services to provide medically necessary emergency treatment, follow-up services, treatment plans, and when necessary, referrals to patients who are alleged victims of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties under the California Department of Corrections and Rehabilitation (CDCR) Prison Rape Elimination Act policy, and CDCR Department Operations Manual.”*

CDCR CCHCS policy 4.1.6 Prison Rape Elimination Act, Procedure (a) states, *“Health care staff shall inform the victim and/or suspect that custody staff will transport them to an outside contracted count SART facility for an examination if deemed appropriate as indicted in the DOM Section 54040.12.1. The outside contracted count SART team is responsible to offer the following:*

1. *Test for STIs/STDs and HIV as medically appropriate for patients who are the victims or suspects of sexual abuse.*
2. *Pregnancy test for patients who are victims of sexually abusive vaginal penetration*
3. *A Forensic Medical examination for patients who are alleged victims and suspects of*

sexual violence."

During interviews with medical/mental health staff, it was reported that services are offered to all victims of sexual abuse at no charge. They will also complete further testing for diseases, do follow ups medical and the psychiatric doctor. In addition, they reported that these services will be immediately available. The staff were asked about the level of care and it was reported that they believe all treatment provided is of the same care that is received within the community.

The auditor reviewed thirty-three (33) investigation files. Documentation was provided that all victims that reported an allegation of sexual abuse or sexual harassment were offered a mental health follow-up. In addition, it was documented that each of the victim declined services.

The auditor reviewed one hundred and sixty-six (166) inmate files. During an assessment the facility determines if the inmate has been the victim of substantiated incident of sexual abuse in a correctional setting. The facility does not ask the victim the question. As determined in standard 115.41, the assessment does not meet compliance. An inmate could have experienced unreported sexual abuse within a prison, or may have had an unsubstantiated allegation. Because the facility only inquires about substantiated cases, inmates who may have suffered unreported sexual abuse would not be offered these services.

CDCR DOM Chapter 5, Article 44, §54040.9 (Forensic Medical Examination) states, *"As required by Penal Code Section 2638 (part of AB550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect."*

(d)(e) Both provisions require that pregnancy tests and the results be made available to the victim of sexual abuse. The facility does not house female inmates. Therefore both provisions are not applicable to this facility.

(f) CDCR DOM Chapter 5, Article 44, §54040.9 (Forensic Medical Examination) states, *"As required by Penal Code Section 2638 (part of AB550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect."*

(g) California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states *"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) CDCR DOM Chapter 5, Article 44, §54040.11 (Suspect Processing-Offender on Offender) states, *"ISU staff or the LDI will provide a Miranda warning and interview the suspect to obtain his/her account of the incident. The custody supervisor will complete a referral to mental health for a mental health evaluation and assessment of treatment needs."*

During interviews with inmates that reported sexual abuse, it was determined that the abuse did not occur at this facility. Therefore no relevant information regarding CHCF was learned during the interview.

Recommended Corrective Action:

1. The screening form shall be updated to ask the victim, if they has ever experienced sexual victimization within a correctional setting.
2. A work around process shall be developed to document, the change in screening form and how the question is asked, to be utilized until CDCR can complete the update on the screening form.
3. The auditor and the facility, shall discuss ways to ensure those inmates within the facility, have been properly assessed and offered mental health services, and treatment.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 7, 2020, the facility provided the auditor with a memorandum issued on May 6, 2020, to the CHCF Warden from the Associate Director. The memorandum indicates that the screening form has been revised and that CHCF shall implement the new screening assessment form beginning May 11, 2020. In addition, the auditor reviewed the updated screening assessment form includes:

1. Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting in the last 10 years
2. Have you experienced sexual victimization in a correctional setting that you have not previously reported?
3. Have you experienced sexual victimization in a non-correctional setting?
4. Mental, physical or developmental disability
5. Age (21 or under or 65 and over)
6. Physical build? (male: 5'2 or less in height and/or weighs less than 120 lbs)
7. Any prior or current sex offenses against an adult or child
8. Do you consider yourself or have you ever been perceived by others to be Lesbian, gay, bi-sexual, transgender, intersex, or gender non-conforming
9. First incarceration in a state prison
10. Exclusively Non-violent Criminal History (convictions only)
11. Inmate currently considers themselves vulnerable to sexual victimization

The auditor and the facility discussed options to ensure that all inmates housed at the facility, are properly assessed. CHCF has frequent classification committees. PIP inmates at the acute level are seen once a week until discharge, PIP inmates at the Intermediate Care Facility are seen every thirty (30) days until discharge and all inmate are seen annually.

