

PREA Facility Audit Report: Final

Name of Facility: California Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/11/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Amy J Fairbanks	Date of Signature: 03/11/2021

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	10/27/2020
End Date of On-Site Audit:	10/30/2020

FACILITY INFORMATION	
Facility name:	California Correctional Institution
Facility physical address:	24900 Hwy. 202, Tehachapi, California - 93561
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Mathew Palmer
Email Address:	Matthew.Palmer2@cdcr.ca.gov
Telephone Number:	661-809-5852

Warden/Jail Administrator/Sheriff/Director	
Name:	William "Joe" Sullivan
Email Address:	william.sullivan@cdcr.ca.gov
Telephone Number:	661-822-4402;4201

Facility PREA Compliance Manager	
Name:	Matt Palmer
Email Address:	matt.palmer@cdcr.ca.gov
Telephone Number:	O: (661) 822-4402 ext.

Facility Health Service Administrator On-site	
Name:	Rhonda Litt
Email Address:	Rhonda.Litt@cdcr.ca.gov
Telephone Number:	661-822-4402;4919

Facility Characteristics	
Designed facility capacity:	2768
Current population of facility:	3665
Average daily population for the past 12 months:	3698
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/inmate custody levels:	1-4
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1532
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	168
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	285

AGENCY INFORMATION	
Name of agency:	California Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	1515 S St, Sacramento, California - 95811
Mailing Address:	
Telephone number:	916 324-6688

Agency Chief Executive Officer Information:	
Name:	Dr Muhammad Nasir
Email Address:	muhammad.nasir@cdcr.ca.gov
Telephone Number:	760 - 348 - 7000

Agency-Wide PREA Coordinator Information			
Name:	Shannon Stark	Email Address:	shannon.stark@cdcr.ca.gov

AUDIT FINDINGS

Narrative:

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

Audit Narrative

On October 27-30, 2020, an audit was conducted at the California Correctional Institution to determine compliance with the Prison Rape Elimination Act standards finalized August 2012. The facility was previously audited in June 2019 and was not found to be in compliance with all standards. The auditor reviewed the previous report and found the facility was not able to reach compliance regarding Limits to Cross Gender Viewing and Searches during the corrective action period. There were no barriers to completing the audit. The auditor was selected to complete the audit by responding to the Request for Pricing and being awarded the contract to conduct the audit.

Audit Methodology:

The PREA Resource Audit Instrument used for Adult Prisons and Jails is furnished by the National PREA Resource Center. This tool includes the following: A) completed Pre-Audit Questionnaire, sent by California Correctional Institution; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. In addition, the Auditor Handbook 2017 was used to guide the audit process. The established 12-month review period is June 2019 to present. Any events relative to the standards occurring beyond that period were discussed during the on-site audit. The online audit system (OAS) was used to complete this audit. Documentation was made available to the auditor on March 31, 2020.

Pre-audit:

The facility reported that posters announcing the audit with the auditor's name and address were placed throughout the facility on March, June and September (as the audit had been rescheduled three times due to the coronavirus pandemic). They were posted in English and Spanish, noting that correspondence would be confidential as defined as follows: "All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following: if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); allegations of suspected of child abuse, neglect or maltreatment; in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

There was one confidential correspondence received in response to the postings announcing the audit and providing the auditor's address, postmarked May 2020. Posters announcing the auditor were

observed in various areas of the operations during the on-site tour of operations. They were located near the informational posters clearly observed by inmate phones and common gathering areas.

The Agency website was reviewed. Prior PREA Audit reports were available (thirty-nine total). Annual reports for 2016 to 2019 were accessible for review. Information regarding the Ombudsman was available. The Ombudsman is the agency who accepts reports for the CDCR. The webpage stated, The Office of the Ombudsman works independently as an intermediary to provide individuals with a confidential avenue to address complaints and resolve issues at the lowest possible level. The Office proposes policy and procedural changes when systemic issues are identified. The Office of the Ombudsman listens, answers your questions, analyzes your situation, explains CDCR policies and procedures, advocates for the fairness of a process as opposed to advocating for an individual party, provides information and at times advice and develops options, suggests appropriate referrals, apprises administration of significant trends and may recommend changes in policies and procedures. You may contact the Office of the Ombudsman by calling (916) 445-1773, completing the Ombudsman Contact Form, or writing to:

California Department of Corrections and Rehabilitation
Office of the Ombudsman
1515 S Street
Sacramento, CA 95811

18007005952

A call was made to this agency on Tuesday, October 27, 2020 from an inmate telephone. A phone message was left to contact the central office PREA Lt. A subsequent call was made from outside the prison on November 4, 2020 11:35am and a message was left to contact the auditor upon receipt of the message. The auditor received a follow up message in response to this call within hours. Confirmation was provided that the message was received but not audible.

Information for an outside person to make an allegation of sexual abuse/Harassment was also viewed. It states,

PREA Reporting Information

All allegations of sexual abuse should be reported and will be investigated. To report, do one of the following:

Use the Facility Locator to find the contact information for the facility in question

Call or mail the Office of Internal Affairs by region:

Northern Region
P.O. Box 3009
Sacramento, CA 95812
(916) 464-3805

Central Region
5016 California Avenue, Suite 210 Bakersfield, CA 93309
(661) 335-7338

Southern Region
9035 Haven Avenue, Suite 105
Rancho Cucamonga, CA 91730
(909) 466-1052

Call or mail the Office of the Inspector General PREA Ombudsperson at:

Office of the Inspector General
1011 Old Placerville Road, Suite 110
Sacramento, CA 95827
(800) 700-5952

Provide as much detail as possible, such as:

Inmate victim's name and CDCR number

Perpetrator's name and ID number (if available)

Facility at which the incident occurred

When/where the incident occurred (date, time, location – i.e. cell, showers, etc.)

Incident description

Your name, contact information and relationship to the inmate/victim

Additionally, the auditor reviewed the mandatory reporting laws, laws regarding where and how juveniles are housed and laws regarding vulnerable adults for the State of California prior to the audit. The auditor researched the Internet and found neither evidence of Department of Justice involvement, nor any concerning information.

The Pre-Audit Questionnaire (PAQ) was received on March 31, 2020. Additional documentation requested and reviewed is noted in the summary for each standard. This documentation includes policies, contracts, training curriculums, staff training records, contract/volunteer training records, logbook entries, meeting minutes, population reports, sexual abuse incident review meeting minutes, sexual abuse and harassment data, PREA investigations, inmate appeals (grievances), personnel file documentation, organizational charts, accreditation reports, job descriptions, documents pulled from the electronic inmate record (risk assessments, signed receipt of PREA information and follow-up information with the Institutional Classification Committee). While on-site, additional random documents were requested and reviewed; they are noted throughout the report.

Written authority to ensure compliance with the PREA standards include the following: California Assembly Bill 550; Chapter 5, Custody and Security Operations, Article 44 Prison Rape Elimination Act, Department Operations Manual (DOMs); California Correctional Institution Supplement; Chapter 5 Custody and Security Operations, Article 44 Prison Rape Elimination Act, Article 47 Integrated Housing; and Memos from the Division of Adult Institutions, Central Office and Health Care Department Operations Manual.

External contacts regarding this audit included email correspondence with Just Detention International, Inc. No specific concerns were provided. Emotional Support services are provided to the inmate population at CCI by the Women's Center High Desert. Contact was made with the Director after the audit. SANE/SAFE nurses are provided at the local hospital, and in this area, they have been able to conduct the examination inside the facility. This agency does not use external investigators.

A tentative schedule was sent to the facility prior to the audit. In addition, the facility was provided specific requests for documentation of a random nature which assisted the auditor in determining compliance.

On-site audit:

The auditor was present at the facility from 10:00am to 5:30pm Tuesday, 8:00am to 7:00pm Wednesday, 8:00am to 8:00pm Thursday and 8:00am to 1:00pm on Friday.

A brief formal meeting was held with the Warden and seven members of his Executive Team, two staff from Headquarters, PREA office and the auditor the morning of the first day of the audit. The following items were reviewed: purpose of audit, goals and expectations, and the tentative schedule. Tentative schedules were developed regarding the tour, interviews and review of additional documentation. It had been arranged for interviews to be conducted in a private setting. Rosters of staff and inmates were provided as requested; a list of specialized, random and targeted interviews was developed.

A complete tour of the facility was conducted on October 27-30, 2020. The following areas and operations were visited and observed: intake operations, inmate living areas, medical operations, library/education areas, programming areas, mailroom operations, visiting room, maintenance, vocational training and operations, prison industry, chapels, programming areas and offices and food service operations. All areas of the facility were visited that have inmate access. Supervision practices, blind spots, bathroom facilities, and placement and number of telephones were observed. Cross-gender announcements were made prior to the opposite gender auditors entering the living units. Supervisory rounds were randomly checked in logbooks. PREA posters educating the population, posters providing information for support services, and posters announcing the audit were visible in all areas where there was inmate activity and specifically near the telephones the inmates use. Boxes for inmate appeals (grievances) were observed during the tour.

To assess compliance with the PREA standards, the auditor formally interviewed the following staff, either verbally or through written correspondence:

Agency Head

Warden/Superintendent

PREA Coordinator

PREA Compliance Manager

Agency contract Administrator

Two Intermediate or higher-level facility who conduct unannounced rounds

Two medical staff

One mental health staff

Administrative (Human resource) staff

SANE/SAFE staff

Three contractors who have contact with offender (certified nurse assistance, water treatment plant contractor, and staff who conduct substance abuse programming)

Investigative staff – administrative investigations, criminal investigations

Five staff who perform screening for risk of victimization/abusiveness (two sergeants from intake, three counselors)

Thirteen randomly selected corrections officers (representing all three shifts)

One staff who supervises offenders in restrictive housing/isolation

Two staff on the sexual abuse incident team

One designated staff charged with monitoring retaliation

One security staff first responders

Mailroom staff

Grievance staff

Training staff

Volunteer Coordinator

Rape crisis/advocacy service supervisor

Thirteen additional non-custody staff were informally interviewed during the tour regarding attendance at PREA training regularly, their role in the event they are a first responder, and the agency's policy on zero tolerance. There were no volunteers on site available for interview due to the temporary discontinuation of these services related to the coronavirus pandemic.

In accordance with the Auditor Handbook, for a facility this size, a minimum of twenty-five (25) random interviews and twenty-five (25) targeted interviews are required. A total of fifty-one inmates were selected to be interviewed; fifty-one formal interviews were conducted, no inmates declined to participate. Of

those, twenty-five were random. There are no youthful offenders are housed at this facility. The remaining interviews reflected the following representation of targeted interviews.

Two with limited English, one required use of a staff interpreter

Two self-admitted as homosexual

Four self-identified as transgender

Three who initiated a sexual harassment complaint

Four who self-reported as having prior victimization

Four inmates who required assistive devices for mobility (wheelchair and cane)

Four hard of hearing inmate

Two legally blind inmate

One cognitively impaired inmate (interview was attempted)

One inmates who were in confinement

One inmate who wrote a confidential letter in response to the audit announcements

Zero inmates housed in restrictive housing/isolation for risk of sexual victimization

Inmate interviews were held in the private interview rooms, or privately at cell side (if housed in a quarantine unit). Inmates were interviewed from each housing unit. Twenty three inmates were informally interviewed regarding knowledge of PREA, knowledge of the PREA audit, and opposite gender announcements.

Investigations are conducted by trained Investigators at the facility level who are assigned to the Internal Investigations and Security Unit (ISU), Locally Designated Investigators (LDI), Internal Affairs (conducted by Lieutenant or Sergeant in the ISU), Office of Internal Affairs (OIA)—Special Agents under the Department of Corrections who report to the Secretary of CDCR or in rare circumstances, the Office of the Inspector General who answers to the Governor for the State of California. The OIG monitor investigations from beginning to end and receives all Survey of Sexual Violence forms (SSV-IA) from the PREA Coordinator. They can also receive third party allegations.

There are six staff who has received specialized training. A list of investigations from the June 2019 to present was provided, it reflected forty-three (43) total investigations. Of those, seven were regarding allegations from another facility, five were deemed to not qualify as a PREA investigation based on the incident. Sixteen were reviewed for compliance with the standards:

Two staff on inmate sexual abuse allegation

Five staff on inmate sexual harassment allegation

Four inmate on inmate sexual abuse allegations

Zero inmate on inmate sexual harassment allegation

Zero retaliation allegations

Three allegations of events that occurred at another facility, reported at CCI

Two deemed to not meet the definition of a PREA investigation

Zero allegations were deemed substantiated, seven were deemed unsubstantiated, two were deemed unfounded, two are still open. The auditor reviewed the appropriate notifications and monitoring retaliation documentation where it was warranted.

Any and all allegations that may appear to meet the definition are investigated until the investigation established that it was not a "PREA" investigation. During the past 12 months, one pending allegations is being referred for criminal prosecution, and reflected an investigation that continued after the alleged perpetrator resigned. One involved a SANE exam; lab results still pending. Investigations were initiated from third party allegations, suspicions of sexual abuse/sexual harassment, an inmate grievance, use of a staff (investigator) interpreter, mental health referrals and direct reports.

While on site, additional random documents were requested or reviewed and are also noted throughout the report. Camera monitoring operations were also examined.

An exit meeting was held with the Warden and twenty members of his Executive team, one staff from Headquarters PREA office and the auditor.

Post-Audit Phase:

After the audit, the auditor reviewed documentation gathered, notes taken, requested and reviewed additional documentation to support findings noted, contacted relevant entities regarding their role in preventing, detecting and responding to allegations of sexual abuse/sexual harassment, and completed the report.

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

AUDIT FINDINGS

Facility Characteristics:

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

Facility Characteristics

The California Department of Corrections and Rehabilitation is a state agency incarcerating approximately 118,000 inmates in 35 publicly operated facilities. The mission statement of CDCR is to "... enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities".

California Correctional Institution is in Tehachapi, California, in Kern County. CCI was activated in 1932 as a women's facility. The facility closed after an earthquake in 1952 and reopened two years later as a men's facility. The five facilities operating within CCI cover more than 1700 acres. The institution has a designed capacity of 2768, based on the implementation of single bunk cells. Since opening, there have been physical plant changes that allow for the total maximum capacity of 5429 inmates. CCI houses male inmates, four custody levels in the five operations:

Facility: Custody Level: # of Housing Units: Type of Housing: Count: Population of inmate

Facility A

IV
24
Celled/180-degree
661
SNY

Facility B

IV
24
Celled/180-degree
632
SNY

Facility C

III
5
Celled/270-degree
656
SNY

Facility D

II
8

Dormitory
756
GP
Facility E
I
7
Dormitory
305
GP/SNY

“Sensitive needs yard” inmates (also referred to as “SNY”) are those who have been validated as a prison gang dropout, a victim of an assault, have significant enemy concerns or other safety concerns. The number of degrees refers to the view from a central elevated control booth. The 270-degree design is two tiers of cells configured in a U-shape around the central elevated control booth. The 180-degree design is a configuration of the housing units, which are partitioned into three separate, self-contained sections, forming a half-circle. The 180-degree design utilized at CCI is the original 180-degree design. Count on the first day of the audit was 3010.

Each facility has its own food services, health services, canteen, laundry, recreation yard, and educational, programming, and vocational areas. There are approximately 120 buildings located on the grounds.

