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

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: May 8, 2020 ☐ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: December 4, 2020

Auditor Information

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Company Name: Department of Public Safety-Hawaii	
Mailing Address: 919 Ala Moana Blvd., Room 406	**City, State, Zip:** Honolulu, HI 96814
Telephone: (808) 587-1337	**Date of Facility Visit:** 03/08/20 – 03/13/20

Agency Information

Name of Agency: California Department of Corrections and Rehabilitation			
Governing Authority or Parent Agency *(If Applicable)*: State of California			
Physical Address: 1515 "S" Street		**City, State, Zip:** Sacramento, CA 95811	
Mailing Address: P.O. Box 942883		**City, State, Zip:** Sacramento, CA 94283	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: https://www.cdcr.ca.gov/PREA/			

Agency Chief Executive Officer

Name: Ralph Diaz / Kathleen Allison (effective 10/01/20) CDCR Secretary	
Email: Kathleen.Allison@cdcr.ca.gov	**Telephone:** 916-323-6001

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: California Rehabilitation Center			
Physical Address: 5th and Western		**City, State, Zip:** Norco, CA 92860	
Mailing Address (if different from above): Same as Above		**City, State, Zip:** Same as Above	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☒ Prison	☐ Jail	
Facility Website with PREA Information: https://www.cdcr.ca.gov/prea/			
Has the facility been accredited within the past 3 years? ☒ Yes ☐ No			

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe:

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Warden/Jail Administrator/Sheriff/Director

Name: Cynthia Y. Tampkins	
Email: Cynthia.Tampkins@cdcr.ca.gov	**Telephone:** (951) 737-2683 ext.2950

Facility PREA Compliance Manager

Name: Felix Figueroa / Kevin Anthony	
Email: Kevin.Anthony@cdcr.ca.gov	**Telephone:** (951) 273 - 2956

Facility Health Service Administrator ☐ N/A

Name: Kerry Oglesby	
Email: Kerry.Oglesby@cdcr.ca.gov	**Telephone:** (951) 737-2683 ext 2928

Facility Characteristics

Designated Facility Capacity:	3456
Current Population of Facility:	3568

Average daily population for the past 12 months:	2,853
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	18-75
Average length of stay or time under supervision:	154 days
Facility security levels/inmate custody levels:	Level I and II and Level III overrides
Number of inmates admitted to facility during the past 12 months:	3906
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	3906
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	3900
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☒ N/A
Number of staff currently employed by the facility who may have contact with inmates:	1018
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	126
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	44
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	44
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	382

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	94
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	46
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	46
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe:

Investigations

Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	11
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☒ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☒ N/A

Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	11
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☒ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

A Department of Justice (DOJ) Prison Rape Elimination Act (PREA) audit was conducted at the California Rehabilitation Center (CRC) in Norco, California based on the Western State Consortium Agreement. This audit was the second PREA audit for the CRC facility. CRC is under the jurisdiction of the California Department of Corrections and Rehabilitation (CDCR). The PREA Audit team consisted of DOJ Certified Auditor Nicole Fernandez (lead auditor) with support staff of Kona Mann, Puanani Cummings, Aisha Gaea, and Michelle Dean, hereafter referred to as the PREA Audit Team. Support staff assisted the lead auditor and participated in the site review, conducting interviews with staff and inmates and file reviews. The on-site audit was conducted from March 8, 2020 to March 13, 2020.

Pre-Onsite Phase

Prior to the onsite audit a posting of the PREA Audit Notices and auditor's contact information was distributed throughout CRC and posted on January 28, 2020, six (6) weeks prior to the first day of the on-site audit. The facility provided email documentation, including pictures, to demonstrate the notices were posted in accordance with audit requirements in English and Spanish. The notices included instructions for inmates that all correspondence must include "for CRC PREA Audit" on the envelope; otherwise it will not be considered confidential. Further, that all written and verbal correspondence and disclosures provided to the auditor are confidential and will not be disclosed unless required by law.

CRC's Pre-Audit Questionnaire (PAQ) and supporting documents was completed on January 30, 2020 and received on a disk sent overnight mail with FedEx on February 4, 2020. The PAQ and documents submitted were reviewed and several PREA Standards documentation were noted that it would be provided onsite. Documentation reviewed prior to the onsite audit included agency policies and procedures; forms; organizational charts; PREA related posters, brochures; and memorandums of agreements.

A pre-audit correspondence was facilitated on February 20, 2020, between the auditor, CRC PREA Compliance Manager and CDCR PREA Coordinator to discuss the review of the PAQ, documents and file/records needed for review while on site and the schedule for the on-site phase. The following was provided to CRC's PREA Compliance Manager and CDCR PREA Coordinator: 1) listing of list and/or documents needed for sampling while on-site; 2) listing of files/records needed to review; and 3) the on-site audit scheduled. A follow-up pre-audit phone conference was facilitated on March 2, 2020, between the auditor and CRC PREA Compliance Manager to discuss logistics of the on-site audit, review of the purpose and general process of the audit, goals and expectations about accessibility to areas of the facility, files, inmates and staff.

Additionally, a request for the following lists were requested to be provided on the first day of the audit, if not sooner: complete list of inmates, inmates with disabilities, inmates who are limited English proficient, inmates who identify as LGBTI, inmates in segregated housing, inmates reported sexual abuse, inmates who reported sexual victimization during risk screening; complete list of staff, specialized staff, and contractors and volunteers that have contact with inmates. The following documents were also requested to be provided by the first day of

the on-site review: all PREA related grievances and incident reports made within the 12-month period preceding the audit, all allegations of sexual abuse and sexual harassment reported for investigation within the 12-month period preceding the audit, and all hotline calls made within the 12-month period preceding the audit. The following files were requested to be available for review during the on-site phase of the audit: human resource files for background checks and promotional clearances, staff training logs, inmate records for inmate PREA 72 hour and 30-day review screenings, medical and mental health records for referrals and follow-ups, notification for reports received by inmates that were sexually abused while confined at another facility and CRC PREA investigations.

Additionally, the auditor contacted Just Detention International (JDI) and the Riverside Rape Crisis Center as it related to PREA related services at CRC. On February 20, 2020, the auditor received further email correspondence from the Riverside Rape Crisis Center staff discussing the current Memorandum of Understanding (MOU) with CRC and the PREA related services that are being provided at CRC. The auditor received one (1) confidential correspondence from an inmate at CRC prior to the on-site phase. The auditor interviewed the inmate during the on-site phase of the audit as further follow-up to their correspondence.

On-Site Phase

On March 8, 2020, the audit team met with CRC PREA Compliance Manager, CRC assigned Investigative Services Unit (ISU) escort staff and CDCR PREA support team at CRC to begin the on-site review. CRC had an inmate population of 3,950 on March 8, 2020. The audit team conducted a facility tour of the facility's perimeter buildings, administrative offices, plant operations and buildings utilized for inmate services and programming. The administrative buildings consisted of: Warden's Main Office, Staff Offices, Investigations, Procurement, Medical/Inmate Records, Accounting, Computer Services, and Mailroom. Program and Services Buildings consisted of: Inmate Education classrooms, Dental, Plumbing, Literacy Lab, Chapel, Hobby Craft, Carpentry, Welding, Landscaping, Vocational Carpentry, Automotive and Print Room. Plant Operations consisted of: Plant Operations offices, Plumbing Shop, Electric Shop, Paint Shop, Steam Room/Engineer Shop, Mason Shop, Storage and Groundskeeping.

Additionally, the facility visiting processing area, CRC Firehouse and CAL Fire facilities were viewed as well. The CRC Firehouse houses up to nine (9) minimum custody, Level I inmates. The firehouse has an administrative area, a dining area, kitchen, fitness area, and garage that houses the firetrucks. Informal interviews were conducted with the staff and inmates at the CRC Firehouse. PREA Audit notices and posters were posted throughout the facility in English and Spanish. Blind spots were identified in the garages where the fire vehicles are parked.

On March 9, 2020**,** the audit team met with CRC key administrators to include PREA Compliance Manager and the CDCR PREA support team. The purpose of the meeting was to introduce the team, convey the expectations for the PREA audit and go over the tentative schedule for the week. Following the initial meeting, the audit team along with assigned escorts continued with the site review of the facility and interviews with staff and inmates.

The audit team observed the intake process at Receiving and Release (R&R). The Receiving and Release contains three (3) large holding cells for multiple inmates and four (4) individual cells. The individual cells are used to temporarily house an inmate that is pending transfer to another facility. The transfer is conducted within the same day or the very next day. CRC does not have an administrative segregation unit. All new admissions to CRC are issued an inmate handbook that notifies them of the rules and regulations of CDCR/CRC, to include PREA information and reporting information. Inmate handbooks are provided in English and Spanish languages. While in the holding cells, the newly admitted inmates are shown the PREA education video prior to their placement to their assigned housing unit. However, it was observed that the PREA education video was only being played in English, although the facility was provided with the English, Spanish and Hmong version.

The audit team proceeded with the on-site review of Facility A. Facility A is a seven-story structure with a total of 12 living units/dorms. Each dorm is an open bay design with bunk beds and can house up to 80 inmates each, for a total maximum capacity of 960 inmates. Each dorm has its own designated showers and restrooms that provide privacy from opposite gender viewing. Other areas observed during the on-site review included the inmate gymnasium and Substance Abuse Program (SAP) buildings and Facility A kitchen. Interviews were conducted in Facility A with specialized staff, random staff, targeted inmates and random inmates.

CRC has limited electronic monitoring technology. Facility A stairwell and hall area are the only areas monitored electronically. There is a secured computer room where supervisors may check monitors and recording capability of up to 120-day retention.