During the committee, the classification staff are required to inquire about PREA related issues, the answers are documented on the chronos and referrals to mental health are offered. The auditor is confident that all inmates are being properly assessed and mental health will be offered.

The facility has effectively demonstrated compliance during the period of corrective action and provided supporting documentation. The facility is in compliance with this standard.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.17 Institutional PREA Review Committee
3. Investigative file reviews
4. Interviews: Warden, Incident Review Team Member and PREA Compliance Manager

(a)(b)The facility indicated in their responses to the Pre-Audit Questionnaire that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse allegation. In addition the facility reported that there have been thirty-seven (37) incident reviews conducted during the documentation period.

CDCR DOM Chapter 5, Article 44, §54040.17 (Institutional PREA Review Committee) states, *“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 facility utilizes a form called Institutional PREA Review Committee (IPRC) to document the incident review. The committee is comprised of Investigative staff, PREA Compliance Manager, medical/mental health staff and the CHCF Warden.

During an interview with an incident review team, it was stated that policy requires that the review be conducted within sixty (60) days from the date of discovery of the allegation. During the review, the committee will look at a variety of issues, to include physical plant, are mirrors needed or physical barriers to prevent an incident in the future.

(c) CDCR DOM Chapter 5, Article 44, §54040.17 (Institutional PREA Review Committee) states, *“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 manager
In-Service Training Manager;
Health Care Clinician
Mental Health Clinician and
Incident Commander or Investigative Services Unit Supervisor”*

During an interview with the facility Warden and a member of the IPRC, it was confirmed that the committee is comprised of the Warden, Investigative staff, medical/mental health staff and at least one manager from another department.

The auditor reviewed the form provided in each investigation file. The committee member is required to sign the documentation in regards to their presence at the review.

(d)(e) CDCR DOM Chapter 5, Article 44, §54040.17 (Institutional PREA Review Committee) identifies all six (6) elements of this provision and requires that the team to determine a plan to correct findings and document in the report. The team should document implementation of the Action Plan or reasons for not doing so and submit the final report to the Hiring Authority for final review.

During the investigative file reviews, the auditor reviewed the Institutional PREA Review Committee form on all cases that met the requirement. The Institutional PREA Review was completed within thirty (30) days. In many cases it had been completed prior to the conclusion of the investigation. The committee considers all elements of this standard to include:

If there is a need for a policy change

Whether the incident was motivated by race, ethnicity; gender identity, lesbian, gay, bisexual, transgender, or intersex or otherwise caused a by other group dynamics

Examines areas in the facility where the incident allegedly occurred to assess where physical barriers in the area may enable abuse

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

The above was confirmed by the auditor during the file reviews. In addition, the facility PREA Compliance Manager confirmed the procedures for completing the reviews.

Findings:

The facility conducts a sexual abuse incident review, at least sixty (60) days from the date of discovery. The review is conducted by members of upper level management, line supervisors, investigators and medical/mental health. Each member is required to document by signature their participation in the review. The review teams considers each element of this standard and the review is documented on the IPRC.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring
3. CDCR DOM Chapter 5, Article 44, §54040.3 Definitions
4. CDCR DOM Chapter 5, Article 44, §54040.21 PREA Data Storage and Destruction
5. CDCR PREA Incident Log Sample
6. SSV-IA Sample Form
7. CDCR 2018 Annual Report
8. Interviews: Director of Adult Prisons, PREA Coordinator, and PREA Compliance Manager

(a)(b)(c)(d)(e)(f) The facility indicated in their responses to the Pre-Audit Questionnaire the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. In addition, the instrument utilized contains all necessary data necessary to answer all of the questions from the most recent version of the Survey of Sexual Violence issued by the Department of Justice.

CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring) states, *“The CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30.”*

CDCR DOM Chapter 5, Article 44, §54040.21 (PREA Data Storage and Destruction) states, *“CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under the 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. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection.”*

During an interview with the Director of Adult Prisons, she confirmed that the agency does complete and publish an annual report on the agency website. The report is completed by the Agency PREA Coordinator and approved and signed by the Agency Head. The agency has an Internal PREA Review Committee that elevates policy, training, blind spots etc. and will issue corrective action if needed.