The facility offers the following programming:

- Adult Basic Education (ABE),
- General Equivalency Diploma (GED),
- Physical Fitness,
- Firefighter Training,
- Vocation Trades (Auto Body/Fender, Auto Mechanics, Welding, Masonry, Carpentry, Office Services, Electronic and Building Maintenance),
- Self-Help Groups,
- Dog training (extension of the animal shelter)
- Substance Use Disorder Treatment.
- Vocational skill such as working in a clothing factory, upholstery, HVAC refrigeration, appliance and auto repair. Inmates can also work with printing, carpentry, and welding
- Prison Industries Authority (PIA), Fabrics (Clothing) manufactured for the following: California Youth Authority (CYA) Trousers, Shirts; CDCR, Blue Trouser, Shirts, Denim, and Foul Weather Jackets, Camp Pants and Jackets, and Women Pants; Department of Military, Navy Trousers; State Hospital, Khaki and Dark Brown Trouser, Shorts Aprons, and Jackets; and other miscellaneous sewn products.

Except for the substance abuse treatment staff, all staff are employees of CDCR; Health Staff are provided through another agency who reports to CDCR and are therefore considered their own hiring authority. For the prison staff, the Warden is the Hiring authority. Correctional officers/supervisors are peace officers in the state of California. Shifts are as follows: 6:00 am to 2:00 pm, 2nd watch; 2:00 pm to 10:00 pm, 3rd watch; and 10:00 pm to 6:00 am, 1st watch.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	3
Number of standards met:	42
Number of standards not met:	0

Number of Standards Exceeded: 3

§115.17 – Hiring and Promotion Decisions

§115.31 – Employee Training

§115.32 – Volunteer and Contractor Training

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Chapter 5, Article 44 Prison Rape Elimination Policy, including the Notice of Change to Department Operations Manual Chapter 5, Article 44 Prison Rape Elimination Act (PREA) revised May 2018, supports that CDCR is committed to providing a safe, humane, secure, environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment. Section 54040.1 (Policy) outlines a zero-tolerance program noting it applies to all offenders, staff of CDCR, volunteers, and contractors. Section 54040.2 (Purpose) states it will provide guidelines for prevention, detection, response, investigation and tracking of sexual violence, sexual misconduct, and sexual harassment. Section 54040.3 (Definitions) provide definitions of prohibited behaviors including aggressor, coercion, non-consensual, rape, sexual violence and nonconsensual sex acts. Section 54040.15 (Disciplinary Process) addresses the disciplinary process including referral for prosecution.</p> <p>(b) PREA Coordinator position descriptions and a list of managers for each facility were provided to the auditor. The Coordinator reports to the Associate Director, who reports to the Facility Operations Deputy Director, who reports to the Division of Institutions Director, who reports to the Undersecretary who reports to the Secretary. Official duties for this position include coordination, maintenance and development of policy and procedure, dissemination of information regarding training, and updates to policy and procedure. She oversees a staff of _ seven, three full time, four support.</p> <p>A telephone interview was conducted with Shannon Stark, PREA Coordinator, for CDCR on February 19, 2018, at 1:00 p.m. EST. for a previous audit conducted in this state. It was confirmed that she had sufficient time and her office will make time to coordinate all activities related to PREA compliance. Her duties include monitoring for trends based on data that is implemented into a state-wide data base which affords her and her staff opportunity to evaluate allegations with flexibility. A written interview was exchanged with the PREA Coordinator October 2020. In it she states, I work with institutions PCM and executive team and any other stakeholders and advise of the issue and what the PREA standards require. Together we develop an Action Plan identifying the specific items that need attention along with agreed upon solutions. We develop a timeline and I require updates to ensure the work is done in a timely manner. Additionally, she states, Currently there are 36 PCM'S statewide (35 prisons and the Contract Beds Unit). I interact with them through emails, phone calls, in person training, and during institutional visits. I also host statewide conference calls when needed. This auditor was informed by the CCI PCM and headquarter staff that a training program has been developed specifically for PCMs.</p> <p>Accomplishments for the previous 18 months include:</p> <p>"I have coordinated and overseen over 20 audits at institutions throughout my state. In</p>

addition, my team has conducted over 20 pre-audits and provided specialized training to investigators. We have made changes to the Volunteer/Contractor PREA Information Sheet (CDCR2301) to add a third page for contractors that asks the four required PREA Questions making it easier for institution staff to ensure they have been answered and considered: 1) Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, other institution? 2) Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? 3) Have you ever been civilly or administratively found to have engaged in the activity described in question (2) above? 4) Have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution? The form also reminds the contracted staff member of their continuing duty to report any change. We have also submitted updated language in the California Code of Regulations, Title 15, Section § 3411. Reporting of Arrest, or Conviction, Civil or Administrative Adjudication, Change in Weapons or Driving Status, to add more information on the continuing duty to report the information required by 115.17. “

The auditor reviewed numerous documents that showed improvement with the process to meet compliance throughout the review of the documentation provided during the pre-audit phase, further demonstrating the commitment to ensure compliance with the standards and ultimately to prevent sexual abuse and sexual harassment. During the on-site audit, two staff from central office were readily available to address any questions and help gather additional documents requested.

A telephone interview was conducted with Connie Gibson, Director of Adult Institutions for CDCR on February 26, 2018, 1:00 p.m. EST for a previous audit conducted by this auditor. It was confirmed that she supports the requirements of the PREA standards, but also supports the sound correctional practices that enhance prevention of sexual abuse and harassment.

(c) Review of the Duty Statement for the Correctional Administrator who serves as the PREA Compliance Manager (PCM) at CCI includes first level management for Health Care Access Unit in addition to PREA Manager. These duties include receiving notifications for all allegations of PREA incidents and serving as a member of PREA Institutional Review committee. During the audit, the facility PCM was actively involved in the tour with helping address questions and directing the auditor to staff to verify the answers as well as assisting with providing additional documentation. In the interview conducted during the audit with the PCM, although he recently acquired these duties, he confirmed he is able to coordinate requirements related to compliance. According to the PAQ, the PCM reports directly to the Warden. This was confirmed by the interview with the Warden and overall observations made during the audit process.

Review of Chapter 5, Article 44 Prison Rape Elimination Policy, associated policies and DOMs all support requirements of the standard. The interviews with the Director of Adult Institutions,

Agency PREA Coordinator, and facility PCM all support a cohesive process is in place with communication and implementation to ensure a continuous effort towards improvement with the goal of elimination of sexual abuse and sexual harassment in confinement settings. This was reflected in many memos updating the PREA process. The auditor therefore supports a finding of compliance.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a), (b) Boilerplate contract language includes the requirement to comply with the Chapter 5, Article 44 requirements, including screening employees who have (1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, (3) been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above, conducting criminal background checks, and removing contractors who have provided materially false information.</p> <p>The agency has contracted with three private facilities during the audit period, two of which are closed. There have been no new contracts initiated. The auditor reviewed contracts for one out-of-state contract and seven in-state contracts for the confinement of offenders which all complied with requiring the obligation to comply with PREA standards. It also ensures oversight by the CDCR.</p> <p>Some facilities in the agency serve as a parent institution for community correctional facilities; CCI does not.</p> <p>A phone interview with the Captain of the Confined Beds Unit on February 22, 2018, confirmed that ongoing supervision of compliance with PREA standards occurs with the facilities that house CDCR inmates by reviewing all PREA investigations to ensure compliance, conducting of training with them when areas are identified, and regular on-site visiting with each facility, at least monthly as well as quarterly oversight by headquarters staff. He further indicated all facilities have been certified as compliant with the PREA standards at least twice. This was reconfirmed with an email in 2020.</p> <p>Based on all the information provided, the auditor finds the agency to be in compliance with the requirements of this standard.</p>

115.13	Supervision and monitoring
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1461 1003">(a,b) Annual Data Collection Tool and Staffing Plan, completed and reviewed by the PCM, dated 1/22/2020 supports that all aspects are included: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The average daily populations is 3698. Maximum capacity is 5429. Three documents were reviewed: One detailed staffing numbers, the second detailed a review of the eleven required topics signed by the Warden, and the third was a review completed by the PCM and signed by the PREA Coordinator. Additionally, the auditor was provided a copy of a substantial, detailed statistical analysis of the facility for a 13-month review period, analyzing type of inmate population, staffing numbers, grievances filed, incidents, investigations, budgeting in addition to numerous other subjects.</p> <p data-bbox="252 1115 1461 1317">The PAQ indicates there have been no deviations from the staffing plan. The interview with the Warden supported that if adjustments to this plan were needed, a process is in place to request changes through central office. Furthermore, there is a strong union presence in this agency; the auditor believes this union would not allow deviations from the staffing plan without taking action.</p> <p data-bbox="252 1435 1477 1682">(c) Section 54040.17.1 - Annual Review of Staffing Plan states that at least annually, the institutional PCM and Program Support Unit, in consultation with the PREA Coordinator shall assess, determine, and document whether adjustments are needed to the staffing plan, video monitoring and other technology, and resources assigned to ensure adherence to the staffing plan. The auditor was provided a 20-page staffing plan for CCI which demonstrated an annual review of the plan, addressing all aspects required in section (a).</p> <p data-bbox="252 1794 1477 2130">(d) Section 54040.6 - Security Rounds states A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time, and the location that the security check was completed. Staff is prohibited from alerting other staff members that these security rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The auditor received documentation demonstrating unannounced weekly rounds on all shifts by the supervisory staff during the</p>

pre-audit phase (seven examples). While on site, the auditor reviewed randomly selected logbooks which demonstrated unannounced weekly rounds. Interviews with supervisory staff supported that these are being conducted using a strategy that ensures it is not conducted on a regular basis, nor in a manner that would afford staff the ability to contact the next area to alert them of the rounds. Random interviews with staff confirmed that they are not being alerted as to when the supervisor is making rounds. Supervisor Post Orders confirm that the unannounced rounds are conducted on all three shifts.

In accordance with Article 26 of the American Correctional Association (ACA) Standards, Section 14090.3 - General Information, the agency operates using ACA standards for a benchmark supporting the use of sound correctional practices. There are judicial findings in this agency related to medical issues and disabilities and are all currently in settlement phase. There have been no findings of inadequacy from Federal investigative entities, external or internal oversight bodies. The auditor supports this based on the review of the staffing plan which specifically indicates this, interview with the Warden, interview with Just Detention International, Inc., and a search of the internet prior to the audit. Video monitoring is not extensive at this facility; no additions have been made. Observations during the tour demonstrated to the officer that there is ample staff visible throughout all operations visited.

The interview with the Warden confirmed the following:

“There is position authority in the Governor’s Budget. This is the Post Assignment Schedule and the Master Assignment Roster (PAS/MAR). While developing the PAS/MAR, CCI staff have input regarding the levels of staffing and supervision in each area. Staffing levels are considered for housing, recreation, rehabilitative programs, medical and mental health services, inmate transportation and PREA. CCI Personnel Assignments staff, supervisors and managers review the proposals and recommend changes based on local needs. There is funding for video monitoring however CCI is not scheduled for implementation. There is a PREA video monitoring system in some areas of the institution.

Personnel Assignments has responsibility for ensuring the staffing plan is implemented.

The staffing plan is documented in the PAS/MAR. Additionally, there is an Annual Staffing report that is reviewed by the PC and signed off by the statewide PCM. Staffing is reviewed by the warden and management team at CCI via telestaff to ensure appropriate coverage of budget positions.”

Generally accepted detention and correctional practices;

- While developing the PAS/MAR, National Institute of Corrections (NIC) and American Correctional Association (ACA) standards are considered as well as generally accepted best practices.

Any judicial findings of inadequacy;

- Lawsuits such as Clark, Coleman, Armstrong, etc. have mandated that we add

additional staff to ensure we can provide services to these particular class member inmates.

Any findings of inadequacy from federal investigative agencies;

- There are none at CCI.

Any findings of inadequacy from internal or external oversight bodies;

- There are none at CCI.

All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);

- Blind spots and physical plant layout are considered and identified during supervisor's PREA and Security tours. We also review all PREA incidents and Use of Force cases to identify areas where facility modifications can improve the safety of inmates.

The composition of the inmate population;

- Standardized staffing takes into consideration the individual population of each institution.

While developing the staffing package, each institution submits proposals to Head Quarters (HQ) requesting changes for our individual institution based on programming, facility layout and inmate population.

The number and placement of supervisory staff;

- While developing standardized staffing, each institution submits proposals to HQ requesting changes for their individual institution. Reassigning supervisors to ensure appropriate coverage is one of the areas reviewed.

Institution programs occurring on a particular shift;

- When we add additional self-help or rehabilitative programs, we regularly hire additional staff to provide coverage.

Any applicable state or local laws, regulations, or standards;

- CCI has not been found to be out of compliance with any applicable state or local laws, regulations or standards.

The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

- During the Institutional PREA Review Committee (IPRC), we review each incident to determine if changes to staffing are necessary due to repeated incidents in the same location.

Any other relevant factors.

We have daily roster/sick leave review meetings, as well as UOF committee and the IPRC to review and discuss incidents. Changes to staffing levels, assignments or procedures are a part of those reviews. When checking on the staffing plan: PEER Audits, tours, Incident PREA Review Committees, daily roster/sick leave review meetings with Personnel Assignment staff and managers. Staffing is tracked and reviewed in Telework and during the daily roster/sick

leave review meeting. In addition, when programs are modified due to staffing, it is noted on the Daily Activity Report(DAR) and the AOD is Notified. The interview with the PCM additionally confirmed the same information.

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

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The age of majority in California is 18 years of age. The Division of Juvenile Justice provides housing for youths under the age of 18 who have been sentenced to state prison. The auditor found no evidence to dispute that no inmates are at this facility that are under the age of 18 during the auditor process. Therefore, the auditor finds this Agency to be in compliance with this standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Section 52050.16.5 - Unclothed Body Search of Inmates (Revised July 1, 2015) states “Correctional personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. Routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect. Routine unclothed body searches shall not be completed by staff of the opposite biological sex...Unclothed body searches of inmates by staff of the opposite biological sex shall only be conducted in emergency situations. If a cross gender unclothed body search is required, the search shall be documented. This documentation shall be completed utilizing a Notice of Unusual Occurrence which shall be reviewed by the supervisor and routed to the institutional PCM. The PCM shall retain the completed document, in accordance with the Records Retention Schedule, for audit purposes. “</p> <p>The PAQ reported that this has not occurred; the auditor randomly asked staff and inmates and found that no one had recalled an incident where cross-gender strip searches had to be conducted.</p> <p>The facility has a supplement to DOM, Prison Rape Elimination Policy, which states, “Routine unclothed body searches shall be conducted in a safe manner and in an area that allows the inmate to preserve some measure of dignity and self-respect. Inmate who are assigned to designated areas, (i.e., vocational programs, industries, plant operations, warehouse, outside crews, etc.), may be subject to unclothed body searches before returning to the institution’s general population. Routine unclothed body searches shall not be completed by staff of the opposite biological sex.</p> <p>Unclothed body searches of inmates by staff of the opposite biological sex shall not be conducted, except if emergency condition exists that threatens death, inmate escape, or great bodily injury to staff, inmates or visitors. If a cross gender unclothed body search is required, the search shall be documented utilizing a Notice of Unusual Occurrence, which shall be reviewed by the supervisor and routed to the institutional PREA (Prison Rape Elimination Act) Compliance Manager (PCM).”</p> <p>This auditor reviewed the CDCR Office of Training and Professional Development Lesson Plan for Searches and Inmate Property, which clearly reiterates that Unclothed Body Searches will only be conducted by correctional staff of the same biological sex. The facility utilizes Adani Low Dose scanners to search inmates after contact visits but has a written operational procedure (Operational Procedure C-084 Contraband Detection and Exploitation Strategies) that directs operators viewing an image produced by the scanner to be the same gender as the inmate being scanned.</p>

(b) Not applicable, females are not housed at this facility.