On March 10, 2020, the audit team continued with the on-site review of Facility B and interviews with specialized staff, random staff, targeted inmates and random inmates. Facility B is a single level housing with a total of 14 living units/dorms. Of the 14 units, only 12 are being occupied at this time. Each dorm is an open bay design with bunk beds and can house between 100-180 inmates. Each dorm has its own designated showers and restrooms that provide privacy from opposite gender viewing. Additionally, each dorm has a dayroom for inmates to have recreation and watch television in. Other areas observed during the on-site review included the maintenance warehouse, canteen, Facility B & C kitchen and dining and medical/dental units. Interviews were conducted in Facility B with specialized staff, random staff, targeted inmates and random inmates. Blind spots identified in the kitchen were identified and addressed prior to the completion of the on-site review.

Each living unit of Facility B contains an office (control station) for security staff, a staff bathroom and a back room behind the bathroom that is either used for storage or as the Correctional Counselors office. Inmates do go into the Correctional Counselors office to meet with their assigned counselor and the audit team was informed that the practice is that if an inmate is in the office with the counselor, the two doors between are always left open. However, if a staff member uses the restroom while an inmate is in the counselor's office, this creates a blind spot as there is no other visibility into the counselor's office if one of the two doors are ever closed.

March 11, 2020**,** the audit team continued with the on-site review of Facility C and interviews with specialized staff, random staff, targeted inmates and random inmates. Facility C is a single level housing unit with a total of 15 living units/dorms. Of the 15 units, only 13 are being occupied at this time. Each dorm is an open bay design with bunk beds and can house up to 100 inmates. Two (2) of the living units for Facility C are separated by its own secured fence and inmates that are housed here are assigned to off facility work detail at the Norco Fire Camp / CAL Fire and CAL Trans. Each dorm has its own designated showers and restrooms that provide privacy from opposite gender viewing. Additionally, each dorm has a dayroom for inmates to have recreation and watch television in.

Each living unit of the main Facility C contains an office (control station) for security staff, a staff bathroom and a back room behind the bathroom that is either used for storage or as the Correctional Counselors office. Inmates do go into the Correctional Counselors office to meet with their assigned counselor and the audit team was informed that the practice is that if an inmate is in the office with the counselor, the two doors between are always left open. However, if a staff member uses the restroom while an inmate is in the counselor's office, this creates a blind spot as there is no other visibility into the counselor's office if one of the two doors are ever closed.

The audit team began the on-site review of on-site review of Facility D and interviews with specialized staff, random staff, targeted inmates and random inmates. Facility D consist of two (2) two-story buildings and two (2) one story stand-alone modular buildings that can house up to 660 inmates. Each dorm is an open bay design

with bunk beds and can house between 80-96 inmates. Facility D contains its own medical unit, kitchen, dining and Education/Vocational unit.

March 12, 2020, the audit team split up throughout CRC and continued with the on-site review of Facility D, conducting interviews and began reviewing CRC inmate medical/mental health records, human resource (employee and volunteer/contractors) files, inmate records and PREA investigation files. The following files were reviewed throughout the course of the on-site phase:

The investigative files contained reports of the allegation, investigation, monitoring and referrals for medical and mental health follow-up, applicable sexual assault incident review and notifications to the inmates. ISU PREA investigative files were thorough, well-documented and organized. Additionally, inmate PREA related grievances were reviewed and found to be complete and answered in a timely manner.

CRC reported a total of 17 allegations of sexual abuse and sexual harassment in the 12-month period preceding the audit period as follows:

- Total number of allegations –17
    - Staff on Inmate Sexual Abuse - 1
    - Inmate on Inmate Sexual Abuse – 6
    - Staff on Inmate Sexual Harassment – 5
    - Inmate on Inmate Sexual Harassment –1
    - Unknown/Unidentified Alleged Suspect of Sexual Abuse - 3
    - Unknown/Unidentified Alleged Suspect of Sexual Harassment– 1
- Dispositions:
    - Substantiated – 1
    - Unsubstantiated - 5
    - Unfounded – 11

The following list compares the required category/numbers of interviews versus the actual category/numbers of interviews conducted for the inmate population size of CRC. On March 8, 2020, there were 3,950 inmates at CRC. Though the PREA Audit team was unable to reach all target minimum requirements for interviews there were significantly enough random interviews to compensate for the shortfall. There were no identified youthful inmates, inmates who identified as transgender or inmates who were in segregated housing for high risk of sexual victimization. This was corroborated through the facility tour, interviews with the CRC PREA Compliance Manager, Intake Staff and listing of inmates. All other inmates were randomly selected by the audit team based on list provided by the facility and ensured a diversity of inmates based on age, ethnicity and lengths of stay at the facility. Random and Targeted Interviews were conducted in one on one and in available rooms or office space within the housing units and throughout the facility to ensure privacy. Throughout the on-site review, the audit team was able to also conduct informal interviews with inmates.

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	41
Targeted Inmates* (Total):	33
Total Inmates Interviewed	74
Breakdown of Targeted Inmate Interviews:	
▪ Youthful Inmates	N/A
▪ Inmates with a Physical Disability	3
▪ Inmates who are Blind, Deaf, or Hard of Hearing	8
▪ Inmates who are LEP	8
▪ Inmates with a Cognitive Disability	N/A
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	7
▪ Inmates who Identify as Transgender or Intersex	N/A
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	N/A
▪ Inmates Who Reported Sexual Abuse	3
▪ Inmates Who Reported Sexual Victimization During Risk Screening	4
Total Targeted Inmate Interviews	33

CRC has approximately 1,018 staff, 44 contractors and 382 volunteers at the facility. The audit team randomly chose a diverse sample of staff by interviewing staff on three (8) hour rotating shifts throughout the facility in the housing units and various other post locations throughout the facility. The sample also included a diversity of staff based on gender, length of time employed by CRC and job titles. Throughout the on-site review, the audit team was able to also conduct informal interviews with staff, volunteers and contractors.

The audit team conducted interviews with 66 staff members. It should be noted that every staff member and volunteer / contractor serve in more than one role. All employees are mandated reporters, and most are first responders. Specialized staff interviewed may serve in more than one role and were responsible for more than one of the Specialized staff duties and as a result some interviews conducted with Specialized staff included multiple interview questionnaires.

Category of Staff	Number of Interviews Conducted
Random Staff Interview Protocols (Total):	29
Specialized Staff Interview Protocols * (Total):	41
Total Staff Interview Protocols:	70
Breakdown of Specialized Staff Interviews:	
▪ Agency Head (Designee)	1
▪ Warden (Designee)	1
▪ PREA Coordinator	1
▪ PREA Compliance Manager	1
▪ Agency contract administrator	1

▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	5
▪ Line staff who supervise youthful inmates, if any	N/A
▪ Education staff who work with youthful inmates, if any	N/A
▪ Program staff who work with youthful inmates, if any	N/A
▪ Medical and Mental Health staff	5
▪ Non-Medical staff involved in cross-gender strip or visual searches	N/A
▪ Administrative (human resources) staff	2
▪ SAFE and/or SANE staff	1
▪ Volunteers and Contractors who have contact with inmates	5
▪ Investigative staff	3
▪ Staff who perform screening for risk of victimization and abusiveness	4
▪ Staff who supervise inmates in segregated housing	N/A
▪ Staff on the sexual abuse incident review team	1
▪ Designated staff member charged with monitoring retaliation	3
▪ First responders, security and non-security	6
▪ Intake staff	1
Total Specialized Staff Interviews*	41

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

The audit team tested the inmate phone system in several areas to contact the local rape crisis center, as listed on the posters throughout the CRC facility and all calls were processed, and the facility was notified of a report being made in a timely manner. The audit team recommended that the PREA hotline and reporting numbers be placed near the inmate phones to allow for better access and to help protect the confidentiality of reporting by inmates.

Throughout the on-site review, PREA Audit notices and posters were posted throughout the entire facility in English and Spanish and the audit team observed consistent announcements of the opposite gender notification, when entering housing or living units. The unannounced rounds by intermediation and higher-level supervisors were also verified by reviewing logbooks and through interviews with staff.

On March 13, 2020, a debrief with CRC key administrators to include PREA Compliance Manager and the CDCR PREA support team was conducted with a summary of preliminary findings relating to the PREA standards being discussed. Interviews with staff and inmates throughout the on-site phase indicated that both have been informed and are knowledgeable about PREA. CDCR and CRC started to work with the auditor on areas identified in the preliminary discussion that required corrective action prior to the interim report.

The Interim Report identified seven (7) standards that required corrective action:

- Standard 115.13 – Supervision and Monitoring
- Standard 115.17 – Hiring and Promotion Decisions
- Standard 115.32 – Volunteer and Contractor Training
- Standard 115.33 – Inmate Education
- Standard 115.67 – Agency Protection against Retaliation

- Standard 115.73 – Reporting to Inmates
- Standard 115.86 – Sexual Abuse Incident Reviews

During the corrective action period, the facility PREA Compliance Manager provided the auditor with all requested information and documentation necessary to demonstrate compliance with the identified standards. The corrective action period ended on November 5, 2020.

Facility Characteristics

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

California Rehabilitation Center (CRC) is a state prison located in Norco, Riverside County, California. CRC is a Medium Level I and II Correctional Facility. The primary mission of CRC is to support the criminal justice system by operating the prison in a manner that produces a safe and secure environment for the public, staff and inmates. The building now housing CRC opened in 1928 as the Lake Norconian Club, a luxury hotel. The hotel was built on approximately 900 acres that included a lake, Olympic size pools, a ballroom, a golf course and other amenities that would service Hollywood stars. In December 1941, President F.D. Roosevelt turned the resort into a naval hospital and a weapons assessment hospital. The hospital first closed in November 1949, reopened in 1950 during the Korean War, then closed again in June 1957. In March 1962, the federal government donated 94 acres to the State of California to use as a Narcotics Center. To help ease prison overcrowding in the 1980s, CRC began housing felons as well as civil narcotic addicts. A fence separates the Naval Surface Warfare Center from California Rehabilitation Center (CRC). Some of the resort remains to this day and is listed on the National Register of Historic Places. The resort has been fenced off and sits within the perimeter of CRC.