During an interview with the Agency PREA Coordinator, she stated that each PCM at the facilities must complete a Survey of Sexual Victimization Substantiated Incident Form on all

substantiated allegations. These forms are sent to the Agency PREA Coordinator and are used to discover any trends or if one facility is having issues, where additional resources may be needed. The annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed.

The PREA Compliance Manager confirmed that information from each reported allegation is reviewed for trends and corrective action if needed.

During the investigation file review, the auditor did review copies of the Survey of Sexual Victimization Substantiated Incident Form. The agency requires that each facility complete the form at the conclusion of an investigation. The form is the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

The auditor reviewed the CDCR 2018 Annual Report, which is posted on the agency website. The report contains aggregated data for years 2014, 2015, 2016 and 2017. The data includes data from the contracted facilities as well as all state facilities. The standardized instrument and definitions used are consistent with the definitions required by the Survey of Sexual Victimization.

Findings:

The agency collects accurate, uniform data for every allegation of sexual abuse at the facilities. Each PREA Compliance Manager is required to complete the Survey of Sexual Victimization Incident Form and submit it to the Agency PREA Coordinator at the conclusion of an investigation. The form mirrors the most recent version conducted by the Department of Justice. The agency aggregates the data on an annual basis. All documentation is maintained and reviewed yearly to complete the annual report.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.17 Departmental PREA Coordinator
3. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring
4. Link to agency website-annual reports
5. Interviews: Director of Adult Prisons, PREA Coordinator, and PREA Compliance Manager

(a) (b)(c)(d) The facility indicated in their responses to the Pre-Audit Questionnaire that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its efforts in prevention, detection and responses to sexual assault. In addition the facility reported that it is readily available on the agency website.

CDCR DOM Chapter 5, Article 44, §54040.17 (Departmental PREA Coordinator) 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 action 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 Communications for placement on the CDCR Website."*

CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring) states, "The CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30."

During an interview with the Director of Adult Prisons, she confirmed that the agency does complete and publish an annual report on the agency website. The report is completed by the

Agency PREA Coordinator and approved and signed by the Agency Head. The agency has an Internal PREA Review Committee that elevates policy, training, blind spots etc. and will issue corrective action if needed.

During an interview with the Agency PREA Coordinator, she stated that each PCM at the facilities must complete a Survey of Sexual Victimization Substantiated Incident Form on all substantiated allegations. These forms are sent to the Agency PREA Coordinator and are used to discover any trends or if one facility is having issues, where additional resources may be needed. The annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed.

The PREA Compliance Manager confirmed that information from each reported allegation is reviewed for trends and corrective action if needed.

The auditor reviewed the agency website and all annual reports were located. The report contains corrective action that was taken by the facilities and the agency. The report provides a comparison of previous year data and assess the agency's progress in address sexual abuse in all facilities. The report is approved and signed by the Agency Head.

Findings:

CDCR publishes the annual report on the agency website, ensuring it is readily available for the general public to review. The website contains the annual reports for 2015, 2016, 2017 and 2018. The reports do not contain personal identifying information and contain corrective action taken by the agency. In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. CHCF Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.20 Records Retention
3. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring
4. 2018 Annual Report
5. Interviews: Agency PREA Coordinator

(a)(b)(c) The facility indicated in their responses to the Pre-Audit Questionnaire that it ensures that incident based and aggregate data are securely retained. In addition, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be readily available to the public at least annually through its website.

CDCR DOM Chapter 5, Article 44, §54040.20 (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.*”

CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring) states, “*The CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30.*”

During an interview with the Agency PREA Coordinator, she stated that the annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed.

The auditor reviewed the agency website and all annual reports were located. The reports do not contain personal identifiers. In addition, the auditor reviewed the agency records retention and policy that states PREA data collected shall be maintained for ten (10) years after the date of collection.

Findings:

The agency ensures that incident-based and aggregated data are securely retained. The agency policy requires that all aggregated data is readily available to the public and has each report posted on the agency website. No personal identifying information is contained in the

reports and the agency maintains the data collected for a period of ten years after the date of collection.

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. Agency Website
2. PREA Audit Reports

(a)(b) CDCR operates thirty-five (35) facilities within its Department. As of August 2019, all facilities have had at least one (1) audit. However several facilities are waiting for final audit reports. All audit reports have been posted on the agency website.