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

(d) Section 54040.4 - Preventative Measures states, "Each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Except in circumstances where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing. In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes. This policy shall be included in each institution's orientation handbook. This will allow the inmate to take into consideration that staff of the opposite gender may be present when performing bodily and bathing functions." During the audit and the tour of housing areas, the auditor's female presence was announced in all housing units. Based on observation of the inmates in the unit, this was not an unusual announcement. All inmates formerly interviewed, and twenty four out of twenty-six inmates randomly asked throughout the tour confirmed that opposite gender announcements are being made. During the interviews the auditor found the responses to be credible. The two inmates who indicated they never hear the announcement (standing together) were contradicted by an inmate approximately five bunks down at the end of the dorm, who did not hear the earlier questions, who instantly responded that it always occurs.

All inmates and staff interviewed confirmed that inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Most inmates confirmed the announcement is occurring, three indicated it happens sometimes, two indicated it is not happening.

Observations of the housing areas, programming areas and work assignments, where applicable, showed that partitions were added, or enhancements were made to shower and toilet areas to ensure staff do not have to view inmates during this time, but staff are still able to ensure safety. Additionally, the agency has written authority clarifying that view of scanners cannot be conducted by opposite gender staff).

During the physical plant review, the auditor looked for potential blind spots in areas accessible to inmates, and areas where cross-gender viewing may occur. The facility took immediate action to begin correct deficiencies or create a plan to correct deficiencies, to include improving the frosting on inmate restrooms in several locations. Photo evidence was provided to the auditor demonstrating this had been corrected.

(e) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (Education and Prevention) states, "Employees shall also be trained in how to conduct cross-gender pat-down searches, transgender pat-down searches, and unclothed body cavity searches. When conducting these types of searches, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs." California Code of Regulations, Title 15, section 3287 (Cell, Property and Body Inspections) directs, "All such inspections shall be conducted in a professional manner which avoids embarrassment or indignity to the inmate." The CDCR Officer of Training and Lesson Plan for Searches and Inmate Property indicates that Clothed Body Searches of female inmates who identify as male will be facilitated by utilizing the usual and customary process for searching female inmates. For male inmates who identify as female, staff will utilize an alternate search method if the inmate has been designated as transgender on CDCR Form 128-C3 and requests to be searched differently. The technique to be used when searching a male inmate who identifies as female requires the lower body to be searched the same as all male inmates and the upper body to be searched utilizing the back of the hand, as staff would any other female inmate. The In-Service Training (IST) Manager provided a written memorandum to this auditor indicating all staff members have completed training, except for 29 staff who are out on long-term leave. Once those employees return to work, IST will assign the employee to the next available class.

All randomly selected staff interviewed confirmed that they have been appropriately trained to conduct cross-gender pat down searches, transgender pat down searches and unclothed searches.

California Code of Regulations, Title 15, section 3287 (Cell, Property and Body Inspections) states that inmates are subject to an inspection of his or her person, either clothed or unclothed "when there is a reasonable suspicion to believe the inmate may have unauthorized or dangerous items concealed on his or her person, or that he or she may have been involved in an altercation of any kind. Such inspections may also be a routine requirement for inmate movement into or out of high security risk areas."

Section 52050.16.7 - Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (Effective July 1, 2015) states, "In the event that there is an individual going through Receiving and Release (R&R) who self-identifies as transgender or self-identifies with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. In the event that an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same

biological sex as indicated in the inmate's records. (i.e., paperwork indicates male, inmate will be searched by a male staff member). If staff are unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation, for his/her safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate. Once the information is collected and documented on the CDCR Form 128-C3, the Institution Classification Committee (ICC) should determine appropriate classification and housing placement. Many inmates consider their sexual orientation and gender identity to be private information, and the widespread knowledge of this information could impact the safety and well-being of sexual minorities such as lesbian, gay, bisexual, transgender and intersex (LGBTI) inmates. This information is considered sensitive and should be handled in a confidential manner. The information should only be communicated to staff when there is a justified 'Need to Know.' This information should never be communicated to other offenders. This will protect the rights and safety of the involved inmate."

The facility has a supplement to DOM, Prison Rape Elimination Policy, which states, "Transgender Inmate Search, in the event there is an individual who self-identifies as transgender or self-identifies with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. "

A Male Inmate who identifies as a Female:

Staff will utilize the alternative search method described below if the inmate has been designated as transgender on the CDCR Form 128-C3 (Medical Classification Chrono) and is requesting to be searched differently. The technique to be used when searched a male inmate who identifies as female will require the lower body to be searched the same as all male inmates and the upper body to be searched utilizing the back of the hand, as you would any other female inmate.

CDCR has currently designated 14 institutions to house transgender inmates and inmates having symptoms of gender dysphoria, CCI is not designated as such.

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

CDCR has identified 14 facilities to house transgender and intersex inmates, as those facilities have been identified as offering a level of care best suited for that population. CCI is not one of the designated facilities however, due to the coronavirus pandemic all transfers have ceased, therefore there were four inmates identified as transgender.

(f) The agency has two training modules that address training security staff on conducting searches: Transgender search/property and Inmate Body Search. The auditor was provided a copy of the Training Curriculum and Participant Workbook, Transgender Inmates, part of academy training and in-service training, addresses the following:

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

The PAQ indicates that 100% of security staff have received this training. Training documents were provided to support that staff have received updated training regarding searches, transgender searches. Based on the policy excerpts noted above, review of the 48-page training curriculum, interviews with staff, and review of the training documents and process to ensure all staff receive training, there is sufficient evidence for the auditor to support a finding of compliance with this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a), (b) 54040, Offender Education, states that appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels and those with disabilities. A memo issued from the Division of Adult Institutions, further clarifies the following: “In order to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population’s knowledge and understanding of PREA and sexually transmitted diseases. For example, in instances where an inmate’s Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made.”</p> <p>Inmates with physical disabilities are provided a vest to identify that they have a specific need, which they have the option to wear. The auditor observed this practice while touring the facility and used it to select an inmate to be interviewed. The facility did provide the auditor a list of inmates with disabilities which supported this classification process. Additional documentation was provided which indicates the inmates’ primary language. Many inmates speak broken English with their primary language being Spanish. The auditor observed that all written materials and posters regarding PREA and the services available are in Spanish in addition to English. The auditor also observed the “I Speak . . .” poster to help identify any other languages the inmate may considered his primary language. Many staff have been designated staff interpreters for the department that can be called upon to assist. In addition, the auditor viewed the contract for Voiance LANGUAGE Services, L.L.C. (which includes requirements for PREA)., Life Signs Now, Inc. and Interpreting and Consulting Services, Inc. which provides American Sign Language Interpreters. One poster regarding how to contact the Rape Crisis hotline is also available in Hmong.</p> <p>CDCR has been proactive in identifying and addressing language barriers for over ten years. The auditor was provided a memo dated June 2009 which addressed the following:</p> <ul style="list-style-type: none"> · Each facility has a designated LEP coordinator · Use of telephonic interpretation services · Maintaining a current list of bi-lingual staff

- Ensuring I-Speak cards are available
- Notice of Interpretation and Translation Service posted in all housing units
- Prohibition against using other inmates for interpretation that may involve medical, due process, safety, welfare issues or any confidential information.

Form CDCR-128-B is used for every inmate upon arrival at a facility. On this form, it documents that

the inmates have seen the video regarding PREA, received the “What You Need to Know” pamphlet in English, Spanish, or Hmong, received the Orientation Handbook with PREA information and are educated about Opposite Gender Announcements. In addition, inmate “Effective Communication” is assessed by noting the inmates TABE score or if additional communication/accommodations are needed due to disability. Afterwards, effective communication is assessed by noting if the inmate asked questions or if the inmate was able to summarize the information.

54040 Investigation further confirms that investigators shall not rely solely on inmate interpreters, readers or other types of inmate assistance during a sexual violence, staff sexual misconduct or sexual harassment investigation.

(c) Department Operations Manual, Chapter 5, Article 44, section 54040.7 (Detection, Notification, and Reporting) states, “The department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-response duties, or the investigation of the offender’s allegations.” Department Operations Manual, Chapter 5, Article 44, section 54040.12 (Investigation) states, “Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation.” The auditor reviewed the contract between CDCR and Interpreters Unlimited, Incorporated, which states, “The Contractor shall provide interpreter services over the telephone, facsimile or internet, for any of one hundred forty (140) languages to assist CDCR with inmates/wards who have English as a second language. Interpreters shall be available twenty-four (24) hours a day, seven (7) days a week.”

The PAQ indicates that there were no instances where inmate interpreters, readers, or other types of inmate assistants have been used. Random staff interviews confirm they are not aware of any instance where an inmate was used to interpret for a PREA allegation. The investigative unit has a bi-lingual staff person who assisted on one investigation that was reviewed by the auditor. Interviews of targeted inmates with disabilities or limited English confirmed to the auditor that they are not denied any opportunity to benefit from the

requirements of PREA standards. Staff interviews confirmed the use of the language line when needed. Inmate interviews confirmed they have been educated and are aware of and able to access systems in place should they have any concerns regarding being sexually abused or sexually harassed. As indicted, the investigative unit has a bi-lingual staff (Spanish).

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

115.17	Hiring and promotion decisions
	<p data-bbox="252 168 925 201">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1468 448">31060.3 Power of Appointment confirms that the Agency Secretary is the appointing authority for all civil service positions in the CDCR, the Receiver is the appointing authority for all civil service positions in the California Correctional Health Care Services (CCHCS).</p> <p data-bbox="252 560 1484 1108">(a) Department Operations Manual, Chapter 5, Article 6, section 31060.3 (Power of Appointment) indicates that the Agency Secretary is the appointing authority for all civil services positions in CDCR. The policy states, “In accordance with 28 Code of Federal Regulations (CFR), Part 115, Standard 115.17, hiring authorities shall not hire or promote anyone who may have contact with inmates, who: has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described immediately above.” The Office of Peace Officer Selection (OPOS) completes the background checks for all peace officer candidates. Custody applicants complete CDCR 1092, Personal History Statement prior to being hired, and it is submitted along with the state application.</p> <p data-bbox="252 1220 1476 1377">(b) Department Operations Manual, Chapter 5, Article 6, section 31060.3 (Power of Appointment) directs hiring authorities to “consider substantiated incidents of sexual harassment in all hiring decisions”. There were no incidents noted in any of the files reviewed. Interviews with the Institutional Personnel Manager indicated such incidents are considered.</p> <p data-bbox="252 1489 1484 1702">(c), (e) Department Operations Manual, Chapter 5, Article 6, section 31060.16 (Criminal Records Check) states that a criminal records check is a requirement for employment with CDCR and includes consent to be fingerprinted, which is also known as “Live Scan”. Live Scan refers to the technology used by law enforcement agencies to electronically capture fingerprints and palm prints.</p> <p data-bbox="252 1814 1484 2150">The interview with a Human Resource manager indicated that Live Scan allows for a national criminal history search, to include FBI records. The agency will be notified of any arrest of any employee on the following business day until a “no longer interested” form is submitted by the agency. This auditor reviewed forms submitted by new employees and verified the questions regarding prohibited conduct. These questions are asked on the Supplemental Application for all CDCR Employees, form 1951. CCI utilizes a “Supervisory Reference Check” form to ask former employers ten questions, including, “Does the candidate have any substantiated and/or pending allegations of staff sexual misconduct or any resignation during a pending</p>

investigation of an allegation of staff misconduct?”

CDCR requires all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire including medical staff. The Live Scan system notifies the department of any subsequent arrests an employee or contractor has on an on-going basis. It is a national notification. CDCR Form 2025 Employee Reference Questionnaire provides specific questions to be asked during the reference check process to comply with PREA standards. These questions include the following:

. While this individual was employed with your agency/institution, was he/she ever proved to have engaged in sexual abuse as proven by any substantiated investigation?

. Did this individual resign from his/her employment with your agency/institution prior to completions of an investigation into sexual abuse?

Directions regarding these questions include that the Background Investigative Unit conduct shall make an attempt to contact all previous institutional employees to inquire about substantiated investigations or if the applicant resigned during a pending sexual abuse investigation.

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

(d), (e) Contract language: Security Clearance/Fingerprinting states, the State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice (California), Bureau of Criminal Identification and Information (Bell), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor's employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined.

31060 Criminal Records Check (June 2017) defines the process to be taken before enlisting services of contractors who may have contact with inmates.

31070 Personnel Identification Cards ensures that additional review occurs regarding the

requirements being issues an identification card. The personnel office is responsible for verify completion of preemployment documentation before issuing an ID card.

(f), (g) Department Operations Manual, Chapter 5, Article 6, section 31060.3 (Power of Appointment) directs the hiring authority to “ask all applicants and employees who have contact with inmates directly about previous staff sexual misconduct and sexual harassment of inmates, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations as part of reviews of current employees”.

The Application Form specifically indicates that applicants must list all arrests noting that failure to do so will be grounds for denial of the application and/or termination of employment. Specifically, “I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employee application, this supplemental application, during my interview, or at any time prior to employment with CDCR, I may not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be disciplined, up to and including dismissal from State service.”

Furthermore, it requires applicants to note any prior correctional experience on the form. As the applicant signs, he/she is noting that they understand the misrepresentation, omissions, or falsifications may lead to not getting the job, or if discovered later, discipline up to termination from state service. The form is reviewed by the Warden.

(h) The agency, specifically the facility Staff Services Manager, does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, upon receipt of a signed release. This was confirmed by the interview with the Institutional Personnel Manager.

Five examples were provided to the auditor during the pre-audit phase. While at the facility, the auditor randomly requested to see Live Scan documentation, proof of the supplemental pre-employment and pre-promotion questionnaire, and evidence that reference checks were conducted. This was provided for five new staff, three staff who transferred, five promotional staff, and five newly hired correctional officers (verified through staff at the central hiring department. This was confirmed with the interview with one contractual staff.

The PAQ indicates there have been 181 staff hired who may have contact with inmates who have had criminal background record checks, representing 100%. The PAQ indicates there have been zero contractual staff hired.

Policy, interviews, the PAQ, and review of pre audit documentation and randomly requested personnel files, the Auditor finds sufficient evidence to support a finding of exceeds compliance.