CRC is comprised of four general population facilities (Facility A, B, C & D) with a total of 46 housing units. Facility A is a seven-story structure with a total of 12 living units/dorms. Each dorm is an open bay design with bunk beds and can house up to 80 inmates each, for a total maximum capacity of 960 inmates. Each dorm has its own designated showers and restrooms that provide privacy from opposite gender viewing. Additionally, each dorm has a dayroom for inmates to have recreation and watch television in. Facility A contains its own kitchen for the facility.

Facility B is a single level housing with a total of 14 living units/dorms. Of the 14 units, only 11 are authorized for use at this time. Each dorm is an open bay design with bunk beds and can house up to 100-200 inmates each, for a total maximum capacity of 1,200. Each dorm has its own designated showers and restrooms that provide privacy from opposite gender viewing. Additionally, each dorm has a dayroom for inmates to have recreation and watch television in.

Facility C is a single level housing unit with a total of 15 living units/dorms. Of the 15 units, only 13 are authorized for use at this time. Thirteen (13) dorms in Facility C are open bay design with bunk beds and can house up to 100 inmates each, for a total maximum capacity of 1,100. Two (2) of the living units for Facility C (Dorm C314 and Dorm C315) are separated by its own secured fence and inmates that are housed here are assigned to off facility work detail at the Norco Fire Camp / CAL Fire and CAL Trans. Each dorm can house between 62-64 inmates for a total capacity of 126 inmates. Each dorm has its own designated showers and

restrooms that provide privacy from opposite gender viewing. Facility C has a total maximum capacity of 1,226. Facility B & C have a central kitchen and dining area that they share.

Facility D consist of two (2) two-story buildings and two (2) one story stand-alone modular buildings, with a total of 9 living units. Each dorm is an open bay design with bunk beds and can house up to 80-100 inmates each, for a total maximum capacity of 800. Facility D contains its own medical unit, kitchen, dining and Education/Vocational unit.

In addition to the four facilities, the CRC Firehouse houses up to nine (9) minimum custody, Level I inmates. The firehouse has an administrative area, a dining area, kitchen, fitness area, and garage that houses the firetrucks. CRC does not have a segregation unit, inmates needing segregation whether by the inmate's own choice or because of behavioral issues are held in single cage cells pending reviews prior to transfer. These transfers normally are facilitated within 24 hours.

CRC has a dedicated Investigative Services Unit (ISU) comprised of specialized investigators that monitor and investigate all suspicious activities within CRC to include Strategic Threat Groups (STG), narcotics, contraband, and PREA. ISU staff are proficient in crime scene preservation and processing, evidence collection and conduct comprehensive investigation involving felony activities. ISU also utilizes a K-9 Unit, which is comprised of one officer and one canine. The basics of this unit is to train methods utilized by inmates to smuggle contraband into the prison and detect narcotics, cellular phones and other dangerous contraband in CRC.

The CRC medical and mental health team has a 24/7 on call program that provides continuous, preventive and comprehensive care for various medical and mental health issues. CRC has sufficient staffing of physicians / surgeons, psychiatrists, and certified nurses to ensure healthcare needs are met. Other departments as in radiology, physical rehab, dental clinics, services for transgender inmates, urology, neurology, orthopedics, thoracic general surgery services are available to inmates at CRC. The medical unit has an outpatient housing and treatment unit that provides intensive outpatient urgent health care. The medical unit has (2) bays that holds (10) beds. Additionally, CRC provides correctional custody personnel to providing medical guarding and transportation services to Patton State Hospital (PSH).

CRC offers rehabilitative program, to include academic courses and career technical education. All programming is scheduled during second or third watch (0600 – 2200 hours) throughout the week and adequate staffing is provided to ensure that these programs take place in a safe environment. The programming schedule is modified if needed to ensure adequate staffing to cover all posts and positions throughout the CRC facility.

CRC programs offered to inmates include, but are not limited to:

- Academic – Adult Basic Education, High School/GED, Literacy Program and College Program
- Vocational – Air Conditioning, Automotive, Electrical Works, Electronics, Carpentry, Plumbing, Computer Literacy, and Office Services and Related Technology.
- Substance Abuse – CRC hosts structured Substance Abuse Program (SAP) geared towards assisting participating inmates and guiding them in the right direction to lead productive and meaningful lives, and Alcoholics and Narcotics Anonymous.
- Other – Veterans Support, Anger Management, Hospitality Friends Outside, Parenting, Toastmasters, Arts in Corrections and Amity Foundation Re-Entry Program.

Aside from normal programs and trade education, CDCR/CRC has a fire department and conservation camp (CAL FIRE) located on and adjacent to their grounds. They are responsible for the institution's hazard communication program and provides fire and life safety training to CRC staff. In addition, this provides additional vocational skills to inmates by training to be certified in firefighting and hazardous materials. After successfully completing the training program, inmates are placed in fire crews that deal with fire prevention and suppression for CRC,

Norco and Riverside County. All inmates that participate in the fire camp program must have a minimum custody status with good behavior.

CRC has an authorized bed count of 3,745. The average daily population for CRC in the last 12 months was 2, 853. CRC is currently authorized to have 1,234 overall staffing positions as follows: Custody staff (750); Medical/Mental Health (219); and Non-Custody/Support staff (265). CRC provides direct and indirect supervision of inmates. Security rounds are conducted throughout each shift by custody staff assigned to the specific area. CRC has limited electronic monitoring technology. Facility A stairwell and hall area are the only areas monitored electronically.

CRC has a Men's Advisory Council (MAC). The council is covered by CDCR California Rules and Regulations Title 15 Section 3230. The purpose of the MAC is to establish an inmate advisory council that acts as a representative of that facility's ethnic groups and specialized segments of the inmate population. There are set procedures on how the representatives of the MAC are picked and voted in by inmates, they follow a set of rules to assure fairness, integrity and proper staff supervision. The MAC is responsible for effective communication between inmates, staff and Warden in matters of common interests and concerns. Council members meet monthly with the Warden or designee to bring up those matters and concerns and propose resolutions. Emergency and PREA related issues may be brought to the attention of staff members at any time and do not need to go through the MAC.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded:

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

Summary of Corrective Action (if any)

Standard 115.13 – Supervision and Monitoring: The Interim Report identified corrective action by CRC ensuring that areas identified with blind spots are addressed to ensure adequate supervision and monitoring of inmates to assist in protecting inmates against sexual abuse.

Standard 115.17 – Hiring and Promotion Decisions: The Interim Report identified corrective action by CRC ensuring: 1) employee files include the Institutional Reference Checks on new employees from prior institutional employers; and 2) administrative procedures are being followed and background checks for employees and contractors are being properly documented.

Standard 115.32 – Volunteer and Contractor Training: The Interim Report identified corrective action by CRC ensuring that all active volunteers have completed background checks and CDCR PREA training and that all active volunteer/contractor human resource files contact verification of completed background checks and PREA training documentation.

Standard 115.33 – Inmate Education: The Interim Report identified corrective action by CRC ensuring that: 1) the PREA education video is played in English, Spanish, and Hmong versions to ensure that inmates that are LEP are provide with the video education on PREA; and 2) all inmates are provided with inmate education on PREA and that it is documented on the General Chrono – CDCR 128B form and scanned into ERMS.

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

Standard 115.73 – Reporting to Inmates: The Interim Report identified corrective action by CRC ensuring and documenting that the alleged victim is provided written notification of the findings as to whether the allegation has been substantiated, unsubstantiated, or unfounded and whenever the alleged abuser is no longer posted within the inmate's unit, is no longer employed at the facility, has been indicted or convicted of the alleged sexual misconduct.

Standard 115.86 – Sexual Abuse Incident Reviews: The Interim Report identified corrective action by CRC ensuring incident reviews of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated are completed and documented within 60 days of the date of discovery.

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

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

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

115.11(c) –CDCR and CRC has designated a Correctional Captain as the facility PREA Compliance Manager (PCM). CRC PREA Compliance Manager reports that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA.

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

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

The Contract Beds Unit (CBU) of CDCR oversees all contracts for California Inmates that are placed in contracted beds. CBU maintains, provides oversight, and monitors all contract beds. A CDCR Captain oversees the CBU. CDCR currently contracts with six (6) facilities for the placement of CDCR inmates with The GEO Group, Incorporated, City of Delano, City of Shafter, and City of Taft. All six facilities are located within California.

115.12(a) – CDCR, DOM Article 13- Section 22040.1-22040.4, Contracts (Pg. 105-106), requires that the Contracts Management Branch (CMB) shall administer all contracts through execution by the Department in a manner which ensures compliance with all applicable laws, rules and regulations of the department. All contracts for the confinement of inmates entered into (or renewed) after August 20, 2012, contains language in CDCR Contract Agreement Exhibit D that requires that all Contractors and their employees are expected to ensure compliance with CDCR's zero tolerance policy for sexual abuse and sexual harassment as described in the CDCR DOM, Chapter 5, Article 44. Further, it requires that the Contractor and their staff adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's DOM, Chapter 5, Article 44, including any updates to this policy. Contract agreements for the six (6) contracted facilities were reviewed by the auditor and confirm that contractors are required to adopt and comply with PREA standards.

115.12(b) – Of the six (6) contracted facilities for the placement of CDCR inmates, all six (6) of the facilities have successfully completed a PREA audit. Contract language also contains provisions for contract monitoring to monitor the Contractor's performance under each agreement or contract. CDCR's CBU Captain reported that his unit conducts monthly on-site inspections for the in-state facilities and quarterly on-site inspections for the out of state facilities. Further, he reported that each contracted agency has a PREA Coordinator and PREA Compliance Manager at each facility to assist in ensuring each contracted facility is complying with PREA standards.