During this audit, the facility was cooperative with the auditor. The audit team was provided access to the facility and documentation requested. All interviews with staff and inmates were conducted in areas that provided confidentiality. In addition, inmates were permitted to confidentially correspond with the auditor.

Findings:

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. Agency Website
2. PREA Audit Reports

(f) CDCR operates thirty-five (35) facilities within its Department. As of August 2019, all facilities have had at least one (1) audit. However several facilities are waiting for final audit reports. All audit reports have been posted on the agency website.

Findings:

In review of all documentation, interviews and observations, the facility has sufficiently demonstrated compliance with all provisions of this standard.

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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.)	yes
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? yes

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? yes

115.13 (b)	Supervision and monitoring	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.)	na
115.13 (c)	Supervision and monitoring	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
		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
		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
115.13 (d)	Supervision and monitoring	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
		Is this policy and practice implemented for night shifts as well as day shifts?	yes
		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
115.14 (a)	Youthful inmates	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

115.14 (b)	Youthful inmates	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
		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
115.14 (c)	Youthful inmates	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
		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
		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
115.15 (a)	Limits to cross-gender viewing and searches	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
115.15 (b)	Limits to cross-gender viewing and searches	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
		Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d) Limits to cross-gender viewing and searches

Does the facility have policies 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

Does the facility have procedures 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

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? yes

115.15 (e) Limits to cross-gender viewing and searches

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

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

115.15 (f) Limits to cross-gender viewing and searches

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

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

115.16 (a) Inmates with disabilities and inmates who are limited English proficient

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

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?

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

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

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

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

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? yes

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

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

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

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

115.16 (b) Inmates with disabilities and inmates who are limited English proficient

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

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

115.16 (c) Inmates with disabilities and inmates who are limited English proficient

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

115.17 (a) Hiring and promotion decisions

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

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

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 two bullets immediately above? yes

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

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

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 two bullets immediately above? yes

115.17 (b) Hiring and promotion decisions

Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? yes

Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? yes

115.17 (c)	Hiring and promotion decisions	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
		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
115.17 (d)	Hiring and promotion decisions	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	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
115.17 (f)	Hiring and promotion decisions	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
		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
		Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

- 115.17 (h) Hiring and promotion decisions**
- 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
- 115.18 (a) Upgrades to facilities and technologies**
- 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
- 115.18 (b) Upgrades to facilities and technologies**
- 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
- 115.21 (a) Evidence protocol and forensic medical examinations**
- 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

115.21 (b) Evidence protocol and forensic medical examinations

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

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

115.21 (c) Evidence protocol and forensic medical examinations

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

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? yes

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

Has the agency documented its efforts to provide SAFEs or SANEs? yes

115.21 (d) Evidence protocol and forensic medical examinations

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? yes

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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) yes

Has the agency documented its efforts to secure services from rape crisis centers? yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	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 always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c) Policies to ensure referrals of allegations for investigations

If a separate entity is responsible for conducting criminal investigations, does the policy 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).) na

115.31 (a) Employee training

Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? yes

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

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

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

Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? yes

Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? yes

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

Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? yes

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

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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	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
115.34 (a)	Specialized training: Investigations	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 receive 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
115.34 (b)	Specialized training: Investigations	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
		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
		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
		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
115.34 (c)	Specialized training: Investigations	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

115.35 (a) Specialized training: Medical and mental health care

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

115.35 (b) Specialized training: Medical and mental health care

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 or the agency does not employ medical staff.)

na

115.35 (c) Specialized training: Medical and mental health care

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	no

115.41 (d) Screening for risk of victimization and abusiveness

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
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
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
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
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
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
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
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?	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
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?	no

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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

115.42 (a) Use of screening information

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

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

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

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

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? yes

115.42 (b) Use of screening information

Does the agency make individualized determinations about how to ensure the safety of each inmate? yes

115.42 (c) Use of screening information

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

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

115.42 (d)	Use of screening information	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
115.42 (e)	Use of screening information	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
115.42 (f)	Use of screening information	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
		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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
		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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes

115.43 (a) Protective Custody

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

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

115.43 (b) Protective Custody

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

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

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

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

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no

115.52 (b) Exhaustion of administrative remedies

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

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

115.52 (c) Exhaustion of administrative remedies

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

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

115.52 (d) Exhaustion of administrative remedies

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

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

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

115.52 (e) Exhaustion of administrative remedies

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

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

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

115.52 (f) Exhaustion of administrative remedies

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

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

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

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

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

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

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

115.52 (g) Exhaustion of administrative remedies

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

115.53 (a)	Inmate access to outside confidential support services	
	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
	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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

- 115.62 (a) Agency protection duties**
- 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
- 115.63 (a) Reporting to other confinement facilities**
- 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
- 115.63 (b) Reporting to other confinement facilities**
- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? yes
- 115.63 (c) Reporting to other confinement facilities**
- Does the agency document that it has provided such notification? yes
- 115.63 (d) Reporting to other confinement facilities**
- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? yes

115.64 (a) Staff first responder duties

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

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

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

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

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

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

115.66 (a) Preservation of ability to protect inmates from contact with abusers

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 limit 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

115.67 (a) Agency protection against retaliation

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

Has the agency designated which staff members or departments are charged with monitoring retaliation? yes

115.67 (b) Agency protection against retaliation

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

115.67 (c) Agency protection against retaliation

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

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

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

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

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

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

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

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

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

115.67 (d) Agency protection against retaliation

In the case of inmates, does such monitoring also include periodic status checks? yes

115.67 (e)	Agency protection against retaliation	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
115.68 (a)	Post-allegation protective custody	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
115.71 (a)	Criminal and administrative agency investigations	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
		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
115.71 (b)	Criminal and administrative agency investigations	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
115.71 (c)	Criminal and administrative agency investigations	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
		Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
		Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	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

115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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).)	na

115.72 (a)	Evidentiary standard for administrative investigations	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
115.73 (a)	Reporting to inmates	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
115.73 (b)	Reporting to inmates	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.)	na
115.73 (c)	Reporting to inmates	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 inmate 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
		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
		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
		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

115.73 (d)	Reporting to inmates	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
		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
115.73 (e)	Reporting to inmates	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	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
115.76 (d)	Disciplinary sanctions for staff	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
		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

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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

- 115.78 (f) Disciplinary sanctions for inmates**
- 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
- 115.78 (g) Disciplinary sanctions for inmates**
- If the agency prohibits all sexual activity between inmates, 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
- 115.81 (a) Medical and mental health screenings; history of sexual abuse**
- 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
- 115.81 (b) Medical and mental health screenings; history of sexual abuse**
- 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
- 115.81 (c) Medical and mental health screenings; history of sexual abuse**
- 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? (N/A if the facility is not a jail). yes
- 115.81 (d) Medical and mental health screenings; history of sexual abuse**
- 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

- 115.81 (e) Medical and mental health screenings; history of sexual abuse**
- 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
- 115.82 (a) Access to emergency medical and mental health services**
- 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
- 115.82 (b) Access to emergency medical and mental health services**
- 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
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? yes
- 115.82 (c) Access to emergency medical and mental health services**
- 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
- 115.82 (d) Access to emergency medical and mental health services**
- 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
- 115.83 (a) Ongoing medical and mental health care for sexual abuse victims and abusers**
- 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

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	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

115.83 (h) Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.86 (a) Sexual abuse incident reviews

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

115.86 (b) Sexual abuse incident reviews

Does such review ordinarily occur within 30 days of the conclusion of the investigation?

yes

115.86 (c) Sexual abuse incident reviews

Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?

yes

115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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

115.87 (d)	Data collection	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
115.87 (e)	Data collection	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
115.87 (f)	Data collection	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
115.88 (a)	Data review for corrective action	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
		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
		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
115.88 (b)	Data review for corrective action	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
115.88 (c)	Data review for corrective action	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

115.88 (d)	Data review for corrective action	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
115.89 (a)	Data storage, publication, and destruction	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	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
115.89 (c)	Data storage, publication, and destruction	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	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
115.401 (a)	Frequency and scope of audits	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b) Frequency and scope of audits

Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)

yes

If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)

no

If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)

no

115.401 (h) Frequency and scope of audits

Did the auditor have access to, and the ability to observe, all areas of the audited facility?

yes

115.401 (i) Frequency and scope of audits

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?

yes

115.401 (m) Frequency and scope of audits

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?

yes

115.401 (n) Frequency and scope of audits

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

115.403 (f) Audit contents and findings

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)

yes