115.18	Upgrades to facilities and technologies
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 528">(a) Faculty Planning, Construction and Management Notice of Change Statement, August 14, 2017, added the following: “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.”</p> <p data-bbox="252 645 1485 891">(b) 28 23 00 Video Surveillance addresses requirements regarding where and what type of video surveillance is needed. Faculty Planning, Construction and Management Notice of Change Statement dated August 14, 2017, added the following: “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.”</p> <p data-bbox="252 1008 1485 1209">Written interview responses from the Director of Operations (Agency designee) confirm the following: “The Design Criteria Guide requires PREA be considered in any new construction or plant modifications. Also CDCR has a planning and construction unit which works collaboratively with the PREA coordinator and PREA Compliance unit with PREA standards in mind to safely house all offenders and to keep them safe from sexual abuse.”</p> <p data-bbox="252 1249 1485 1753">Based on the interview with the Warden, and PREA Compliance Manager, and observations during the tour, no expansion has occurred except for the current remodeling of the health care areas. PREA requirements, as well as inmate and staff safety considerations, are being given to the design of the operation. The warden stated, “In 2016, Facility A and Facility B were converted from Security Housing Units to general population/Sensitive Needs Yards populations. They went from Restricted Housing facilities to facilities where inmates have access to work assignments and rehabilitative programs. This process included considerations for compliance with PREA mandates to include training staff and inmates, informing new arrival inmates during the orientation process, ensuring postings were in place for inmates and staff, maintaining open lines of communication while ensuring the maintenance of a safe and secure program. Although CCI does have some video monitoring system, there are plans for statewide implementation of video monitoring equipment.”</p> <p data-bbox="252 1794 1485 1910">Based on review of the policy, tour of the facility and observations made, as well as the interview with the PREA Compliance Manager and Warden, the auditor finds this standard to be in compliance.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The interview with the PCM confirmed the following: A victim advocate is provided through an MOU with the Women's Center High Desert. In accordance with the California Correctional Institution Supplement, The Watch Commander or designee shall immediately notify the local designated Rape Crisis Center to request a victim advocate de dispatched. This organization provides qualified Rape Crisis Counselors under the supervision of CALCASA.</p> <p>(a) Section 54040.81 - Custody Supervisor Responsibilities, Evidence states the following: "Care must be taken to ensure that any potential evidence is identified, preserved, and collected. Examples of evidence include, but are not limited to, any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit). Based on when/where the incident occurred, a designated evidence officer will be requested to collect evidence that may be destroyed if not preserved. The designated evidence officer and any other employee who collects evidence will process it according to institutional procedure. All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner (SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions. Refer to the institutions local MOU or DOM Supplement regarding processing of the clothing that the victim and suspect wore at the time of the incident. All other evidence such as clothing (from his/her bed area) and bedding will be collected per institutional procedure. Once the SANE has finished collecting the evidence, it will be returned to the custody escort to transport back to the institution where it will be processed following local protocols. In addition, the following forms have been developed and approved to ensure proper handling of evidence collection in a uniform manner:</p> <ul style="list-style-type: none"> . Custody Supervisor Checklist . Initial Contact Guide . Initial PREA Check Off (one for Staff and one for Supervisors) provides a detailed guide to ensure a sexual abuse incident is properly handled . Watch Commander Notification Checklist for PREA . CDCR correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). Department Operations Manual, Chapter 5, Article 44, section 54040.3 (Definitions) outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who

have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. CDCR has 895 LDIs; 8 are assigned to CCI.

(b) Curriculum Specialized PREA Evidence Training for Locally Designated Investigators, utilizes A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, 2012, as required per California Penal Code 13516. LDIs receive specialized training on sexual abuse and sexual harassment investigations. This training is based off the April 2012 edition of "A National Protocol for Sexual Assault Medical Forensic Examination", published by the US Department of Justice. There are no youth housed at CCI. Interviews with LDIs at CCI indicated they are knowledgeable on obtaining usable physical evidence.

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

California Correctional Health Care Services 4.1.6 Prison Rape Elimination Act states that there is no cost for health care service(s) considered to be treatment services relating to sexual abuse or assault. Forensic medical exams for incarcerated survivors of sexual abuse at CCI are facilitated onsite by the Forensic Services Unit (FSU) of Antelope Valley Health Care District. The staff reported that there were two inmate victims who received a forensic medical examination in the past 12 months; they were no longer housed at the facility during the on-site visit. Documentation regarding both incidents was provided to the auditor for review and analysis.

SANE contract with Antelope Valley Health Care District through June 2022, 58 pages. It states that it will conduct the following: Interview, victim and/or suspect examination, evidence collection kit (as provided by the institution) photo documentation, STD swab/culture, STD prophylaxis, Victim Advocacy/Rape crisis counseling. It uses the Forensic Medical Report: Acute (<120 hours) Adult/Adolescent Sexual Assault Examination Protocols, per this contract. Forensic Medical Report: Sexual Assault Suspect Examination. A telephone interview was conducted with the Supervisor who confirmed that they do provide SART/SANE examinations. And, per their MOU, this is conducted on-site at the facility when needed.

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

There is an MOU with Women's Center - High Desert Inc. signed January 2019, to provide emotional support services, provide a Victim Advocate to accompany and support through the medical exam, follow-up and on-going emotional support services in addition to confidential inmate telephones calls using hotline and confidential written correspondence. In person crisis counseling can be arranged by the PREA manager. The MOU requires that they maintain confidentiality in accordance with California Evidence Code 1035.8. The MOU is 23 pages.

contact the Rape Crisis Center for Victim Sexual Assault Advocate;

Time Completed:

If Rape Crisis Center is unable to provide, contact Trained Victim Advocate from institution.

Contact the Rape Crisis Center for Victim Sexual Assault Advocate;

Time Completed:

If Rape Crisis Center is unable to provide, contact Trained Victim Advocate from institution.

In addition to the above policy and MOU, the auditor reviewed the contract with Antelope Valley Healthcare District Hospital through June 2022 to provide SANE exams, Protocols for State of California Office of Emergency Services Forensic Medical Report Acute Adult/Adolescent Sexual Assault Examination, and Forensic Medical Report: Sexual Assault Suspect Examination.

The PAQ indicates there have been four incidents requiring the need for a SANE exam or victim advocate in the past 12 months.

Based on all documentation provided, the auditor believes the facility is well prepared to address a sexual abuse event in accordance with the requirements of this standard.

CCHCS Chapter 10 1.10 Copayment Program Policy ensures that no copayment is charged regarding treatment services relating to sexual abuse or assault.

(f-g) CDCR correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations.

(h) CDCR and CCI do not utilize qualified agency staff members in an advocacy capacity.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Section 54040.12 - Investigation, states that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. In addition, all allegations require completion of the Survey of Sexual Violence (SSV-IA) form.</p> <p>Staff on Offender: This clarifies that “allegations of staff on offender sexual misconduct or staff sexual harassment will be immediately reported to the Hiring Authority via the Watch Commander. The Hiring Authority will assign an LDI to conduct an inquiry until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The Confidential Memorandum shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary. In the event of such an emergency, staff shall follow-up with a written report within one (1) day of learning the information.”</p> <p>31140 Internal Affairs Investigations ensures that every allegation of employee misconduct within the CDCR shall be promptly reported, objectively reviewed, and investigated when appropriated. The Office of Internal Affairs is the entity with authority to investigate allegations of employee misconduct.</p> <p>Offender on Offender: This states the following: “All sexual violence allegations to include sexual assaults, attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be investigated by the LDI. These staff designated by the Hiring Authority will be responsible for completion of the investigation and will follow standard investigative procedures. The LDI or Custody Supervisor may utilize the Sexual Assault/Battery Interview Guidelines when questioning the alleged victim regarding the specific facts of the allegation. The ISU Lieutenant or LDI shall be responsible for completing the SSV-IA. “</p> <p>(b) DOM, Chapter 5, Article 44, Section 15080.2, states in part: “The Office of Internal Affairs (OIA) is the departmental entity with authority to investigate allegations of employee misconduct when appropriate. Information regarding this process is located at</p>

<https://www.cdcr.ca.gov/OIA.>”

(c) This subsection of the standard is not applicable to CDCR/CCI, as all investigations are completed by ISU or OIA.

(d) Department Operations Manual, Chapter 5, Article 44 governs the conduct of administrative and criminal investigations of sexual abuse and sexual harassment, and this policy is available on the agency's website at https://www.cdcr.ca.gov/Regulations/Adult_Operations/DOM_TOC.html. p>

(e) This subsection of the standard is not applicable to CDCR/CCI, as all investigations are completed by ISU or OIA.

Policy excerpts noted above support that investigations are completed for all allegations of sexual abuse and sexual harassment on inmates. It states all allegations are to be referred to local investigators for investigation. The auditor concludes this is occurring based on review of the database for investigation, interviews with the Warden, and interviews with the investigator that confirmed all investigations are referred as well as review of the investigations for 2019 to current. Review of the investigations confirmed that investigations are initiated immediately. Therefore, the Auditor found sufficient evidence to support a finding of compliance with this requirement of the standard. The written interview with the Director of Operations confirms, “all PREA allegations shall be investigated as indicated in our Department Operations Manual section 54040.12. “

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a), (c) Section 54040.4 - Education and Prevention, (Revised July 27, 2017), Staff Training states “All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and the Correctional Training Academy. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.”</p> <p>The auditor reviewed the lesson plan which contained 70 pages that addressed the following topics:</p> <ul style="list-style-type: none"> . Purpose and intent of PREA . Identify prevention measures . How to respond to allegations, suspicions and knowledge . Definitions . Communicating Effectively with LGBTI gender non-conforming . Warning signs, vulnerable population . Privacy/Modesty Screens and Announcements . Cross-Gender Searches . Detection and responsibilities of staff . Crime scene preservation . Zero tolerance . Retaliatory behavior is not tolerated . Maintaining confidentiality <p>An additional training curriculum was provided on inmate/staff relations which addresses avoiding inappropriate relationships with inmates. (11055030 Academy, 11053211 In service) is a 53-page instructor guide which addresses:</p> <ul style="list-style-type: none"> . Maintaining professional distance . Avoiding over familiarity

- How to develop rapport without becoming overfamiliar
- Consequences of denying inmates' rights which can lead to inmate manipulation.

As noted, PREA topics are addressed at new employee training as well as in-service training. This was confirmed by random interviews with staff who were experienced staff as well as two staff that had less than one year of service as a correctional officer. The facility provided a training report for all staff, one entitled positive report, the other negative report. The negative report had notations regarding why employees had not received training such as military leave, family medical leave, etc. This demonstrated a sound practice to show that training staff ensure that all staff have received the training. All staff interviews supported that they are very knowledgeable regarding the aspects of prevention, detection and response.

(b) Section 54040.4 - Education and Prevention (Revised July 27, 2017), Staff Training states, "the training will be gender specific based on the offender population at the assigned institution." The curriculum provided by CDCR includes information on working with female, male and transgender inmates.

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

To further evaluate compliance, the auditor requested training records for all staff whose last name started with "F" and "T". Five records were provided that demonstrated staff receive the training. Training documents for the training calendar were provided demonstrating who completed training, who didn't and why (leave of absence, etc) and the progress towards ensuring training was completed. Review of the training curriculum, interviews with staff and review of the training documentation support that staff training on the PREA requirements is occurring, therefore a finding of compliance is given.

115.32	Volunteer and contractor training
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p>(a) Section 54040.4 - Education and Prevention, Staff Training states that all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy.</p> <p>Per a Division of Adult Institutions memo, Volunteers and contractor staff also receive additional training on inmate/staff relations which addresses avoiding inappropriate relationships with inmates. (11055030 Academy, 11053211 In service) is a 53-page instructor guide which addresses:</p> <ul style="list-style-type: none"> . Maintaining professional distance . Avoiding over familiarity . How to develop rapport without becoming overfamiliar . Consequences of denying inmates' rights which can lead to inmate manipulation. <p>(b) There is a Volunteer/Contractor Informational Sheet that covers the following topics: policy, zero tolerance, retaliation, professional behaviors, prevention, detection and reporting. This is provided to potential volunteers with the Volunteer Application and Service Agreement. The agreement is also included in the 40-page Volunteer Handbook provided to volunteers. The handbook also addresses other topics such as Security Awareness and Dress Code. Documentation and interview with the contractor supervisor and volunteer supervisor validated that All volunteer and contractors are provided one hour of mandatory training, to aid staff in understanding the dynamics of establishing positive, professional interactions with inmates in the performance of their duties.</p> <p>(c) A form entitled, PREA Policy Information for Volunteers and Contractors (CDCR 2301) states at the bottom, "I have read and understand my responsibility." This form addresses PREA and the historical information, CDCR PREA policy, including no tolerance for retaliatory behavior, prevention, detection and response.</p> <p>The facility has few contractual staff, the auditor was able to interview one who provided substance abuse treatment through an organization contracted with this facility. The CCI supervisor of this program was also interviewed. They confirmed that a background check is completed in addition to receiving a Contractor Handbook , 31 page document, and a Gate</p>	

Clearance packet which addresses the requirements of the PREA standards as well as a signature acknowledging receipt and understanding the information provided.

The Volunteer coordinator provided the auditor with a spread sheet representing records for 78 regularly attending volunteers. The files were made accessible to the auditor. Three folders were randomly selected and confirmed that the volunteers complete the training, background check, and sign acknowledging they reviewed and understood the materials given to them. The auditor was unable to interview any volunteers on site as due to the coronavirus pandemic, services have been ceased.

The agency implemented a PREA training Learning Management System (LMS) for volunteers to complete prior to providing their service on site at the facility. It is a computer-based linked with PREA training to be completed by the volunteer. Interviews with the one contractual staff who provides substance abuse disorder programming supported that contractors are being educated regarding PREA, and also signed the PREA Policy Information for Volunteers and Contractors. Based on policy, interviews, training for volunteers and documentation showing the contractual staff have received instruction/training.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ reports that 2614 inmates received information on PREA at intake which represents 100% 1663 received additional education within 30 days which also represents 100%.</p> <p>The auditor was provided the following for review:</p> <p>Inmate Orientation Handbook, English and Spanish, January 2020</p> <p>PREA Sexual Violence Awareness Brochure - English and Spanish</p> <p>(a) Section 54040.4 - Education and Prevention, Staff Training states “Verbal and written information shall be provided to offenders which will address</p> <ul style="list-style-type: none"> . Prevention/Intervention. . Reporting. . Treatment and Counseling <p>Upon arrival, inmates receive and sign for the PREA Information for Orientation Handbook in English and Spanish. It includes the following information: Zero Tolerance for Sexual Abuse and Sexual Harassment Towards Inmates, No Retaliation for Making an Allegation, there will be Opposite Gender Announcements and Avenues which are available for reporting an incident (including anonymously), Third Party, Office of Internal Affairs (OIA) Mailing address, How to Identify Sexual Abuse and Sexual Harassment, How to Contact the Office of Inspector General (OIG), which allows for the inmate to remain anonymous upon request, but informs the inmate that telephone calls are recorded, and how to contact the Victim Advocate and Victim Support Person (write or call).</p> <p>The Inmate handbook PREA information includes the following:</p> <ul style="list-style-type: none"> . Opposite gender announcement . Reporting (includes anonymous) . Address, phone number for OIA . Information about Victim Advocate . This is available in Spanish and English

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

(a) Department Operations Manual, Chapter 5, Article 44, section 54040.4 (Offender Training) states, "Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish." PREA posters, containing departmental policy and reporting telephone numbers are posted at designated locations throughout the institution, to include receiving and release areas. These posters are in English and Spanish. Two PREA brochures ("Sexual Violence Awareness" and "Sexual Abuse/Assault - Prevention and Intervention") are to be distributed to all inmates at receiving and release areas. These brochures outline CDCR's no tolerance policy, and provides information on how to report by telephone, in writing and anonymously.

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

(c)The PAQ at CCI indicates that all inmates have received the education. A memo was provided dated November 2015 which confirms that as of September 2015, documentation had been received confirming that all inmates have been educated regarding PREA.

Upon departure from the transportation bus, all inmates are held in a holding area. During this time, a video is played regarding PREA published by JDI which repeats in Spanish and Hmong. This process was explained by the two intake staff (there are four intake operations at

this facility). Review of records for the last 15 inmates to arrive (randomly requested) provided evidence to support that inmates are receiving the PREA education as noted and providing a signature to support this, a review is conducted within 30 days with the counselor and committee to review the PREA information received at intake. This is documented in the computerized inmate record system.

(d) CDCR written instruction states, Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. When an inmate's Test of Adult Basic Education score is 4.0 or lower, employees are required to query the inmate to determine if assistance is needed to achieve effective communication. The employee is required to document on CDCR-128-B forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. If the inmate requires other accommodations for understanding educational material, the counselor will plan to provide it. It further states institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases. See additional comments on 115.16 regarding compliance with this standard.

All formal inmate interviews inmates indicated they are aware of PREA and the agency's zero-tolerance policy. Many confirmed the intake process. Others who have been at this facility for several years indicated they see the video on the institutional tv channel. Some confirmed the availability of closed captioning sign language, Spanish and Hmong. Most interviews confirmed that the posters are located by the phones. The auditor observed the posters during the tour in the areas noted in the policy - housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas.