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
  ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No ☐ NA

- 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 ☐ No

- 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 ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CDCR Policy – Department Operations Manual (DOM)
    a. Article 26, American Correctional Association Standards
    b. Chapter 5, Article 44, Section 54040 – Prison Rape Elimination Policy
2. CRC Staffing Plan Analysis Fiscal Year 2019-2020
3. CRC Standardized Staffing Plan
4. CRC Daily Activity Reports
5. CRC Inmate Population Reports
6. CDCR PREA Annual Data Collection Tool and Staffing Plan Review for CRC 2018 & 2019
7. Interview with the following:
    a. CDCR PREA Coordinator
    b. CRC Warden
    c. CRC PREA Compliance Manager
    d. CRC Random Intermediation or Higher-Level Facility Staff
8. On-Site review of housing areas and programs areas
9. On-Site review of security logbooks

115.13(a) - CDCR has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate staffing levels, video monitoring, and considers factors identified in section a. 1-11. The average daily population for CRC since August 2012 has been 2,719 and the average daily

population on which the staffing plan was predicated for is 2,719. The facility provided the auditor with the most recent staffing plan analysis which covered the period from January 1, 2019 to December 31, 2019. Interviews with the CDCR PREA Coordinator and the CRC Warden confirmed that CRC regularly develops a staffing plan and adequate staffing levels to protect inmates against sexual abuse are considered in the development of the plan. The auditor reviewed the CRC Staffing Plan Analysis for Fiscal Year 2018-2019 and confirmed that the staff plan includes a detailed analysis addressing items (1) through (11).

This substandard required corrective action as while CRC did have a staffing plan in place to address items (1) through (11), during the on-site review blind spots were identified in Facility B and Facility C living units within the office (control station) for security staff. Each unit has an office (control station) for security staff, a staff bathroom and a back room behind the bathroom that is either used for storage or as the Correctional Counselors office. Additionally, blind spots were identified at the Norco CAL fire buildings located outside the secured perimeter of CRC at: 1) the bus barn where the LAC fire vehicles are parked; and 2) and the shower curtains for the inmate showers.

CRC provided training on supervision and monitoring to all on duty Correctional Counselors (CDCR 844) as well as having supervisors conduct unannounced rounds throughout the shift. CRC provided the auditor with verification through training logs (CDCR 844) and logbook documentation of unannounced rounds by supervisors. Further, CRC initiated a window project to install windows on the office doors with a tentative completion date of December 11, 2020. CRC provided the auditor with photo documentation of the on-going window project. CRC was able to address and correct all additional identified blind spots and submitted verification through photo documentation. CRC has demonstrated compliance with this substandard.

115.13(b) – CRC did not have any deviations from the staffing plan in the last twelve (12) months as reported on the PAQ. During the interview with the CRC Warden, she reported that CRC is able to ensure adequate staffing for all watches and provide overtime to staff if needed to do so. Additionally, programs may be closed for the shift/day if there is not adequate staffing to provide coverage. Further, CRC Warden indicated that if the staffing plan is deviated from it is noted on the daily activity report and reported to CDCR Headquarters. The auditor reviewed a sample of the CRC daily activity reports that confirmed there were no deviations from the staffing plan in the last twelve (12) months prior to the audit.

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

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

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- 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 ☐ No

- 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 ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 52050.16.4– Clothed Body Searches of Female Inmates
    b. Chapter 5, Section 52050.16.5 – Unclothed Body Search of Inmates
    c. Chapter 5, Section 52050.16.7 – Unclothed and Clothed Body Searches of Transgender Inmates
    d. Chapter 5, Section 54040.5 – Searches
    e. Chapter 5, Section 54040.4 – Education and Prevention

3. CDCR Memorandum Re: Changes in the Use of the ADANI CONPASS Low Dose Scanner
4. CDCR Office of Training and Development – Searches and Inmate Property Curriculum
5. CDCR Office of Training and Development – Transgender Inmates Curriculum
6. CRC Training Logs
7. Interviews with the following:
    a. CRC Intake staff
    b. CRC Random staff
    c. CRC Random inmates

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

115.15(b) –CDCR DOM, Chapter 5, Section 52050.16.4, Clothed Body Search of Female Inmates (pg. 386), states that, clothed body searches of female inmate shall be conducted by female corrections staff only, except in emergency situations and under no circumstances shall male correctional staff perform non-emergency clothed body searches of female inmates. CRC is a male facility; therefore this subsection is not applicable.

115.15(c) - CDCR DOM, Chapter 5, Section 54040.5, Searches (pg.471) requires that institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5. If the search is incidental to an emergency situation or crime that constitutes a CDECR Form 837 (Crime Incident Report), the search shall also be documented within the incident report. CRC is a male facility and did not have any incidents of cross gender strip searches or visual body cavity searches with the last 12 months.

115.15(d) – CDCR DOM, Chapter 5, Section 54040.4, Education and Prevention (pg.471) requires that institutions enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Further, to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes. During the on-site phase the auditor observed consistent announcements of the opposite gender notification, when entering housing or living units. Interviews with random staff and inmates confirmed that opposite gender announcements are an institutionalized practice at CRC.

115.15(e) – CDCR DOM, Chapter 5, Section 52050.16.7, states if there is an individual going through Receiving and Release (Intake), who self-identifies as transgender or with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. If an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate's records. If staff are unable to determine the genital status through

medical records or an interview with the inmate, it will be determined during the standard intake medical evaluation that all inmates received upon admission to the facility. Although the auditor was unable to interview a transgender or intersex inmate during the audit, interviews with random inmates and staff confirmed that staff is knowledgeable on the policy and process of cross-gender searches. Additionally, the auditor confirmed this process during the observation of the inmate process through intake.

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

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

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
3. CDCR Policy – Department Operations Manual (DOM)
   a. Section 5, 54040.4 – Education and Prevention
   b. Section 5, 54040.12 - Investigations
4. CDCR Memorandum Re: Standard 115.16(a) 1 – Dated October 6, 2017
5. CDCR "I Speak" Language Identification Guide Poster
6. CDCR Executed Contract with Voiance Language Services (07/01/19 - 06/30/21)
7. CDCR Executed Contract with Interpreters Unlimited, Inc. (04/30/17 - 06/30/19)
8. CDCR Executed Contract with Interpreting and Consulting Services (04/16/16 - 06/30/20)
9. Interviews with the following:
   a. CDCR Director of Adult Institution
   b. CRC Random Staff
   c. CRC Random Inmates with Disabilities/Limited English Proficient

115.16(a) – (b) – California Code of Regulations Title 15 defines effective communication as; providing the inmate, to the extent possible, the means to understand and participate in disciplinary process to the best of their ability. This may be accomplished through reasonable accommodation or assignment of a staff assistant. If the inmate's Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. For contacts involving due process, employees shall give priority to the inmate's primary means of communication, which may include but is not limited to; auxiliary communication aids, sign language interpreter, and bilingual interpreter. CDCR Memorandum dated October 6, 2017, states that CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually

transmitted diseases. CDCR has current contracts in place for communication assistance: Interpreting and Consulting Services, Inc., contract period from April 13, 2016 to June 30, 2020, to provide American Sign Language Interpreter Services at state prisons and Voiance Language Services, contract period from July 1, 2019 to June 30, 2021, to provide interpreter services over the telephone, facsimile or internet, for 140 languages to assist CDCR with inmates that are limited English proficient. Interpreter services are available twenty-four (24) hours a day, seven (7) days a week. Additionally, the facility has designated staff who are bilingual certified to provide translation services. During the on-site review, several interviews with inmates who identified as limited English proficient were conducted with the use of certified bilingual staff that confirmed that CRC has a process in place to accommodate inmates.

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

115.16(c) - CDCR DOM, Section 54040.12, Investigations (pg.475) states that except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations. CRC has designated staff that are tested and proficient in other languages to assist with interviewing inmates who may be limited or have disabilities. The PAQ indicated that CRC did not utilize inmate interpreters during the twelve-month period. Interviews with random staff indicated that staff is aware of the policy and does not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No

- 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 ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations, Title 15, Section 3401.5 – Staff Sexual Misconduct
3. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 3, Section 31060 – Appointments
    b. Chapter 3, Section 31060.16 – Criminal Records Checks
    c. Chapter 3, Section 3106.17 – Pre-Employment Documentation

    d. Chapter 3. Section 31070.1 – Personnel Identification Cards
    e. Chapter 3, Section 33030.16 – Employee Disciplinary Matrix Penalty Levels
4. CDCR Personal Information Bulletin #2016-005
5. CDCR Supplemental Application – CDCR 1951 (Rev. 07/18)
6. CDCR Employment Reference Questionnaire – CDCR Form 2025
7. CDCR Contract Agreement (Exhibit D)
8. CDCR Memorandum: Completion of Background Checks Under PREA – Dated July 14, 2017
9. CDCR Memorandum Re: Standard 115.17(e)1 – Dated October 6, 2017
10. CDCR Memorandum Re: Personal Identification Card – Dated February 26, 2016
11. CDCR 2164 Form – Live Scan Response Form
12. CRC Human Resource files
13. Interviews with the following:
    a. CRC Institutional Personnel Officer (Human Resources)
    b. CRC Community Resources Manager (Human Resources)

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

CDCR Supplemental Application for all CDCR Employees (Form 1951, Rev.07/18) must be completed for any applicant, transfers, and promotional opportunities. Section D for Form 1951 includes questions that are specific to PREA and this substandard. In the past twelve (12) months, 126 people were hired at CRC who may have contact with inmates. Interview with the CRC Institutional Personnel Officer and review of human resource files of new hires, promotions and transfers confirmed compliance with this process.

115.17(c) - CDCR DOM, Section 31060.16, Criminal Records Check (pg.170-171) states that a criminal records check is a requirement for employment with the Department. The process for checks involved using CI&I SSCH, Live Scan finger printing alert system, USINS Form I-9, Physical examination report and CDCR Form 1951, Supplemental Application for all CDCR employees. This process is used for internal and external applicants. The Live Scan system allows CDCR human resource staff to be alerted 24/7 on relevant background information for staff, contractors, and volunteers. The CDCR 2164 Form – Live Scan Response Form is used to verify that a request and response for a background check was completed, date it was completed and the staff that received it. In the past twelve (12) months, CRC hired 126 people who may have contact with inmates. Interview with CRC Institutional Personnel Officer confirmed this process and the background check process is completed utilizing the CDCR 2164 Form – Live Scan Response Form.

This substandard required corrective action as during the on-site review of CRC human resource files found that they were inconsistent in containing the Institutional Reference Checks on new employees from prior institutional employers. Therefore, the auditor was unable to verify documentation that the background checks, to include Institutional Reference Checks, are being conducted consistently with new employees. CRC provided documentation of refresher training to personnel staff on this requirement, a listing of new employees and transfers to the institution, and verification of completed Institutional Reference Checks to the auditor. CRC has demonstrated compliance with this substandard.

115.17(d) -CDCR Contract Agreement (Exhibit D) states “Security Clearance/Fingerprinting” as one of the special terms and conditions. The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor’s employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined. It stipulates that the contractor shall conduct a criminal background records check for each contract employee, who will have contact with CDCR inmates and provide a written certification that it was done. Contract employees, who have contact with inmates, shall be provided training to learn their responsibilities under the agency’s sexual abuse and harassment prevention, detection, and response policies and procedures. In the past twelve (12) months, CRC hired 44 contractors who may have contact with inmates. Interviews with CRC Personnel Information Officer confirmed this process.

This substandard required corrective action as during the on-site review of human resource files found that files were missing verification of background check information on contractors. Therefore, the auditor was unable to verify documentation that the background checks are being conducted on contractors at that time. CRC provided documentation of refresher training to personnel staff on this requirement, a listing of active contractors, and verification of completed background checks and PREA training to the auditor. CRC has demonstrated compliance with this substandard.

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

115.17(f) - (h)-CDRC Form 1951- Supplemental Application, includes background and PREA misconduct questions for all CDCR employees. Prior to signature acknowledge of CDCR Form 1951, it states that the applicant understands and agrees that if material facts are later discovered which are inconsistent with or differ from the facts they furnished before beginning employment, they may be disciplined, up to and including dismissal from State service.

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

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

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

CRC has not had any substantial expansions or modifications to its existing facilities since August 20, 2012. Interviews with the CDCR Director of Adult Institutions and CRC Warden affirmed that CDCR/CRC take into

consideration ensuring a level of privacy for inmates in addition to protecting inmates from sexual abuse. CRC Warden further stated that every PREA allegation is reviewed and recommendations have been made to the hire authority for more video monitoring technology to be installed throughout the facility to assist in the facility's ability to protect inmates from sexual abuse

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040 – Prison Rape Elimination Act
    b. Chapter 5, Section 54040.8.1 – Custody Supervisor Responsibilities
    c. Chapter 5, Section 54040.8.2 – Victim Advocate and Victim Support Person
    d. Chapter 5, Section 54040.9 – Forensic Medical Examinations
3. CDCR Memorandum Re: Standard 115.21(a) 3– Dated 10/06/17
4. California Health Care Services Policy
    a. Volume 1, Chapter 10, 1.10 – Copayment Program Plan
5. CDCR PREA Specialized Training for Locally Designated Investigators Curriculum
6. CDCR and Riverside University Health System – Medical Center Standard Agreement
7. CDCR and Riverside Rape Crisis Center Memorandum of Understanding (MOU)
8. CRC Additional Services for Victims of Sexual Abuse Poster
9. CRC PREA Investigation files
10. Interviews with the following:
    a. CRC Medical Staff
    b. SANE/SART Nurse at Riverside University Health System Hospital
    c. CRC Random staff
    d. CRC Investigative staff
    e. CRC Inmates who reported sexual abuse

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

115.21(c) - CDCR DOM Section 54040.9, Forensic Medical Examination (pg.476) states that the victim will be taken to the designated hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The designated hospital for CRC is the Riverside University Health System-Medical Center. CDCR has a standard agreement with Riverside University Health System- Medical Center to perform sexual assault forensic examinations for inmates/patients referred by CDCR. This agreement is for the period of July 1, 2017 through

June 30, 2020. California Health Care Services Policy, Chapter 10, 1.10 states that copayment shall not be charged to the inmate if health care service(s) is considered to be treatment services related to sexual abuse or assault. Interview with the SANE/SAFE at the Riverside University Health System- Medical Center verified that they conduct the sexual assault forensic exams for CRC and that if for any reason a certified SANE/SAFE staff is not available on hand, they can outreach to Eisenhower Medical for assistance. CRC's PAQ reported that there were four (4) forensic medical exams conducted in the last 12 months and documentation was reviewed by the auditor and confirmed compliance with this sub-standard.

115.21(d) – (e) – CRC has a Memorandum of Understanding (MOU) with the Riverside Rape Crisis Center and to provide victim support and emotional support services related to sexual abuse. This agreement is for the period of October 14, 2019 through June 30, 2024. CDCR DOM, Section 5, 54040.8.1 requires that the facility Watch Commander contact the Rape Crisis Center to request a Victim Advocate to be dispatched. This is documented via the Watch Commander Notifications Checklist. Additionally, posters were visible throughout CRC for additional services for victims of sexual abuse that include a hotline number and address in which they can contact the Riverside Rape Crisis Center. The auditor reviewed CRC PREA investigation files which contained the completed Watch Commander Notifications Checklist confirming CRC's practice in requesting for victim advocates for inmates.

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

115.21(h) - CDCR DOM Section 54040.3, states that if 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 training in counseling of sexual assault victims and who either: 1) is a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse, staff person with a master's degree in counseling, or others listed in Evidence Code section 1010; or 2) has 40 hours of specialized training listed in Evidence Code 1035.2 and is supervised by a staff member in sub-section (1) above.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.12 – Investigations
    b. Chapter 5, Section 54040.3 – Definitions
    c. Chapter 5, Article 14– Internal Affairs Investigations
3. CDCR Memorandum Re: Standard 115.22(b) 1- Dated October 6, 2017
4. CDCR PREA Annual Report – Calendar Year 2018
5. CRC PREA Investigation files
6. Interviews with the following:
    a. CDCR Director of Adult Institutions

b. CDCR PREA Coordinator
c. CRC Investigative Staff

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

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

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

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

c. CRC Community Resources Manager (Human Resources)

115.32(a) – CDCR DOM, 54040.4, Education and Prevention (pg.472) requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. All contractors and volunteers are required to complete a background check and acknowledge CDCR's PREA policy prior to entry into a state prison by certifying their responsibility to immediate report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct or sexual harassment. CRC reported to have 426 volunteers and contractors who have contact with inmates that have been trained on the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response.

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

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

Interviews with volunteers and contracts indicated that they have been trained and are knowledgeable on their responsibilities as it relates to PREA. However, the on-site review of training records and human resource files for contractors and volunteers found that some files are kept with the Institutional Personnel Office and others are kept with the Community Resource Office. The auditor was able to review five (5) volunteer training records for volunteers with Brown Card (escorted) status in the Institutional Personal Office and found that only three (3) had completed PREA training. The auditor was unable to review human resource files of other volunteer levels in the Community Resource Office as the listing of volunteers provided to the auditor was not up to date and the files were not ready for review prior to the completion of the on-site phase. Therefore, the auditor is unable to determine compliance and this standard required corrective action. CRC provided documentation of refresher training to personnel staff on this requirement, a listing of volunteers and contractors, and verification of completed background checks and PREA training to the auditor. CRC has demonstrated compliance with this standard.

Standard 115.33: Inmate education

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

115.33 (a)

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

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?
  ☒ Yes ☐ No

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.4 – Education and Prevention
3. CDCR PREA Sexual Abuse/Assault Prevention and Intervention booklet (English and Spanish)
4. CDCR PREA Sexual Violence Awareness Brochure (English and Spanish)
5. CRC Inmate Orientation Handbook (English and Spanish)
6. CDCR/CRC PREA "Help is Available" Posters (English, Spanish and Hmong)
7. CRC General Chrono (CDCR128-B) – PREA Acknowledgement Form
8. CDCR PREA Posters (English and Spanish)
9. Review of Inmate Records
10. Interviews with the following:
    a. CRC Intake staff
    b. CRC Random inmates

115.33(a) and (f) - CDCR DOM, Section 54040.4, Education and Prevention (pg. 472-473) requires that verbal and written information shall be provided to offenders which will address: Prevention/Intervention, Reporting, Treatment and Counseling. Initial offender orientation on PREA is provided to the offender population in Reception Centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. Approved PREA posters which contains departmental policy and sexual violence, staff sexual misconduct, and harassment reporting telephone numbers shall be posted in designated locations throughout the institution. The PREA brochures titled "Sexual Assault Awareness" and the PREA booklet titled "Sexual Abuse/Assault: Prevention and Intervention" are distributed during initial processing and the materials are also available through the correctional counselors and the institution's offender orientation handbook.

Upon admission to CRC, all inmates are provided information on the agency's zero-tolerance policy on sexual abuse and sexual harassment, how to report an incident or suspicion of sexual abuse and sexual harassment, and support services for those that have been sexually abused. This information is provided to inmates through posters, inmate orientation handbooks and brochures. All inmates must sign-off on the CDCR General Chrono form acknowledging that they received this handbook and PREA brochures and booklets. Interviews with Intake Staff affirmed that inmates are provided with this information as part of the intake process before they are released to their assigned housing unit. Interviews with random inmates further confirmed that they are provided this information. However, during the on-site review of inmate records found that prior to January 2020, documentation of inmate education on PREA on the CDCR 128B form was not consistently being completed. Therefore, as the auditor was unable to determine compliance and this substandard was identified for corrective action.

115.33(b) – Upon admission to CRC, the CDCR PREA information video is played as part of the inmate orientation process at Receiving and Release (R&R), prior to the inmate being released to their assigned housing unit. The PREA educational video informs inmates on their right to be free from sexual abuse and sexual harassment and from retaliation for reporting sexual abuse and sexual harassment and the agency's policies and procedures to responding to a reported incident. Further, CDCR PREA posters which contain departmental policy on sexual violence, sexual harassment reporting contact information are posted throughout the institution.