(f) DOM 54040.3 Offender Education Approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas.

(e) Inmates sign the CDCR 128 B acknowledging receipt of PREA pamphlet and PREA training materials.

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

115.34	Specialized training: Investigations
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>(a) Section 54040.4 - Education and Prevention, Staff Training, states “All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c). The curriculum utilized in the class must be Office of Training and Policy Development (OTPD) approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained.” Interviews with the investigators support that they have received the general training provided to all employees. This was cross referenced on the training document provided for all staff at this facility. Basic Investigator Course (95 pages) 11055853</p> <p>CDCR correctional staff have peace officer status under California Penal Code 830.5 and are authorized and trained to conduct administrative and criminal investigations. Investigations are conducted by Locally Designated Investigators (LDIs). Department Operations Manual, Chapter 5, Article 44, section 54040.3 (Definitions) outlines that an LDI may be an Investigative Services Unit Investigator, or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. This specialized training is required per California Penal Code 13516.</p> <p>(b) Specialized Training for PREA Investigators, a 189-page training curriculum, addresses the following:</p> <ul style="list-style-type: none"> . Factors to consider when interviewing different victims . Legal Liability . DOJ Standards . Definitions . Forensic Medical Exams . Evidence Officer Responsibilities . Crime Scene Preservation . Criminal Prosecution - . interviewing sexual abuse victims, 	

- the proper use of Miranda and Garrity warnings
- evidence collection in confinement settings
- the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Interviews with LDIs at CCI indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.

(c) Documentation was provided demonstrating that 674 staff have been trained department wide, 6 are at CCI. Additional training documentation was provided that demonstrated that these staff also attend, complete, and pass regular PREA training.

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

(d) This provision is not required to be audited.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The medical/mental health eLearning module address all aspects as required by the standard (how to detect and assess signs of sexual abuse and sexual harassment), how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and to whom to report allegations or suspicions of sexual abuse and sexual harassment). 54040.4 - Education and Prevention, Staff Training states, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training is conducted during new employee orientation, annual training, and is included in the curriculum of the Correctional Training Academy. Participation in the training is documented on a CDCR 844, Training Participation Sign-in Sheet." In addition to training received by all staff, medical and mental health staff receive training through their department that addresses the additional requirements.</p> <p>BET Code 11057450 Specialized Training for Medical and Mental Health Staff addresses detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Additionally, it addresses:</p> <ul style="list-style-type: none"> . Key terms . Health care responsibilities . Potentials signs of sexual abuse or harassment to include behavioral, physical, and long-term potential responses to victimization . Preventative measures . Requirement to report, including if the incident occurred at another correctional facility . Referrals for medical/mental health evaluation and when required . Preservation of evidence . Follow up evaluations and continuing services . Specific treatments that may be required after a sexual abuse incident . Authorization for release of information if the alleged victim is over the age of 18 and the incident occurred outside the facility . Informed Consent . Acknowledgement that training has been received and understood.

Within the training, in the response, it did not require staff to request the victim, ensure the perpetrator not brush teeth. This has now been corrected. Interviews with medical and mental health staff indicated they were knowledgeable of the required elements. They confirmed that there is a separate training module for this, and that they also attend regular PREA training annually.

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

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

(d) Documentation was provided showing that medical and mental health staff also received the training mandated for agency employees. Training documents for the training calendar were provided demonstrating who completed training, who didn't and why (leave of absence, etc) and the progress towards ensuring training was completed. Review of the training curriculum, interviews with staff and review of the training documentation support

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

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ indicates that during the past 12 months, 1970 inmates arrived at the facility that remained 72 hours, 1663 inmates arrived that remained over 30 days.</p> <p>(a), (b), (c), (d), (e) Section</p> <p>Section 54046.6 - Initial Screening states “Upon arrival at an institution reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment. Additionally, the screening authority shall review prior in-cell behavior towards cell partners, such as verification that an inmate is or has been predatory towards a cell partner or has a history of in-cell sexual abuse. The risk assessment is conducted immediately upon arrival during the intake process. It assesses the following information:</p> <p>Risk of Victimization</p> <ol style="list-style-type: none"> 1. Victim of substantiated incident of sexual violence in a correctional setting 2. Experienced sexual victimization in a non-correctional setting 3. Mental, physical or developmental disability 4. Under 21 years old, older than 65 5. Physical build 6. Prior convictions for sex offense against an adult or child 7. Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex or Gender non-conforming? 8. First incarceration 9. Exclusively non-violent criminal history (convictions only) 10. Does the Inmate currently consider themselves vulnerable to sexual victimization? <p>Per the written instructions, the answer to question yes designates the inmate as a potential victim. Answering yes to five of the other questions designates the inmate as a potential victim.</p> <p>Risk of Sexual Abusiveness</p> <ol style="list-style-type: none"> 1. History of sexual violence in a correctional setting

2. Prior conviction for sex offense in a non-correctional setting
3. Conviction for non-sexual violent offenses in non-correctional setting
4. Guilty finding for non-sexual violent offenses in a correctional setting

Per the written instructions, the answer to question yes designates the inmate as a potential abuser. Answering yes to questions 2, 3 and 4 designates the inmate as a potential victim.

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

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

(g) Section 54040.7 - Detection, Notification, and Reporting states "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." Interviews with the PREA Manager and the counselors support that there is a process in place for this to occur. It would result in the counselor conducting the new risk assessment or receipt of any other information that would affect the risk assessment.

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

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

decisions are noted on a “result sheet” and distributed to facility staff on a need-to-know basis. Department Operations Manual, Chapter 5, Article 44, section 54040.3 (Definitions) defines need-to-know as when the information is “relevant and necessary in the ordinary performance of that employee’s official duties”.

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

The auditor requested and received the names of the last fifteen inmates to arrive at the facility, their risk assessment, and their follow-up interview with the counselor and corresponding documentation. Upon review of these documents, the auditor found sufficient evidence to support compliance with the requirements of the standard.

During the tour, the staff utilized reports run from the database with the responses to the questions to help identify for the auditor a list of targeted interviews. This supports that they are able to run a report to determine who at the facility is considered a potential abuse and who is considered and potential victim.

Corrective Action Required:

In accordance with the FAQ,

For both adult and juvenile facilities, the enumerated factors require both an objective (is) and a subjective (is perceived to be) determination. The objective determination requires that an inmate/resident be affirmatively afforded an opportunity to self-identify as LGBTI, if the inmate/resident chooses to do so. In addition, staff should consider any other relevant knowledge or information regarding inmates’/residents’ LGBTI status. The subjective component—whether an inmate/resident appears gender nonconforming—necessarily requires a determination based on the perception of the screening staff.

Perception is important because if the screener perceives that an inmate/resident might be considered LGBTI and/or gender nonconforming, then other inmates/residents (and staff) may have the same perception. Specifically, gender nonconformity is usually something that can be determined by staff, though that perception is not to be substituted for an inmate’s/resident’s own self-identification. Please note: an affirmative response does not require any specific course of action based on this one factor. It is one piece of information that should be evaluated in conjunction with the other factors listed in the PREA standards concerning the overall assessment of the inmate/resident. Inmates/residents may feel reluctant to provide

screening staff with information regarding their identification as LGBTI due to, among other possible reasons, a fear that disclosure of such information may make the inmate/resident more vulnerable to sexual or physical abuse, or harassment. Accordingly, the standards require the agency to implement appropriate controls on the dissemination of screening information within the facility and to protect sensitive information. See 28 C.F.R. § 115.41(i), § 115.241(i), and § 115.341(e). While agencies are required to ask the inmate/resident if he or she chooses to identify as gay, lesbian, bisexual, transgender, and/or intersex, it is clear that the agency may not compel the inmate/resident to answer. Specifically, the adult facility standards provide that inmates may not be disciplined for refusing to answer (or for not disclosing) certain enumerated factors, including whether they identify as LGBTI. See 28 C.F.R. § 115.41(h) and § 115.241(h). While there is no specific corollary in the juvenile facility standards, it would be counterproductive and harmful to punish young residents for refusing to provide this sensitive information.

At the time of the audit, the agency was not making a subjective assessment of perception of whether an inmate/resident appears gender nonconforming. The Risk Screen AQ assessment was updated reflecting this criteria. Specifically it now states, "Select "Yes" if after asking the inmate about whether they identify as LGBTI (mandatory) or has been perceived to be LGBTI, he/she indicates that he/she is or has been perceived to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming. Also select "Yes" if you as a custody supervisor perceive the inmate to be LGBTI or gender non-conforming putting the inmate at greater risk of victimization", making the standard now compliant.

115.42	Use of screening information
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 1088">The Interviews with the PCM confirmed the following: The facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. The agency/facility does consider placement for transgender/intersex ensures the inmate's health and safety, and reduce/prevent management or security problems. He confirmed that this population is reviewed biannually at a minimum. The auditor requested and received documentation reflecting this review for the four transgender inmates currently housed at the facility. It did reflect that transgender/ intersex inmates' views with respect to his or her own safety is given serious consideration in placement and programming assignments. He confirmed that transgenders are provide an opportunity to shower separately. The inmate interviews confirmed this as well, indicating there are no concerns with the ability to shower at this facility at this time. The auditor observed every shower area where a transgender inmate was housed and determine that it provided appropriate privacy and security for safe showering. Additionally, the PCM indicated that Transgender inmates can be housed throughout the state at every prison however, CDCR identified 14 institution that serve as transgender hubs. Transgender inmates are primarily housed at these 14 institutions although they are not housed in specific areas, units or wings. These institutions were identified as having more specialized medical and MH programs for trans people.</p> <p data-bbox="252 1200 1477 1361">The interviews with three correctional counselors confirmed that the PREA risk assessment is reassessed when they first arrived in conjunction with all relevant factors associated with the inmate so the UCC can best determine housing, programming and work assignments. This is again reassessed annually.</p> <p data-bbox="252 1473 1484 1939">The interview with the PREA Coordinator stated the following: The agency ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. All CDCR institutions house lesbian, gay, bisexual offenders throughout. We don't ask about sexual orientation other than in the PREA Screening where we ask if they identify as LGBTI and the response is just yes or no. This information is used to determine if an inmate is at higher risk of victimization or abusiveness. Transgender inmates can be housed throughout the state at every prison however, CDCR identified 14 institution that serve as transgender hubs. Transgender inmates are primarily housed at these 14 institutions although they are not housed in specific areas, units or wings. These institutions were identified as having more specialized medical and MH programs for transgender/intersex inmate.</p> <p data-bbox="252 2051 1484 2123">(a), (b) As noted previously, Section 62010.8.3 - Initial Classification Committee (ICC) states that the ICC will meet with each inmate privately within 14 days after arrival at the institution. A</p>

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

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

- . Inmate name, CDC number, and Personal Identification number.
- . Personal factors such as race, date of birth, age, weight, height, birthplace, and whether the inmate is a foreign national.
- . Receiving Institution.
- . County of commitment.
- . Out to court return and escape history.
- . Length of sentence.
- . Enemies and victimization history.
- . Criminal influence demonstrated over other inmates.
- . Previous housing status.
- . Reason(s) for prior segregation.
- . History of "S" suffix determination pursuant to CCR subsection 3377.1(c).

- History of in-cell assaults and/or violence.
- Security Threat Group affiliation
- Involvement in a race-based incident(s).
- Nature of commitment offense.
- Documented reports from prior cellmate(s) that the inmate intimidated, threatened, forced, and/or harassed him or her for sex.
- Documentation that the cellmate(s) refused to return to a cell occupied by the inmate because of fear, threats, or abuse perpetrated by the inmate.
- Documentation that the inmate has been the victim of a sexual
- assault or was previously single celled.”

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

Custody supervisors assigning/approving housing moves are required to review the inmate precaution screen to determine if inmate(s) being moved are identified as being “PREA - At Risk as a Victim” or “PREA - At Risk as an Abuser”. If either precaution exists, the custody supervisor is to review the potential cellmate's precaution screen and case factors to ensure inmates identified as “PREA - At Risk as a Victim” and “PREA - At Risk as an Abuser” are not housed together in a cell. This was confirmed with a brief interview with the Lieutenant who assigned inmates to programs and housing and is further evaluated by the counselors.

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

(a) During the audit, the auditor was informed of the following process:

As part of an inmate's review with the Unit Classification Committee, the correctional counselor will review the completed PREA screening tool with the inmate the day before the committee meeting and ask if he has any additional relevant information that should be considered for future housing, program or work assignments. The counselor notes if the inmate feels the current assignments are appropriate, or if there is additional information or concerns. If additional information is provided by the inmate, the counselor notes the information and the action taken in response to the information. If the inmate does not have additional information but expresses concerns or has special needs related to assignments, the counselor notes the

concerns and the action taken in response to the concerns.

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

Based on the summary of evidence described above, the auditor deems the facility to be compliant with the requirements of this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a), (b), (c), (d), (e) The following excerpts support compliance with this requirements of this standard: Section 54040.6 - Offender Housing (Revised July 27, 2017) states “Offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. The offender’s retention in segregation should not ordinarily exceed 30 days.”</p> <p>3335. Administrative Segregation states when an inmate’s presence in an institution’s General Population (GP) presents an immediate threat to the safety of the inmate or others, they can be placed in non-disciplinary segregation (NDS). If placement is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with 3044 and subsection 3190(b)(5) (C), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations.</p> <p>It further states, the facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If the period of segregation exceeds 30 days, reasoning shall be documented on a CDC Form 128-G (Rev. 10/89), Class Chrono.</p> <p>Additionally, every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population.</p> <p>The review is to be documented on the CDC Form 128-B (Rev.4/74), General Chrono. If the custody supervisor determines the need for continued segregation no longer exists, the inmate shall be referred to the ICC for a program review.</p>

The interview with the Warden confirmed the following: CCI has multiple alternative housing options allowing us to prevent ASU housing. This was verified during the tour of the facility.

The auditor interviewed one staff who works regularly in confinement while touring the facility. He confirmed that no inmate had been placed in confinement due to risk for victimization. The PAQ states that no inmates have been placed in administrative confinement due to risk for sexual victimization. During the audit process, the auditor found no evidence to dispute this. Based on the policy excerpts noted above, and interviews confirming this, the auditor finds this standard to be compliant.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PCM confirmed in his interview the following: Inmates can tell any staff member, have their family write in to OIG, OIA or Rape Crisis Center on Third Party notification; We have brochures to give them at R&R, ADSEG as well as information in Orientation handout. Rape Crisis Center information is included as well as posted throughout the facility with all contact information. They view a video in R&R and on Inmate Channel with additional information from PREA Resource Center. Committees will continue to give information as needed. It is on the Handouts and on the posters. Phone stops recording as soon as the RCC number is dialed, correspondence is treated as legal Mail</p> <p>(a), (c) Section 54040.7 - Detection, Notification and Reporting states, "Offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party." This written authority illustrates multiple internal methods for reporting violations of the policy which includes sexual abuse, sexual harassment, staff neglect and/or retaliation by other inmates or staff for reporting sexual abuse and sexual harassment.</p> <p>PREA Information for Orientation Handbook:</p> <p>CDCR is committed to providing a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment. This will be accomplished by maintaining a program to address education/prevention, detection, response, investigation, and tracking of these behaviors and to address successful community re-entry of the offender.</p> <p>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.</p> <p>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.</p> <p>Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offenders from reporting the incident(s) or cooperating with investigation of an incident(s).</p>

All staff interviews confirmed that staff will accept reports in any manner received, including anonymously, and will forward the information immediately to the Watch Commander. They were all able to tell the auditor of numerous ways inmates have to report an allegation which included the hotline, verbal and in writing.