115.33(c) –All inmates at CRC are provided information on the agency's zero-tolerance policy on sexual abuse and sexual harassment, how to report an incident or suspicion of sexual abuse and sexual harassment, and support services for those that have been sexually abused. This information is provided to new inmates and inmates transferred from other facilities through posters, inmate orientation handbooks and brochure titled "Sexual Violence Awareness" and the PREA booklet titled, "Sexual Abuse/Assault – Prevention and Intervention" through the initial processing process into the facility at intake. During the on-site review of inmate records found that prior to January 2020, documentation of inmate education on PREA on the CDCR 128B form was not consistently being completed and scanned into ERMS. Therefore, as the auditor was unable to determine compliance, this substandard was identified for corrective action.

115.33(d) – CDCR DOM, Section 54040.4, Education and Prevention (pg. 472-473) requires that appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider using offender peer educations to enhance the offender's knowledge and understanding of PREA. Interview with intake staff confirmed this practice. All inmates sign an acknowledgement form that they have seen the PREA Education video and are able to ask any questions if they have any. Interpreter services with Interpreting and Consulting Services, Inc. and Voiance Language Services are available for use to for inmates who are Limited English proficient and deaf to ensure that they receive inmate PREA education. Additionally, the facility has some staff who are bilingual certified to provide translation services. The PREA inmate education video is played with sound and includes closed-captioning in intake to ensure inmates with limited reading skills and visual impairments are receiving inmate PREA education. During the on-site phase, it was observed that the PREA video was only being played in English despite CDCR providing the facility with English/Spanish/Hmong versions. This substandard required corrective action by CRC ensuring that the PREA education video is played with in the English/Spanish/Hmong versions to ensure that inmates that are LEP are provided with the video education on PREA. CRC provided training verification for the Receiving and Release (R&R) staff on this requirement. CRC has demonstrated compliance with this substandard.

115.33(e)- Inmate education on PREA are documented on General Chrono- CDCR 128B form that is signed by the offender indicating that they received the information and training and is forwarded to the inmate's records for scanning into the Electronic Records Management System (ERMS). Review of inmate records found that prior to

January 2020, documentation of inmate education on PREA on the CDCR 128B form was not consistently being completed and scanned into ERMS.

CRC provided training verification for the Receiving and Release (R&R) staff on this standard and a listing of new inmate admissions to CRC from May 2020 – September 2020. CRC had 34 new admissions between May 2020 – October 2020, of which 12 randomly selected inmates' files were selected for review by the auditor for proof of practice of inmates being provided with inmate education on PREA and documentation of education being completed on the General Chrono – CDCR 128B form and scanned into ERMS. Review of inmate files confirmed that inmates are being provided with inmate education on PREA and documentation is being completed on the General Chrono-CDCR 128B, to include inmate signature for acknowledgment of receipt of PREA materials and training. CRC has demonstrated compliance with this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

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

CRC has 11 designated Locally Designated Investigators. Interviews with CRC Investigative Staff (ISU) indicated that investigators are well trained in conducting sexual abuse and sexual harassment investigations and confirmed their understanding of the specialized training curriculum. Review of training records confirmed that LDIs completed CDCR's PREA Specialized Training for Locally Designated Investigators.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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 ☐ No ☐ NA

115.35 (d)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

115.35(a) – CDCR DOM, Section 54040.4, Education and Prevention (pg.472) requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. The Specialized Training for Medical and Mental Health staff was reviewed by the auditor and covers how to identify potential signs of sexual abuse and sexual harassment; how and whom to report allegations or suspicions of sexual abuse and sexual harassment; methods to respond effectively and professionally to victims of sexual abuse and sexual harassment; and steps required to preserve evidence of sexual abuse. Review of training records and interviews with medical and mental health staff confirmed their knowledge and participation in PREA Specialized Training for Medical and Mental Health Staff.

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

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

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
  ☒ Yes ☐ No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
  ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request?
  ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- 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 ☐ No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

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

115.41(a) –(b)- CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017 requires that during the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for complete a PREA screening form for every inmate. In addition, if the PREA screening form identifies an inmate to be at risk of being sexually abused by other inmates or sexual abusive towards other inmates, the custody supervisor shall also enter an alert into the Inmate Precaution section in SOMS. All PREA Screening forms will be completed electronically and submitted directly into ERMS. During the onsite phase, Intake staff was able to demonstrate the screening process and provided a copy of the PREA risk screening to the auditor. In the past 12 months, 3,906 inmates entered CRC and were screened. Interviews with intake staff confirmed that staff was informed and knowledgeable on the PREA risk screening process and that the screening occurs before inmates are placed into an assigned housing unit. This was further corroborated through interviews with inmates, who acknowledged receiving screening upon admission to CRC, and review of inmate records.

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

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

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

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

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

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

- 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 decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- 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 decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
    a. Section 3269- Inmate Housing Assignments
    b. Section 3375 – Classification Process
3. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.6 – Offender Housing
    b. Chapter 5, Section 54040.7 – Detection, Notification and Reporting

    c. Chapter 5, Section 54046.5 – Initial Screening
    d. Chapter 6, Section 62080.14 – Transgender Inmates
4. CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017
5. CDCR Memorandum Re: PREA Risk Screening Correctional Counselor Responsibilities – dated September 29, 2017
6. CDCR Memorandum Re: PREA Risk Screening Mental Health Referral Process – dated October 24, 2018
7. CDCR's Roadmap for Standard 115.42
8. CDCR PREA Risk Screening Tool
9. CDCR's Transgender Biannual Assessment (Form CDC 128-B)
10. CDCR Memorandum Re: Transgender Biannual Reassessment for Safety in Placement and Programming – dated August 25, 2017
11. Review of Inmate Records
12. Interviews with the following:
    a. CDCR PREA Coordinator
    b. CRC PREA Compliance Manager
    c. CRC Staff Responsible for Screening

115.42(a) – (b) – CDCR DOM, Section 54040.6, Offender Housing (pg.473) indicates that factors for single cell housing includes the initial housing review assessment and responses to sexual violence and victimization. California Code of Regulations, Title 15, Section 3269 also notes a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner. CDCR's CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017 directs the assigning staff to review the inmate precaution screen to determine if the inmate(s) are identified as being "at risk as a victim" or "at risk as an abuser". If either precaution exists, the custody supervisor is required to review the potential cellmate's precaution screen(s) and case factors to ensure potential victims and potential abusers are not housed together in a cell. The PREA Risk Screening is reassessed within 30 days (generally 14 days) of arrival at CRC by the Initial Unit Classification Committee. During the committee, the PREA screening is reviewed and considered in all decisions affecting the inmate to include housing, work, education and program assignments. Interviews with the CRC's PREA Compliance Manager and staff responsible for risk screening, in addition to review of inmate records, affirm that screening information is considered and used to make determinations to ensure the safety of each inmate.

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

throughout all CDCR facilities, not just designated facilities, depending on the needs and classification of the inmate. CRC is not one of the 14 designated institutions.

115.42 (e) & (f) - CDCR Memorandum Re: Transgender Biannual Reassessment for Safety in Placement and Programming requires that Correctional Counselors conduct a Biannual Assessment-PREA and complete CDC Form 128-B, General Chrono. This form includes information that is asked of the inmate during a face-to-face interview to assess any threats to their safety. Although CRC is not a designated transgender institution, interviews with the CRC PREA Compliance Manager and staff responsible for risk screening confirmed that housing and programming assignments are reassessed at least twice a year and that transgender inmates would be able to shower separately from other inmates.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts 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 ☐ No ☐ NA

- If the facility restricts any 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 ☐ No ☐ NA

- If the facility restricts any 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 ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.6 – Offender Housing

3. California Code of Regulations Title 15 – Article 7. Segregation Housing
4. CDCR/CRC Memorandum Re: PREA Standard 115.43(a)-2
5. CDCR/CRC Memorandum Re: PREA Standard 115.43(c)-1
6. CDCR/CRC Memorandum Re: PREA Standard 115.43(d)-1
7. CDCR/CRC Memorandum Re: PREA Standard 115.43(e)-1
8. Interviews with the following:
    a. CRC Warden
    b. CRC PREA Compliance Manager

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

115.43(b) – (e) – California Code of Regulations, Title 15, Article 7 states that, Non-Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include but are not limited to: (d) Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident. If the placement in NDS is related to being the victim, the inmate will be afforded all programs, privileges, and education in accordance with section 3044-Inmate Work Groups and subsection 3190 (b) (5) (c), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days, if so, a review by assigned supervisor shall be completed to determine whether there is a continuing need for separation.

CRC did not have any inmates in segregation for potential risk of sexual victimization as they do not have a segregation unit. Interviews with CRC Warden and CRC PREA Compliance Manager confirmed that should an inmate be identified to be at risk they would be re-evaluated and only if no available alternative means of separation from likely abusers could be made, a transferred to another facility would be an option. Further, that access to programs, privileges and education is done through review with the assigned counselors.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
    a. Section 3401.5 – Employee Sexual Misconduct
3. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.4 – Education and Prevention
    b. Chapter 5, Section 54040. 7 – Detection, Notification and Reporting
4. CDCR PREA Volunteer/Contractor Training – Informational Sheet
5. CDCR PREA Sexual Abuse/Assault Prevention and Intervention booklet (English and Spanish)
6. CDCR PREA Sexual Violence Awareness Brochure (English and Spanish)
7. CRC Inmate Orientation Handbook
8. CDCR PREA Posters (English and Spanish)
9. Review of Inmate Records
10. Interviews with the following:
    a. CRC Intake staff
    b. CRC Random inmates

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

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This

does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

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

115.52(d) - California Code of Regulations, Title 15 – Article 8, Section 3084.8 (pg.79) states that appeal time limits indicates that the first and second level responses have a time limit of 30 days, third level responses have 60 days. If an exceptional delay prevents completion of the review within specified time limits, the inmate shall be provided an explanation of the reasons for the delay and the estimated completion date. Additionally, Section 3084.9 (pg.79-80) states that second and third level reviews may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the appeals coordinator. The appellant may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level. CRC had no grievances filed that alleged sexual abuse in the last 12 months. Grievances

alleging sexual harassment were reviewed and grievances reached final decision within 90 days. Grievance records were reviewed which confirmed all grievances reached final decision within 90 days and did not require an extension.

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

115.52(f) – California Code of Regulations, Title 15- Article 8, Section 3084.9 (pg. 79-80) establishes a timeframe of 48 hours for an initial risk assessment to be conducted and documented upon submission of an emergency grievance. An inmate is allowed to file an emergency grievance should she be subject to a substantial risk of imminent sexual abuse, with an initial response within 48 hours, and a final decision within 5 calendar days. CRC's PAQ and grievance records indicated that they had no emergency grievances alleging substantial risk of imminent sexual abuse in the last 12 months.

115.52(g) – CDCR DOM, Section 54040.15.1, Alleged Victim – False Allegations (pg.478) states that following an investigation, if it is determined that the allegations were made not in good faith the offender making the allegations may be subject to disciplinary action. An allegation that is deemed to be unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. CRC had no instances in the past 12 months of inmates filing grievances alleging sexual abuse in bad faith.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

115.53(a) - CDCR DOM, Section 54040.8.2- requires that victims of rape, unlawful sexual intercourse with person under 18, rape of spouse, sodomy, oral copulation, forcible acts of sexual penetration have a right under PC

264.2 and PC 679.04 to victim advocate and victim support person for both the medical examination and investigatory interview. CRC provides access to victim advocates for emotional support services related to sexual abuse through the local rape crisis center, Riverside Rape Crisis Center (RCC). Inmates are informed of these services and the contact information (phone and mailing address) of the Riverside RCC through the inmate handbook and the CDCR/CRC "Sexual Abuse/Assault Prevention and Intervention" pamphlet, and the CRC Additional Services of Sexual Abuse poster. The audit team tested the inmate phone system in several areas to contact the local rape crisis center, as listed on the posters throughout the facility. All calls were processed, and the facility was notified of a report being made in a timely manner, as verified by email correspondence and interview with the Rape Crisis Center representative.

CDCR/CRC has established a way to inform inmates through the PREA Informational Sheet for Orientation Handbook that services from the Riverside Rape Crisis Center will maintain confidentiality as required by state and federal laws for Sexual Assault Counselors. Additionally, if inmates chose to write to the Riverside Rape Crisis Center, they are informed that the envelope must state: "EVID. CODE 1035.4 PRIVLEGED COMMUNICATION" so that it is treated as confidential mail.

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

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

115.53(c) – CDCR/CRC has a Memorandum of Understanding (MOU) with the Riverside Rape Crisis Center (RCC) to provide emotional support services related to sexual abuse and victim advocate service. The MOU is in effect from October 14, 2019 through June 30, 2024. Contact information for the Riverside RCC is listed in the Inmate Orientation Handbook, and in the Sexual Violence Awareness brochures provided to inmates. The auditor facilitated a phone interview with the Riverside Rape Crisis center staff who confirmed that they are presently providing emotional support services related to sexual abuse and victim advocate services to inmates at CRC.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

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

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

115.61 (b)

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

115.61 (c)

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.12 – Investigations
    b. Chapter 5. Section 54040.7 – Detection, Notification and Reporting
    c. Chapter 5, Section 54040.8 – Response
3. CDCR Health Care Services Policy, Chapter 16, 1.16.1
4. CDCR Memorandum Re: Standard 115.61 – Date 01/27/20
5. CRC PREA Investigation Files
6. Interviews with the following:
    a. CRC Warden
    b. CRC Medical and mental health staff
    c. CRC Random inmates
    d. CRC Random staff

115.61(a) - (b) - CDCR DOM, Section 54040.7, Detection, Notification and Reporting (pg.473) requires that staff immediately and confidentially report any PREA violation by staff or inmates whether witnessed or reported, to the appropriate supervisor. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical and mental health for evaluation. Volunteers/Contractors are also required to report incidents of sexual violence, harassment and staff sexual misconduct to appropriate staff. CDCR DOM, Section 54040.8 outlines the expectations of staff to ensure that reporting of information is done in a confidential manner and that incident-specific information shall be treated as confidential, and disclosure made only to employees who have a "need to know" and to other entities as permitted or requested by law. All staff interviews confirmed that all staff are aware of the agency's policy for reporting any information related to an inmate sexual abuse and compliance with this substandard.

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

115.61(d) – CRC does not house inmates under that age of 18. Current litigation against CDCR regarding vulnerable adults which resulted in the remedial plans and the State of California – Health and Human Services Agency, there is no requirement for CDCR to report to state of local services agency such as Adult Protective Services. It should be noted that CDCR Investigators are classified as Peace Officers and receive specialized training in conducting sexual abuse investigations of all person incarcerated up to and including criminal cases.

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

CRC reported on the PAQ to have no instances in the past 12 months of determining that an inmate was at risk of imminent sexual abuse. CDCR Director of Adult Institutions and CRC Warden both confirmed in interviews that housing alternatives are always available to ensure protection of inmates at risk of imminent sexual abuse.

Some of the alternatives considered would be moving the inmate to a different housing unit, single cell placements, and recommending a transfer to a different facility if deemed necessary. Based on staff interviews, it was evident that staff is aware of their responsibility to protect inmates in their care and that any perceived threat of harm including sexual abuse would result in immediate reporting and preventative action by staff.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.7.4 – Notification from/to Other Confinement Facilities
3. CRC PREA Investigation Files

4. Interviews with the following:
    a. CDCR Director of Adult Institutions
    b. CRC Warden
    c. CRC Investigation Staff

115.63(a) – (c) – CDCR DOM, Section 54040.7.4, Notification from/to Other Confinement Facilities (pg.473) states that upon receiving an allegation that an upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged incident occurred. The notification shall be made via telephone contact or electronic mail and will be followed up with a written summary. Notifications must be made as soon as possible but no later than 72 hours. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. In the past 12 months, CRC received two (2) allegations of an inmates being sexually abused while confined at another confinement facility. CRC ISU were assigned the investigations and investigation files reviewed by the auditor confirmed that CRC completes an investigation report and documentation of notification to the other confinement facility.

115.63(d) – CDCR DOM, Section 54070.7.4, Notification from/to Other Confinement Facilities (pg.474) further states that the agency receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in according with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported. In the past twelve months, CRC received no allegations of sexual abuse occurring at CRC from other facilities. PREA investigation file reviews and interviews with staff confirmed the practice.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

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

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.8 – Response
3. CDCR CCHCS, Chapter 16, 1.15.2 – Prison Rape Elimination Act Procedure
4. CRC Supplement to CDCR DOM Section 54040 –Revised June 2019
5. Interviews with the following:
    a. CRC Warden
    b. CRC Random Staff

115.65(a) – CRC Supplement to CDCR DOM Section 54040 outlines and addresses CRC's institutional plan to responding to incident and coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, required by PREA standard 115.65. CRC Supplement to CDCR DOM Section 54040.3 is reviewed annually by the CRC PREA Compliance Manager and was last reviewed in June 2019. Interviews with CRC Warden and facility staff confirmed that staff is aware of the coordinated response in place at CRC.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. California Correctional Peace Officers Association Bargaining Unit 6 Agreement
3. Interviews with the following:
    a. CDCR Director of Adult Institutions

115.66(a) - CDCR Collective Bargaining Agreement (CBA) for Unit 6 contract is effective July 3, 2019 through July 3, 2020. The CBA does not limit management's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The CBA section 4.01: Management Rights (pg. 23) states that management has the authority to hire, transfer, promote and demote employees as the employer may determine to be necessary for the orderly, efficient, and economical operation of CDCR. Interview with the CDCR Director of Adult Institutions confirmed that involuntary actions related to the removal and reassignment of staff is within their authority.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
  ☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
  ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
   a. Section 3401.5 – Employee Sexual Misconduct
3. CDCR Policy – Department Operations Manual (DOM)
   a. Chapter 5, Section 54040 – Prison Rape Elimination Act Policy
   b. Chapter 5, Section 54040.13 – Allegation Follow-Up

2. CDCR Protection Against Retaliation Form (PAR -CDCR 2304)
3. CRC PREA Investigation Files
4. Interviews with the following:
    a. CDCR Director of Adult Institutions
    b. CRC Warden
    c. CRC PREA Compliance Manager
    d. CRC Staff Charged with Monitoring Retaliation

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

Interviews with the CRC PREA Compliance Manager and CRC staff charged with monitoring retaliation revealed that they were very knowledgeable on their responsibilities and duties to monitor and report any changes to the PREA Compliance Manager. However, review of the CRC PREA Investigation Files found that while CRC does have a policy and practice in place, documentation of monitoring the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation are not always occurring on the PAR -CDCR 2304 Forms after the initial report is made. In the 12 months prior to the audit, CRC did not receive any reports of retaliation from PREA related incidents.