PREA posters located throughout the facility also emphasize that reports can be made anonymously. Inmate interviews confirmed at least three methods for reporting an allegation (hotline, writing, verbally), most noting they saw the information on the posters. All inmates' interviews confirmed they were aware they can report verbally, in writing, and by third party and anonymously.

(b) Inmates can report sexual abuse or sexual harassment to the Women's Center - High Desert, Inc. , CDCR Internal Affairs, or to the OIG/PREA Ombudsman hotline as noted in the pamphlet and Inmate Handbook. The OIG reports to the Governor of California. The "Sexual Violence Awareness" and "Sexual Abuse/Assault - Prevention and Intervention" PREA brochures indicate that inmates may request to keep their name anonymous when reporting to the Office of the Inspector General. CCI does not have any inmates detained solely for civil immigration purposes.

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

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

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ indicates the following:</p> <p>Number of grievances regarding sexual abuse: 17 (9 Disapproved, 5 Granted in Part, 3 Reassigned to appropriate institution)</p> <p>Number of emergency grievances: 1</p> <p>Number of grievances written in bad faith: 0</p> <p>Number of third party grievances: 0</p> <p>Number of grievances that resulted in an extension: 0</p> <p>(a) Article 83084.1. Right to Appeal states “The appeal process is intended to provide a remedy for inmates and parolees with identified grievances and to provide an administrative mechanism for review of departmental policies, decisions, actions, conditions, or omissions that have a material adverse effect on the welfare of inmates and parolees. All appeals shall be processed according to the provisions of Article 8, Appeals, unless exempted from its provisions pursuant to court order or superseded by law or other regulations. Any inmate or parolee under the department’s jurisdiction may appeal any policy, decision, action, condition, or omission by the department or its staff that the inmate or parolee can demonstrate as having a material adverse effect upon his or her health, safety, or welfare. The department shall ensure that its departmental appeal forms for appeal of decisions, actions, or policies within its jurisdiction are readily available to all inmates and parolees.”</p> <p>(b) Under the section on Staff Complaints it states,</p> <ol style="list-style-type: none"> 1. There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinator, the appeal shall be screened in accordance with subsection 3084.5(b)(4). 2. A risk assessment determination of all staff sexual misconduct related appeals shall be immediately completed by the Hiring Authority to determine if the appellant is in substantial risk of imminent staff sexual misconduct. If the assessment results in a determination of the appellant being in substantial risk of imminent staff sexual misconduct, the Hiring Authority shall take immediate corrective action. 3. The appeals coordinator shall provide an initial response to the appellant within 48 hours that shall include whether or not the appeal is being processed as an emergency Staff Complaint. 4. An initial risk assessment shall be documented within 48 hours and the completed risk

assessment determination by the Hiring Authority shall be documented within 5 calendar days describing whether the appellant was determined to be in substantial risk of imminent staff sexual misconduct and the action(s) taken in response to the appeal. For the section entitled, PREA Allegations Against Another Offender: it states, a time limit shall not be imposed upon when an appellant may file a grievance alleging inmate on inmate sexual violence.

The time limits for processing an emergency sexual violence appeal are as follows:

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

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

(d) If the conditions of exceptional delay exist as described in subsection 3084.8(d), the time constraints of Second Level of Review or Third Level of Review may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the appeals coordinator. Any extension shall require written notification to the appellant and shall include the estimated completion date. The time consumed by the appellant in preparing the appeal shall not count in the calculation of a timely response. The appellant may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level.

One example provided

(e) Section 54040.7.2 - Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer states "When a third party, on behalf of an inmate, makes an allegation of staff sexual misconduct or sexual harassment against a departmental

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

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

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

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

Prison Rape Elimination Act (PREA) Sexual Violence states, a grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an

emergency appeal. The appeal shall be immediately reviewed by the Hiring Authority or designee and processed directly at the Second Level of Review. When the appeal alleges or indicates that the inmate may be in substantial risk of imminent sexual violence or imminent staff sexual misconduct, a risk assessment shall be undertaken.

Three inmate appeals (grievances) were received that initiated a PREA investigation. The auditor reviewed the process and found no violations of the standards. The auditor interviewed the grievance/appeal coordinator. He indicated his staff are aware of the need for reporting immediately anything in the body of an appeal that is sexual abuse, sexual harassment, retaliation or staff neglect which led to sexual abuse/harassment must be forwarded immediately to the Watch Commander. The auditor reviewed the appeal log from June 2019 to present and found nothing to indicate that an appeal regarding PREA had been overlooked. A list was generated demonstrating that ten grievances were filed that had some indication of sexual abuse or sexual harassment allegations. Two inmates were at the facility that had filed a grievance. They were interviewed and had nothing concerning to say about the process. They indicated it was investigated but were disappointed in the finding, saying that it indicated that the event did not happen. The auditor explained that an unsubstantiated investigation does not mean it did not happen, just that investigators were not able to prove or disprove the alleged events. The one inmate indicated that action was taken to resolve the problem. The other inmate was not mentally coherent enough to confirm his experience.

Review of policy, inmate handbook, grievances/investigations, interview with the Grievance supervisor and inmates who filed a grievance, the auditor concluded there is ample evidence to support a finding of compliance with the requirements of this standard.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>54040.8 Victim Advocate and Victim Support Person ensures the following:</p> <p>Victims of alleged sexual violence or staff sexual misconduct have the right under PC 264.2, PC 679.04, and/or 28 CFR, Standard §115.21 to a Victim Advocate and Victim Support Person for both forensic medical examination (where evidentiary or medically appropriate) and for the investigatory interview.</p> <p>Victim Advocate and Victim Support Person for Medical Examination In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of a sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination.</p> <p>The victim has the right to have a victim advocate present and a victim support person of the victim's choosing (see PC Sections 679.04 and PC 264.2 and/or 28 CFR, Standard §115.21) at the forensic medical examination. In most cases, the victim advocate will be from the local rape crisis center. The victim support person may be excluded from the examination if the watch commander/designee or medical provider determines that the presence of the victim support person would be detrimental to the purpose of the examination or poses a threat to the safety and security of the institution or outside hospital. If a victim support person is excluded, the watch commander/designee or medical provider who made the decision shall document the reason (i.e., if time for the support person to attend would result in a significant delay and/or the person requested would present a risk to the safety/security of the institution) on the CDCR Form 837 if the allegation is against another offender or on a confidential memorandum if the allegation is against staff. A Memorandum of Understanding (MOU) between the Institution and Local Rape Crisis Center (Victim Advocate) shall be established to ensure that both agencies understand their roles and responsibilities when responding to sexual violence or staff sexual misconduct.</p> <p>Victim Advocate and Victim Support Person for Investigatory Process</p> <p>Victims of alleged sexual violence or staff sexual misconduct, have the right to have a victim advocate and a victim support person of the victim's choosing (see PC Sections 679.04 and PC 264.2 and/or 28 CFR, Standard §115.21) present at any investigatory interview, interview by law enforcement, the district attorney, or defense attorneys. If the investigator or the district attorney determines that the presence of the victim support person would be detrimental to the interview, the victim support person may be excluded from the interview. The victim must be notified verbally or in writing of this right by the attending investigator or the district attorney prior to the interview. Reasons for exclusion of the victim support person are the same as identified previously in the medical examination process and shall be documented as required above.</p>

Victim Advocates for Emotional Support Services

The facility shall 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. This information is available to the inmate population in the PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention". It should also be included in each institution's offender orientation handbook. For persons detained solely for civil immigration purposes, information for the appropriate immigrant services agency shall be provided by staff.

The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

PREA INFORMATION FOR ORIENTATION HANDBOOK

Victim Advocate and Victim Support Person

If you are the victim of sexual violence or staff sexual misconduct while in this institution, you may be eligible to have a victim advocate and a victim support person with you during the medical examination, interviews with law enforcement, and subsequent interviews with medical staff.

Agency-wide posters were recently revised with a teal color that indicate "HELP is Available," then provides phone numbers, noting that these are access to toll-free confidential calls, as well as an address which does provide confidential written correspondence and instructions on how to address the envelope to ensure this.

There is a contract/MOU in place with the Women's Center - High Desert Inc. through June 2024. The auditor called the agency that provides the service and was able to talk to the Director. She expressed concern about developing lack of communication with the facility. This was attributed to changes implemented to reduce the spread of COVID 19. As the facility has a new PCM, they were asked to have a meeting to reconnect and gain understanding of when and how services can be provided.

CDCR has a signed Memorandum of Understanding (MOU) with Women's Center High Desert (WCHD) to provide confidential community-based advocacy services to incarcerated survivors of sexual abuse at CCI. WCHD is a public non-profit 501(c)(3) organization in California, dedicated to providing compassionate and comprehensive services to survivors of crime, sexual assault/rape, and domestic violence. WCHD' services include a 24-hour crisis hotline, counseling, hospital and court advocacy and accompaniment, community referrals, and community education and prevention programs. Services are available in English and

Spanish. WCHD is not part of a governmental unit. WCHD will accompany and support the incarcerated survivor through the forensic medical exam process and investigatory interviews. The MOU states WCHD will provide emotional support services related to sexual abuse in response to request from incarcerated survivors through one or more of the following methods: non-confidential regular inmate telephone calls to WCHD's hotline; confidential written correspondence to and from victim advocates; in-person crisis counseling sessions with incarcerated survivors, or meetings arranged by the PCM; and/or telephone calls to WCHD arranged through a CCI chaplain, counselor, psychologist or Investigations Services Unit staff, assuming resources and scheduling allows.

During the tour, the auditor observed the phones available to the inmate population. For facility A & B, one phone is in each section, three sections per housing. This affords reasonable communication as the remainder of the unit is not out when the phone is in use.

For Facility C, there are four phones per housing unit. Two on each side. For facility D there are two phones in each dorm near the entrance of the unit. For Facility E, eighteen phones are located outside in common areas in telephone booths, affording some privacy. Posters on how to contact this organization were seen near all phones in the institution.

In accordance with the mail policy, correspondence to this organization is deemed confidential and treated in the same manner as legal mail. This was confirmed with the interview with the mailroom supervisor, who was also able to provide documentation of a recent mail exchange with WCHD demonstrating that it was treated in the same manner as legal mail.

All inmates interviewed confirmed that they have seen the posters, but most did not know what services were provided. Approximately half did acknowledge they believed the phone call was confidential and that there was an address where they could write the organization if they wanted.

115.54	Third-party reporting
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1493 533">Section 54040.7.3 - Notification via Third Party Reporting of Sexual Violence or Sexual Harassment against an Offender states that third party notifications made on behalf of an inmate will be addressed. The following website provides directions on how to file an allegation https://www.cdcr.ca.gov/prea/prea/reporting/ The term “third party” is defined in this section as including inmates, family members, attorneys or outside advocates.</p> <p data-bbox="252 645 1469 768">Staff and inmate interviews all support that third-party allegations of sexual abuse and sexual harassment will be immediately forwarded for investigation in the same manner as any other allegation. Based on this, the auditor finds the standard to be in compliance.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 573">(a) Section 54040.4 - Education and Prevention states, CDCR employees, including volunteers and contractors, have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. It further supports that staff shall receive instructions regarding this in their required training.</p> <p data-bbox="252 685 1493 842">Section 54040.7.1 - Notification via Inmate Appeals or Form 22 Process further states, any employee receiving notice of alleged staff sexual misconduct via a completed CDCR Form 602 (inmate grievance), shall immediately notify the institution head, unit supervisor, or highest-ranking official on duty.</p> <p data-bbox="252 954 1461 1077">Training curriculum reinforces that retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment or those who cooperate will not be tolerated.</p> <p data-bbox="252 1189 1485 1402">(a) 54040.7 - Detection, Notification, and Reporting] states “CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.”</p> <p data-bbox="252 1514 1477 1760">Section 54040.7.1 - Notification via Inmate Appeals or Form 22 Process further states “Any employee receiving notice of alleged staff sexual misconduct via a completed CDCR Form 602, Inmate/Parolee Appeal, CDCR Form 22, Inmate/Parolee Request for Interview, Item or Service, or CDCR Form 602HC, Inmate/Parolee Health Care Appeal] shall immediately notify the institution head, unit supervisor, or highest-ranking official on duty as required by CCR, Title 15, Sections 3401.5, 3084.9(a)(5), 3084.9(a)(5)(A), or 3086.”</p> <p data-bbox="252 1872 1485 2119">(b) Section 54040.8 - Response states, “It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct, and display sensitivity to the potential emotional impact of the situation. All staff are reminded that this is a very serious situation. Incident specific information shall be treated as confidential, and disclosure made only to employees who have a “need to know” and to other persons and entities as permitted or required by law.”</p>

(c) CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES, III. PROCEDURE, A. Initial Encounter

1. When a patient alleges he/she is the victim of sexual violence or misconduct that occurred in an institutional setting:

a. Health care staff shall:

- 1) Provide necessary and immediate emergency medical attention to the victim and suspect.
- 2) To the extent possible, maintain physical separation (visual and auditory) between the alleged victim and suspect(s).
- 3) Notify the patient of health care staff's duty to report all allegations of sexual violence, staff sexual misconduct, and sexual harassment, and the limitations of confidentiality, at the initiation of services.
- 4) Notify the Watch Commander of the incident.
- 5) Notify Investigative Services Unit (ISU) staff of the incident.

As stated, this is reinforced in the specialized training for medical and mental health workers.

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

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

b. Submit the CDCR 7552 to the ISU for appropriate reporting."

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

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

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

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

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

115.62	Agency protection duties
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 618">Section 54040.7 - Detection, Notification, and Reporting states “CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner.”</p> <p data-bbox="252 730 1469 1021">A CDCR Form 837, Crime Incident Report, shall be submitted for each allegation of Sexual Violence against an offender by an offender in compliance with Section 51030.3, except as described in Section 54040.7.3. An offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member. If the staff who receives the report is non-custody, he/she shall immediately notify his/her supervisor and the Watch Commander. Each employee who observes the incident or is provided a report by the victim must complete required reports.</p> <p data-bbox="252 1133 1437 1256">3335. Administrative Segregation states, when an inmate's presence in an institution's General Population (GP) present an immediate threat to the safety of the inmate or others. They can be placed in non-disciplinary segregation (NDS).</p> <p data-bbox="252 1368 1469 1491">The interview with the Warden revealed the following: When you learn that an inmate is subject to a substantial risk of imminent sexual abuse, what protective action does the facility take.</p> <ul data-bbox="252 1525 1362 1783" style="list-style-type: none"> . Immediately Separate the inmate from the threat and conduct an investigation. . Move the inmate to alternative housing if necessary. . Place the aggressor in ASU if appropriate. . Initiate the Protection Against Retaliation (PAR) process. <p data-bbox="252 1816 1477 1939">All randomly selected staff confirmed that they would intervene if they believed an inmate was a risk of sexual abuse, or any abuse. They confirmed that they would receive support for the preemptive action by their supervisor.</p> <p data-bbox="252 2051 1477 2130">The PAQ indicates there has been no occurrence requiring immediate action to protect an inmate from imminent sexual abuse. The auditor found no reason to disbelieve this during the</p>

audit process. Policy supports that they will protect the inmate immediately. Staff interviews confirm that staff is aware they must take immediate action to protect an inmate from imminent sexual abuse.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The interview with the Warden confirmed the following:</p> <p>When an allegation is received from another facility, ISU is notified and an investigation is initiated immediately. We also coordinate with the other institution to conduct interviews, notifications and to ensure the investigation is completed in a timely manner. Additionally, he provided examples of this occurring which were also documented in the investigation data base.</p> <p>(a), (b), (c), (d) Section 54040.7.4 - Notification from/to Other Confinement Facilities states "Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. The Hiring Authority or agency office receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in accordance with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported." This written authority designates that the reporting will be made by the head of the facility, in writing, within 72 hours. It also addresses how the investigation will be completed and communicated.</p> <p>The PAQ reports that at this facility, three notifications were sent to other facilities; no allegations were received from another facility. The auditor requested a copy of one when reviewing the investigations. Notifications are sent as per the standard. The investigation data bases is state-wide which affords the investigators the ability to coordinate efforts in completing the investigation.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ indicates that there were five allegations that allowed for time to collect evidence, 11 allegations an inmate was sexually abused, and zero times an allegations was responded to by non-security staff.</p> <p>(a), (b) Section 54040.11 - Suspect Processing, Offender on Offender states, "To the extent possible, all staff will ensure that there is no physical, verbal, or visual contact between the victim and suspect."</p> <p>Section 54040.8 - Response, Initial Contact further adds, "Upon the initial contact with an employee, that employee will take the alleged victim to a private secure location." Section 54040 - Crime Scene Preservation states, "The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area. ISU staff and/or trained personnel shall process the crime scene including collecting and securing evidence. ISU staff shall photograph/videotape the crime scene and evidence collected, make a diagram of the crime scene, and collect/package all evidence." The Initial Contact Guide has been developed to assist employees in completing the tasks associated with initial contact.</p> <p>PRISON RAPE ELIMINATION ACT: INITIAL CONTACT GUIDE</p> <p>Request the Victim, to the best of your ability, DOES NOT:</p> <ul style="list-style-type: none"> Shower Brush Teeth Remove clothing without custody supervision Use restroom facilities Consume any liquids <p>Ensure the Suspect, to the best of your ability, DOES NOT:</p> <ul style="list-style-type: none"> Shower Brush Teeth Remove clothing without custody supervision Use restroom facilities

Consume any liquids

The supervisor is required to do the following:

Obtain briefing from the initial contact person.