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

This standard required corrective action by CRC ensuring and documenting that the monitoring of the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation are initiated immediately following the report of a sexual abuse or staff sexual misconduct incident. CRC provided refresher training to Locally Designated Investigators (LDIs) on the standard requirements and provided training verification to the auditor. CRC had seven (7) PREA cases/inquiries from February 2020 to October 2020. CRC provided the auditor with documentation of the completed CDCR 2304 – Protection Against Retaliation (PAR) form as verification of their proof of practice. CRC has demonstrated compliance with this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations – Title 15
    a. Article 7 – Segregation Housing
3. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.6 – Offender Housing
4. Interviews with the following:
    a. CRC Warden

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

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

CRC reported no instances of involuntary non-disciplinary segregation to protect and inmate who is alleged to have suffered sexual abuse in the last 12 months. Interview with the CRC Warden confirmed they do not place inmates who have alleged to have suffered sexual abuse in involuntary segregation. Further, CRC does not have a segregation unit and that if placed in involuntary non-disciplinary segregation, it would only be based upon available housing space at CRC or while pending transfer to another facility for housing.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

115.71 (b)

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

115.71 (c)

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

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

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

115.71 (d)

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

115.71 (e)

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

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

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

115.71(a) – CDCR DOM, Section 54040.12, Investigations (pg.477) requires that all allegations of sexual violence, staff sexual misconduct, and sexual harassment be investigated, and findings documented in writing. This includes any allegations made through a third-party or anonymous report. CDCR DOM, Section 54040.8.1 requires immediate notification to the Hiring Authority which will assign an LDI to conduct inquiry work-until sufficient information is obtained to warrant an Office of Internal Affairs (OIA) investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. Information will be thoroughly

documented on a Confidential Memorandum that shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion the alleged victim will be provided written notification of the findings as described in section 54040.12.5. This section states that all incidents shall be investigated, and the findings documented in writing. CDCR DOM, Section 54040.8.1, Custody Supervisor Responsibilities (pg.474-475) further states that if it is believed by staff to constitute an emergency they shall report immediately to a supervisor where notifications to OIA, Regional Office, SAC or OIA AOD can be made.

Interviews with Investigative Staff confirmed that an investigation is immediately started when there is an allegation of sexual abuse or sexual harassment. When there is an anonymous or third-party report, Investigative Staff handles it immediately and appropriately. Investigation files of sexual abuse/sexual harassment completed during audit period were provided to auditor for review and review of the files confirmed that investigations are completely promptly and thoroughly.

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

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

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

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

actions or failures to act may have contributed to the abuse, description of physical and testimonial evidence, reasoning behind credibility of statements, and investigative facts and findings.

115.71(i) – CDCR DOM, Section 54040.20, PREA Data Storage and Destruction (pg.477) states that CDCR shall ensure that all PREA data collected are securely retained and are maintained for 10 years after the date of the initial collection. The PREA Instructions for Records Retention Schedule (RRS) states that Investigatory files are retained in the ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.

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

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

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Policy, Materials, Interviews and Other Evidence Reviewed:

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

4. Interviews with the following:
    a. CRC Investigative Staff

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

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5. Section 54040.8.1 – Custody Supervisor Responsibilities
    b. Chapter 5, Section 54040.12.5 – Reporting to Offenders
3. Review of PREA related investigation files
4. Interviews with the following:

a. CRC Warden
b. CRC PREA Compliance Manager
c. CRC Investigative Staff
d. CRC Inmates who reported sexual abuse

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

Interviews with the CRC PREA Compliance Manager and CRC Investigative staff found that they were very knowledgeable on their responsibilities and duties of the notification process to alleged victims upon conclusion of the investigation. However, review of the CRC PREA Investigation Files revealed that while CRC does have a policy in place, practice and documentation to the alleged victim in written notification of the findings as described in DOM Section 54040.12.5 is not occurring on a consistent basis as only 10 of the 17 investigations in the last 12 months contained notification to the alleged victims.

This standard required corrective action by CRC ensuring and documenting that the alleged victim: 1) is provided written notification of the findings as to whether the allegation has been substantiated, unsubstantiated, or unfounded; and 2) be informed unless determined to be unfounded, whenever the alleged abuser is no longer posted within the inmate's unit, is no longer employed at the facility, has been indicted or convicted of the alleged sexual misconduct. CRC provided refresher training to Locally Designated Investigators (LDIs) on the standard requirements and provided verification of training to the auditor. CRC had seven (7) PREA cases/inquiries from February 2020 to October 2020. CRC provided the auditor with documentation of the completed CDC-128B- General Chrono-PREA Closure forms as verification of their proof of practice for notifying alleged victims written notification of the findings of the investigation. CRC has demonstrated compliance with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

5. Interviews with the following:
    a. CDCR Director of Adult Institutions
    b. CDCR PREA Coordinator
    c. CRC Warden
    d. CRC PREA Compliance Manager
    e. CRC Investigative Staff

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

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

In the past 12 months, there have been no employees, volunteer, contractor, or individuals working on behalf of CDCR that were terminated for violating agency sexual abuse or sexual harassment policies at CRC. CRC PREA Investigative files were reviewed and interviews with CDCR and CRC leadership affirm compliance with this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

115.77(b) – CDCR DOM, Section 101090.9, Termination (pg. 821-822) states that the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation or threatens security and safety of the volunteer, employees, public, or inmates. Termination can be carried out in an expeditious manner if there is evidence of volunteer misconduct that includes acts of inappropriate familiarity with inmates, parolees, participating in behavior either on or off duty that is of such nature that it may cause discredit to CDCR or its services.

CRC reported that there were no substantiated PREA incidents involving a contractor or volunteer within the past 12 months. Interview with CRC Warden affirmed that appropriate and immediate measures would be taken to assure contact with inmates would cease, investigation conducted to include reporting to relevant licensing body and referral to law enforcement agencies.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

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

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

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

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

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.7 – Referral for Mental Health Screening
3. CCHCS PREA Health Care Guidelines
4. CDCR PREA Screening Form
5. CDCR Memorandum Re: Standard 115.81(d)1 – Dated December 5, 2017
6. CDCR PREA Authorization to Release Information Form (CDCR 7552)
7. CDCR Informed Consent for Mental Health Care Form (CDCR MH-7448)

8. Review of CRC mental health referrals
9. Interviews with the following:
    a. CRC Staff Responsible for Risk Screening
    b. CRC Inmates who Disclosed Sexual Victimization at Risk Screening
    c. CRC Mental health staff

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

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

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

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

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

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

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

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

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *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.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *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.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

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

115.83(a) – (f) - CCHCS Volume 1, Chapter 16 and CDCR DOM, Section 54040.10, outlines the procedures and responsibilities of CCHCS and CDCR to provide medical and mental health evaluations, treatment, and follow-up services to all inmates who have been victims of sexual abuse in any institution. CDCR provides follow-up medical and mental health services to include treatment plans and when necessary referrals for continued care when transferred or placed in other facilities. Further, this includes follow-up testing for sexually transmitted infections/diseases (STI/STD), and HIV. Interviews with medical, mental health staff and inmates who reported sexual abuse confirm that is in practice at CRC. CRC is a male facility, therefore 115.83(d) and 115.83(e) are not applicable. CDCR agency policy does states that victims of vaginal penetration are offered pregnancy tests among other STD testing, treatment and relevant information.

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

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.17 – Institutional PREA Review Committee
3. Review of PREA Investigation Files
4. Interviews with the following:
    a. CRC Warden
    b. CRC PREA Compliance Manager

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

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

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

The findings of the review are documented as a formal written report and shall be submitted to the Hiring Authority. The final report shall be provided to the Associate Director and the CDCR PREA Coordinator. Completed IPRC forms and IPRC meeting minutes related to that case are stored in the PREA investigation file. While interviews with the CRC Warden and CRC PREA Compliance Manager confirmed the policy of the conducting IPRCs, review of the CRC PREA investigation files identified that IPRCs were not consistently documented nor located in the PREA investigation files.

This standard was identified for corrective action by CRC ensuring incident reviews of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated are completed and documented within 60 days of the date of discovery.

CRC provided refresher training to Locally Designated Investigators (LDIs) on the standard requirements and provided verification of training to the auditor. CRC had seven (7) PREA cases/inquiries from February 2020 to October 2020. CRC provided the auditor with verification of completed IPRCs forms. CRC has demonstrated compliance with this standard.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.17 – Institutional PREA Review Committee
    b. Chapter 5, Section 54040.19 – Tracking – Data Collection and Monitoring
    c. Chapter 5, Section 54040.20 - PREA Data Storage and Destruction
3. CDCR PREA Annual Report – Calendar Year 2018
4. Survey of Sexual Victimization Form (SSV-IA)
5. Interviews with the following:
    a. CDCR PREA Coordinator

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

CDCR DOM Section 54040.19 further states that the Office of Internal Affairs maintains records of investigations into allegations of staff/offender sexual misconduct, and will report by case number, the type of sexual misconduct, subcategory; whether the allegations were sustained; and whether a DA referral was made. CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30. The most recent annual report available is for Calendar Year 2018. The annual report can be found at: https://www.cdcr.ca.gov/prea/wp-content/uploads/sites/186/2020/01/PREA-Annual-Report-2018.pdf. This report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.17 – Institutional PREA Review Committee
    b. Chapter 5, Section 54040.19 – Tracking – Data Collection and Monitoring
3. CDCR PREA Annual Report – Calendar Year 2018
4. Interviews with the following:
    a. CDCR Director of Adult Institutions
    b. CDCR PREA Coordinator
    c. CRC PREA Compliance Manager

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

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

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews and Other Evidence Reviewed:

1. CRC Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy – Department Operations Manual (DOM)
    a. Chapter 5, Section 54040.20 PREA Data Storage and Destruction
3. CDCR Agency PREA website
4. CDCR PREA Annual Report – Calendar Year 2018
5. Interviews with the following:
    a. CDCR Director of Adult Institutions
    b. CDCR PREA Coordinator
    c. CRC PREA Compliance Manager

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

CDCR has in previous years submitted Governor Assurances of Intention to Adopt and Achieve Full Compliance with the standards. CDCR is currently working to ensure that one third of their facilities are audited in the third year of the three-year audit cycle. This commitment by CDCR was reiterated and confirmed during interviews with the Director of Adult Institutions and the PREA Coordinator. While onsite at CRC, the audit team was provided with access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documents and was permitted to conduct private interviews with staff and inmates. Inmate were permitted to send confidential correspondence to the auditor. This standard is rated as a "meets standard".

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

AUDITOR CERTIFICATION

I certify that:

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

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

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

Auditor Instructions:

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

Nicole Fernandez December 4, 2020

Auditor Signature **Date**

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

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