Ensure a time line is initiated.

Ensure victim is secured (Ensure no visual or physical contact occurs between victim and suspect(s)).

Ensure crime scene has been secured.

Notify Watch Commander of situation.

Secure the suspect(s), if identity is known. Ensure no visual or physical contact occurs between victim and suspect(s).

Review ERMS/C- File/DECS to determine if a Staff Assistant is needed.

Assign custody escort to the victim.

Consider same gender preference of victim. Custody escort will act as Staff Assistant (if needed).

Assign custody escort to the suspect.

Designate an evidence officer to collect and process evidence.

During the audit, the auditor observed supervisors designated for every area of the facility. Policy, training and the checklist address the requirements of the standard. Staff interviews support knowledge of these requirements.

The auditor interviewed a custody staff who acted as a first responder for a sexual abuse allegation. His interviewed confirmed his actions were consistent with the response plan. Additionally, the auditor requested and received the facility incident response report which confirmed this as well.

Standard 115.65: Coordinated response

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's coordinated response is summarized below:</p> <p>Section 54040.8 - Response states "It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct, and display sensitivity to the potential emotional impact of the situation. All staff are reminded that this is a very serious situation. Incident specific information shall be treated as confidential, and disclosure made only to employees who have a "need to know" and to other persons and entities as permitted or required by law."</p> <p>A Watch Commander Notifications Checklist has been developed to identify the tasks to be completed. When the call is made to request the ambulance, it is critical to inform the dispatcher that the injured offender is the victim of sexual assault/battery. At the time the victim is sent to the outside hospital or on-site location, the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated and trained staff from the facility will be dispatched or called in to act as the Victim Advocate as defined in Section 54040.3.</p> <p>Crime Scene Preservation - The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area. ISU staff and/or trained personnel shall process the crime scene including collecting and securing evidence. ISU staff shall photograph/videotape the crime scene and evidence collected, make a diagram of the crime scene, and collect and package all evidence.</p> <p>Evidence:</p> <p>All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner (SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions.</p> <p>Section 54040.8.2 - Victim Advocate and Victim Support Person, Victim Advocate and Victim Support Person for Medical Examination states "In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of a sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination."</p>

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

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

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

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

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

Per the interview with the Warden, the local supplemental for Departmental Operations Manual section 54040, details the procedures for responding to and investigating an allegation of sexual abuse. Staff have been trained regarding the initial procedures for dealing with

alleged victims and suspect, and those procedures have been posted in the housing unit and program offices. ISU staff are immediately notified, and a locally designated investigator is assigned. CCI previously had twelve trained LDIs, however we recently had another four staff trained to ensure prompt response. All allegations are elevated to the Administrator of the day, the Chief Deputy Warden, and the Warden.

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

115.66	Preservation of ability to protect inmates from contact with abusers
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1342 360">The facility works with staff who may belong to one of the following fourteen unions:</p> <ul style="list-style-type: none"> <li data-bbox="252 400 879 434">BU 1 Associate Governmental Program Analyst <li data-bbox="252 474 724 508">BU 3 Teacher, Vocational Instructor <li data-bbox="252 548 569 582">BU 4 Officer Technician <li data-bbox="252 622 585 656">BU 6 Correctional Officer <li data-bbox="252 696 874 730">BU 10 Associate Hazardous Material Specialist <li data-bbox="252 770 619 804">BU 11 Laboratory Assistant <li data-bbox="252 844 754 878">BU 12 Plumber, electrician, Carpenter <li data-bbox="252 918 608 952">BU 13 Stationary Engineer <li data-bbox="252 992 746 1025">BU 15 Correctional Supervising Cook <li data-bbox="252 1066 743 1099">BU 16 Dentist, Physicians & Surgeon <li data-bbox="252 1140 576 1173">BU 17 Registered Nurse <li data-bbox="252 1214 639 1247">BU 18 Psychiatric Technician <li data-bbox="252 1288 647 1321">BU 19 Psychologist, Chaplain <li data-bbox="252 1361 1078 1395">BU 20 Registered Dental Assistant, Licensed Vocational Nurse <p data-bbox="252 1503 1485 1832">All contracts have been made available to the auditor. Review of the key areas supports that they do not prohibit the agency's ability to remove alleged staff sexual abusers from contact with any inmate pending the outcome of the investigation. Interviews with the Warden, PREA Coordinator and Agency Head designee support this as well. The PREA Coordinator indicated that all efforts towards compliance with PREA standard are addressed with the unions affected by the proposed policy/procedure changes. Based on review of union contracts, interviews, and review of investigations that support that staff will be reassigned pending an investigation, the auditor finds this standard to be in compliance.</p>

115.67	Agency protection against retaliation
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1362 360">The interview with the Warden indicated the following protective measures will occur:</p> <ul data-bbox="252 400 1445 551" style="list-style-type: none"> <li data-bbox="252 400 1445 472">. Inmate - Separate from victim and place suspect in ASU if necessary. Issue RVR for conduct. <li data-bbox="252 517 1445 551">. Staff - Ensure no contact with victim. Corrective or disciplinary action as appropriate. <p data-bbox="252 734 1469 813">The PAQ indicates there were no incidents of retaliation. This was confirmed by the interview with the investigator (person who monitors for retaliation).</p> <p data-bbox="252 927 1163 960">California Code of Regulations, Title 15 Protection Against Retaliation</p> <p data-bbox="252 1001 1484 1247">Retaliation Against Employees. Retaliatory measures against employees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, unwarranted denials of promotions, merit salary increases, training opportunities, or requested transfers; involuntary transfer to another location/position as a means of punishment; or unsubstantiated poor performance reports.</p> <p data-bbox="252 1361 1484 1641">Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct.</p> <p data-bbox="252 1756 1469 2002">Protection Measures. Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperate with staff sexual misconduct investigations including but not limited to housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with investigations.</p> <p data-bbox="252 2116 1355 2150">(a), (e) Section 54040.1 - Policy states, "Retaliatory measures against employees or</p>

offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offenders from reporting the incident(s) or cooperating with investigation of an incident(s).”

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

(b), (c), (d) Two forms have been developed to meet the requirements of this standard:

. CDCR 2304 - Protection Against Retaliation - Inmate. This form compels the reviewer to meet with the inmate up to six times and addresses housing unit change needs, removal of alleged abuser, emotional support services, disciplinary reports, housing unit changes, and work reports/ assignments. It has a section to note if the reviewer believes there is a continuing need to monitor.

. CDCR 2305 Protection Against Retaliation - Staff. This form compels the person monitoring to address if the staff reported the incident or cooperated with the investigation, met with the staff, address if there have been any reassignments, if emotional support is needed, and concerns related to performance evaluation. It again has an area to address if continuing to monitor is needed.

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

The interview with the investigator confirmed that several techniques are used to ensure that the inmate is not experiencing retaliation to include periodic checks, monitoring of telephone, checking with housing staff, program staff and disciplinary action. The inmates who were interviewed who had made an allegation did not experience anything they believed to be retaliation.

Five inmate examples were provided to the auditor during the pre-audit phase for review. In addition, for every investigation reviewed that required retaliation monitoring documentation

was provided and reviewed. Interview with the Agency Head designee, Warden, and investigator support that retaliation is not tolerated and all efforts will be made to ensure that those involved in reporting an allegation are given assurances that any acts of retaliation towards them for reporting the incident will be not be tolerated and appropriate action will be taken. Based on the policy, reviews of retaliation monitoring forms, and interviews, the auditor finds this standard to be compliant.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>3335. Administrative Segregation states, “When an inmate's presence in an institution's General Population (GP) presents an immediate threat to the safety of the inmate or others. They can be placed in non-disciplinary segregation (NDS). If placement is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with 3044 and subsection 3190(b)(5) (C), of Title 15 of the CCR. If these are restricted, assigned staff shall document:</p> <ol style="list-style-type: none"> 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations. <p>The facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If the period of segregation exceeds 30 days, reasoning shall be documented on a CDC Form 128-G (Rev. 10/89), Class Chrono. Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population. The review shall be documented on the CDC Form 128-B (Rev.4/74), General Chrono. If the custody supervisor determines the need for continued segregation no longer exists, the inmate shall be referred to the Institution Classification Committee for a program review. The reasons for ordering an inmate's placement in administrative segregation shall be clearly articulated on a CDC Form 114-D (Order and Hearing on Segregated Housing), by the initial segregating authority. The CDC Form 114-D shall include sufficient information and detail to allow the inmate to present a written or verbal defense to the stated reason(s) and circumstances for segregation during the classification hearing.</p> <p>The interview with the Warden confirmed the following: CCI has multiple alternative housing options allowing us to prevent ASU housing. This was verified during the tour of the facility.</p> <p>The PAQ indicates there has been no occurrence that warranted the use of segregation to house an inmate who is alleged to have suffered sexual abuse. During the audit process, the auditor found no reason to dispute this statement. Policy excerpts noted above ensure that the requirements as set forth in §115.43 are met. Interviews with the Agency Head designee and the Warden support that administrative segregation will be used as a last resort. Based on the policy, interviews, and reviews of the investigations which support that administrative</p>

segregation is not used to address PREA allegations, the auditor finds this standard to be in compliance.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>As noted in the narrative the following review of investigations concluded the following:</p> <p>There are six staff who has received specialized training. A list of investigations from the June 2019 to present was provided, it reflected forty-three (43) total investigations. Of those, seven were regarding allegations from another facility, five were deemed to not qualify as a PREA investigation based on the incident. Sixteen were reviewed for compliance with the standards:</p> <p>Two staff on inmate sexual abuse allegation</p> <p>Five staff on inmate sexual harassment allegation</p> <p>Four inmate on inmate sexual abuse allegations</p> <p>Zero inmate on inmate sexual harassment allegation</p> <p>Zero retaliation allegations</p> <p>Three allegations of events that occurred at another facility, reported at CCI</p> <p>Two deemed to not meet the definition of a PREA investigation</p> <p>Zero allegations were deemed substantiated, seven were deemed unsubstantiated, two were deemed unfounded, two are still open. The auditor reviewed the appropriate notifications and monitoring retaliation documentation where it was warranted.</p> <p>It was reported to the Auditor that any and all allegations that may appear to meet the definition are investigated until the investigation established that it was not a "PREA" investigation. During the past 12 months, one pending allegations is being referred for criminal prosecution, and reflected an investigation that continued after the alleged perpetrator resigned. One involved a SANE exam; lab results still pending. Investigations were initiated from third party allegations, suspicions of sexual abuse/sexual harassment, an inmate grievance, use of a staff (investigator) interpreter, mental health referrals and direct reports.</p> <p>The interview with the Warden confirmed the following: "Since CCI staff are sworn Peace Officers and have received training, we conduct our own investigations. CCI will assist with other county or state agencies upon request. Once advised of an allegation at another institution or agency, or ISU staff will stay in communication to assist with the investigation until it is complete. "</p>

The interview with the PREA Coordinator confirms the following:

CDCR does not utilize outside agencies to investigate allegations of sexual abuse. CDCR has trained Locally Designated Investigators at each institution who are sworn peace officers that conduct administrative and criminal investigations.

The PCM stated, "We do our own investigations and will assist outside agencies as needed."

Interviews with inmates who had reported sexual abuse or sexual harassment confirmed that investigation was immediately initiated, and they were notified of the findings in writing.

(a) Sections 31140.6 - Authority to Conduct Investigations and 31140.11 to 31140.16, pursuant to Government Code Section 11182, the Secretary of the Department delegates the authority to initiate and conduct investigations to the Assistant Secretary, OIA, California Department of Corrections and Rehabilitation Office of Internal Affairs. All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing. In addition, all allegations require completion of the Survey of Sexual Violence (SSV-IA) form. Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation. Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary.

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

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

54040.8.1 Custody Supervisor Responsibilities

If the victim alleges staff sexual misconduct, the Hiring Authority will be immediately notified via the Watch Commander. The Hiring Authority will assign a LDI to conduct inquiry work until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary.

54040.12 Investigation

All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. No standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained. In addition, all allegations require completion of the Survey of Sexual Violence (SSV-IA) form. Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters,

readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation. The departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation. One investigation reviewed verified this to be followed.

Staff on Offender

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

Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary.

Offender on Offender

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

specific facts of the allegation. The ISU Lieutenant or LDI shall be responsible for completing the SSV-IA.

31140.14 Allegation Inquiry

Allegation inquiries shall be conducted at the direction of the Hiring Authority when there is an allegation of misconduct, which if true could lead to adverse action, and the subject(s), allegation(s), or both are not clearly defined or more information is necessary to determine if misconduct may have occurred. Each allegation inquiry shall be promptly performed by locally designated investigators approved by the OIA or OIA investigators. A written allegation inquiry report shall be provided to the Hiring Authority and shall document the collection of preliminary information that supports or refutes alleged misconduct. All applicable sections of Memoranda of Understanding (MOU) related to personnel investigations shall be followed.

31140.16 Review, Evaluation, and Disposition

The CIU shall review each CDC Form 989 and all supporting documentation and shall evaluate and make a determination regarding each matter within thirty (30) calendar days. Requests for investigation shall receive a case number and be evaluated using a priority approach. Outcomes of the evaluation are as follows:

Accepted for Investigation: Allegations of misconduct accepted by the CIU for investigation shall

be forwarded to one of the OIA regional offices for assignment. Once received, the OIA regional will assign the investigation as follows:

- . Assign the investigation to a Special Agent from the OIA regional office within ten (10) calendar days;
- . Assign the investigation to a locally designated investigator within ten (10) calendar days.

The investigation shall be supervised and monitored by a Senior Special Agent from the respective OIA Regional Office. The SAC, CIU, shall provide written acceptance of the case by memorandum to the Hiring Authority. The memorandum shall include the OIA regional office with case responsibility and the CMS case number. This acceptance memorandum shall remain a permanent

record in the Internal Affairs investigator's case file.

- . Referred for Investigation - These cases contain allegations that are more appropriately investigated by other entities (i.e., outside law enforcement, the OIG, or OCR).

- . Returned to the Hiring Authority Without Investigation:

- Direct Discipline/Supervisory Action:
- Further Investigation or Inquiry Required:
- No action: Some requests may not warrant any corrective or adverse action. For requests returned without investigation, a memorandum shall be completed by the SAC and forwarded to the Hiring Authority.

The memorandum shall include a detailed explanation for the action taken and shall direct the Hiring Authority, as appropriate, to determine the appropriate disciplinary action while taking into account any prior misconduct by the employee or corrective action imposed. A copy of the memorandum shall be

retained in the CIU file. In addition to responding in writing, the SAC shall be available to the Hiring Authority to discuss the decision for the return of the investigation. The Hiring Authority may appeal the decision in writing to the Chief, OIA, Headquarters Operations, promptly following issuance of a returned case memorandum.

31140.17 Case Assignment

When a request for investigation is accepted, the case shall be assigned to an OIA regional office (Headquarters, Northern, Central, or Southern). If the case is assigned by the OIA region to a locally designated investigator, the case shall receive a case number and be supervised by a Senior Special

Agent from the OIA regional office. The locally designated investigator shall complete the case and return it to the Senior Special Agent for final review before it is noted as complete in the CMS.

31140.20 Criminal Investigations

A criminal investigation should be conducted for an allegation of employee misconduct when there is reason to believe the employee has committed a violation of criminal law and an outside law enforcement agency is not conducting an investigation. The CIU shall identify and document the potential criminal violation and the facts and evidence represented in support of the complaint. The CIU shall refer the case to a SAC for the respective region who will assign the criminal investigation to a Senior Special Agent

for supervision.

31140.21 Administrative Investigations

An administrative investigation shall be conducted into allegations of staff misconduct that are violations of policy, procedure, or law. Administrative investigations may be conducted concurrently or subsequent to a criminal investigation. The determination of whether to conduct the administrative investigation concurrently with the criminal investigation shall be made by the Senior Special Agent in consultation with the Vertical Advocate and BIR in

conjunction with the prosecuting agency. In addition, the prosecuting agency shall be consulted prior to any compelled subject interview when criminal charges or court proceedings are pending. If the prosecuting agency requests the Internal Affairs investigation be delayed pending criminal prosecution, that request shall be documented in the case file and in CMS.

An administrative investigation, adverse action, or both, shall not be delayed unless it clearly would jeopardize the criminal prosecution.

31140.37 Administrative Misconduct Discovered During an Investigation/Inquiry

If an investigation/inquiry of alleged employee misconduct reveals possible additional misconduct, the OIA investigator shall present the facts of the case to the SAC. The SAC shall promptly notify the Hiring Authority and consult with the Vertical Advocate to determine if the additional allegations should be included with the existing investigation/inquiry or presented to the CIP. After consultation with the SAC, additional allegations shall be added if appropriate and the investigation of the additional allegations shall be conducted by OIA.

(b) See comments to 115.34

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

(d)Section 31140.3.1 - Referral for Criminal Prosecution and Section 54040.15 - Disciplinary Process states, "Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary/ criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated." Compelled Interviews are addressed in the OIA Interview Field Guide. It addresses the use of Miranda warnings, and contact with the District Attorney to have him/her determine if compelled statements should be taken.

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

14030.1 Article 20 Polygraph confirms that No person shall be ordered to take a polygraph examination, no coercion or offer of reward shall be used to induce any person to take a

polygraph examination.

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

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

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

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

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

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

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

(k) NA

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

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

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Section 33030.13.1 - Investigative Findings states, “The findings of each allegation shall be determined by the Hiring Authority in consultation with the Vertical Advocate for designated cases and the SAIG for cases the BIR is monitoring. The findings and their explanations are as follows:</p> <p>NOT SUSTAINED: The investigation failed to disclose a preponderance of evidence to prove or disprove the allegation made in the complaint.</p> <p>SUSTAINED: The investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint.”</p> <p>The interview with the supervising investigator confirmed this.</p> <p>Therefore, this agency uses the standard of preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. This was also supported by the findings when reviewing the investigations for the previous 12 months and the interview with the investigator.</p>

115.73	Reporting to inmates
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1461 450">When reviewing investigations, the auditor as to view the notice. All had a notice in the file, a copy was provided to the auditor along with the corresponding retaliation review when requested.</p> <p data-bbox="252 488 1461 689">The interview with the Warden confirmed that notification is handled in the following manner: The inmate is notified with an informational chrono (CDCR-128B). Our procedures is to have the inmate sign the chrono verifying notification. The investigator confirmed that he is responsible for ensuring the notification is completed. Inmates interviewed who had initiated an allegation confirmed they were informed of the results in writing.</p> <p data-bbox="252 728 1473 1021">54040.12.5 Reporting to Offenders Staff on Offender Following an offender’s allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been; The staff member is no longer posted within the inmate’s unit; The staff member is no longer employed at facility; indicted on the alleged sexual misconduct; or convicted of the alleged sexual misconduct.</p> <p data-bbox="261 1059 544 1093">Offender on Offender</p> <p data-bbox="252 1131 1489 1294">Following an investigation into an offender’s allegation that he or she suffered from sexual violence by another offender, institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been:</p> <ul data-bbox="255 1406 887 1518" style="list-style-type: none"> <li data-bbox="255 1406 887 1440">. indicted on the alleged sexual violence; or <li data-bbox="255 1480 647 1514">. convicted of the charge. <p data-bbox="252 1630 1481 1704">The agency’s obligation to report/inform the offender of changes shall terminate if the offender is released from the agency’s custody.</p> <p data-bbox="252 1816 480 1850">Staff on Offender</p> <p data-bbox="252 1895 1485 2096">Following an offender’s allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been:</p>

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

(b) NA

(e)54040.8.11 Custody Supervisor Responsibilities states, Upon conclusion of the investigations, the alleged victim will be provided written Notification of the findings as described on DOM Section 54040.12.5.

Form CDC 128-B documents the notifications. This was available in every investigative file reviewed.

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

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Warden confirmed the following from June 2019 to present. CCI did have one staff violate agency sexual abuse/sexual harassment policy. No staff have been terminated but termination would have been imposed for the staff who resigned. There were no staff disciplines, short of termination, for violation of agency sexual abuse or sexual harassment policies. CCI has not had to report to law enforcement or licensing boards follow termination or resignation prior to termination for violating sexual abuse/sexual harassment policies however a credential authority was notified that a staff was a subject in a criminal investigation involving sexual misconduct.</p> <p>(a), (b) Section 3401.5. Staff Sexual Misconduct states, “For the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee.”</p> <p>Section 33030.15.5 - Dismissal from State Service states, “Dismissal is appropriate for exceptionally serious misconduct, misconduct that is not correctible through discipline or misconduct which immediately renders the individual unsuitable for continued employment. Dismissal may or may not be preceded by other forms of adverse action (i.e. progressive discipline).”</p> <p>DOM Article 22 Employee Discipline</p> <p>(c) Section 33030.18 - Mitigating and Aggravating Factors states, “Aggravating and mitigating factors shall be considered and may increase or decrease the penalty within the penalty range.”</p> <p>(d) Section 54040.12.3 - Reporting to Outside Agencies states, “All terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.</p> <p>One investigation has been referred for prosecution involving staff. It was reported upon completion of that process; the employee will be terminated. The employee resigned prior to this being finalized. The interview with the Investigator and Human Resource Manager confirmed that employees whether they resign or are terminated will be referred for prosecution during the investigation process when the actions are deemed to be criminal in</p>

nature. In addition, if they possess a professional license, they will be referred to authorities who oversee the process for investigation by that authority.

Policy and review of the process, interviews with staff and inmates confirmed to the auditor that there is sufficient evidence to support a finding of compliance with the requirements of this standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Warden confirmed that there have been no contractors, or volunteers staff reported to law enforcement agencies/relevant licensing boards for engaging in sexual abuse of inmates.</p> <p>(a), (b) Section 54040.12.4 - Reporting to Outside Agencies for Contractors states, “Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee.”</p> <p>In addition, Section 3401.5. Staff Sexual Misconduct clarifies that staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee.”</p> <p>Standard contract language stipulates as follows: Contractor Employee Misconduct</p> <p>During the performance of this Agreement, it shall be the responsibility of the Contractor whenever there is an incident of use of force or allegation(s) of employee misconduct associated with and directly impacting inmate and/or parolee rights, to immediately notify CDCR of the incident(s), to cause an investigation to be conducted, and to provide CDCR with all relevant information pertaining to the incident(s). All relevant information includes, but is not limited to:</p> <ul style="list-style-type: none"> a) investigative reports; b) access to inmates/parolees and the associated staff; c) access to employee personnel records; that information reasonably necessary to assure CDCR that inmates and/or parolees are not or have not been deprived of any legal rights as required by law, regulation, policy and procedures; and d) written evidence that the Contractor has taken such remedial action, in the event of unnecessary or excessive force, or employee misconduct with inmates and/or parolees, as will assure against a repetition of incident(s) or retaliation. <p>To the extent that the information provided by the Contractor fails to so assure CDCR, CDCR</p>

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

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

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

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

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

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The interview with the Warden confirmed the following:</p> <ul style="list-style-type: none"> • If an inmate is found to have committed sexual abuse of another inmate, he would receive a rules violation report (RVR). If found guilty he would be subject to a Security Housing Unit (SHU) term and a loss of behavioral credits. • The SHU term could be mitigated or aggravated based on the inmates prior behavior of a similar nature or if the misconduct resulted from the inmate's mental health status. • As part of the RVR hearing, the inmate will receive a mental health evaluation and it will be considered by the hearing officer. <p>(a) Section 54040.15 - Disciplinary Process states, "Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed.</p> <p>If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution."</p> <p>3316. Referral for Criminal Prosecution states (a) Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged.</p> <p>(b) Title 15, Article 5, Inmate Discipline provides for a continuum of sanctions. Rule violations are classified as administrative or serious pursuant to Title 15, 3314 and 3315. Sanctions are defined, they are classified based on whether it is the inmates first offense and/or the level of the offense and are therefore comparable sanctions for offenses by other inmates with the same history.</p> <p>(c) Title 15, Article 5, 3317 Mental Health Assessments for Disciplinary Hearings are to be considered by the hearing officer during the disciplinary proceeding to determine whether an inmate should be disciplined and/ or the appropriate discipline.</p>

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

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

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

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

One incident of inmate n inmate abuse is pending lab results, so disciplinary has not been initiated. The auditor requested data on misconducts written on inmate for sexually based allegations. Based on the results, the auditor asked to review on misconduct for Sexual Disorderly Conduct. Upon review it was concluded that it was it is found to have occurred against the staff person's will. Additionally, the auditor asked one facility yard Captain who confirmed he reviews all disciplinary reports. He indicated that a misconduct would not be process on an inmate who engaged in sexual activity with a willing staff.

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

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ indicates that 100% of inmates who disclosed prior victimization during screening who were offered a follow up meeting with medical/mental health practitioner and 100% of inmates who disclosed previously perpetrated sexual abuse during screening who were offered a follow up meeting with medical/mental health practitioner. The auditor found this credible during the interview as the process is imbedded in the risk assessment, medical and mental staff interviews confirmed that this is occurring, as well as inmates interviewed who disclosed victimization. The information is maintained in the medical records and therefore not shared with other staff. Documentation was provided with the pre-audit documentation to support that mental health referrals are being conducted as required.</p> <p>Finding of compliance is based on the following:</p> <p>(a), (b) Section 54040.7 - Detection, Notification, and Reporting Referral, Referral for Mental Health Screening states, "If it is reported by an offender during the initial intake screening or at any other time during his/her confinement within CDCR, that he has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH5, Mental Health Referral Chrono.</p> <p>Program Guide for Mental Health Services, Referral to Mental Health states that any inmate can be referred for mental health services at any time. A referral to mental health should be made whenever an inmate has been identified as a possible victim per the Prison Rape Elimination Act. Referrals to mental health may be made on an Emergent, Urgent, or Routine Basis. A Routine referral should be seen within five working days. Referrals are made on the CDCR-MH5, Mental Health Referral Chrono, and forwarded to the mental health office. This exceeds the requirement that an inmate be seen within fourteen days.</p> <p>(c) This is not applicable to this facility.</p> <p>(d) Division of Adult Institutions memo dated December 2017 states, "medical or mental health information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (eUHR). The only staff allowed access to the eUHR is specific medical and mental health staff.</p> <p>(e)Prison Rape Elimination Act Authorization for Release of Information CDCD 7552 ensures</p>

that informed consent is obtained prior to releasing information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

DOM 54040.3 Need to Know basis is defined as when the information is relevant and necessary in the ordinary performance of that employee or contractor's official duties.

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

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Health Care Department Operations Manual</p> <p>(a) Chapter 4 4.12.1 Emergency Medical Response System Policy California Correctional Health Care Services (CCHeS), the California Department of Corrections and Rehabilitation (CDCR), and the Division of Correctional Health Care Services (DCHCS) shall ensure that medically necessary emergency medical response, treatment, and transportation is available, and provided twenty four (24) hours per day to patient-inmates, employees, contract staff, volunteers, and visitors.</p> <p>(b) NA, medical staff are on site 24 hours a day, 7 days a week.</p> <p>(c) Section 54040.10 - Return to Triage and Treatment Area/Receiving & Release states, "Upon the return of the victim from the SART/SANE Exam, the offender will be assessed following Inmate Medical Services Policies and Procedures (IMSP&P). The TTA Registered Nurse will also complete a request for an emergent Suicide Risk Evaluation (SRE). Mental Health staff will evaluate the victim within four hours of referral. Until that time, the offender shall be placed under constant and direct supervision to ensure he/she does not attempt to hurt him/herself or someone else</p> <p>(a) Medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the patient's ability to pay. The copayment shall not be charged if the health care service(s) is considered to be treatment services relating to sexual abuse or assault.</p> <p>Chapter 4 Access to Primary Care</p> <p>Inmate-patients with emergent health care needs shall be seen by an RN, mental health clinician, and/or</p> <p>Dentist immediately to establish disposition. . . The RN shall contact the physician, mental health clinician, or dentist on call for inmate-patients identified with urgent or emergent conditions.</p> <p>Inmate-patients with emergent health care needs shall be seen by an RN, mental health clinician, and/or dentist immediately to establish disposition. d. Inmate-patients with routine</p>

health care needs shall be seen by an RN for a face to-face triage by the next business day.

Chapter 12 4.12.1 Emergency Medical Response System Policy

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

Patient-inmates may request medical attention for urgent/emergent health care needs from any CDCR employee. The employee shall, in all instances, notify health care staff. Direct contact with the patient-inmate by an RN or physician, either in person or by telephone, shall be provided for all patient-inmates requesting urgent/emergent medical attention or who are referred by staff. The RN or physician on duty shall choose one of the following options for evaluating the patient-inmate:

- a. Arrange to have the patient-inmate brought to the clinic.
- b. Arrange to have the patient-inmate brought to the TT A.
- c. Evaluate the patient-inmate in his/her housing unit or current location.
- d. Talk directly to the patient-inmate via telephone, complete a telephone triage, and give direction to the patient-inmate for subsequent care.

At least one RN shall be available on-site at each institution twenty-four (24) hours a day, seven (7) days a week for emergency health care.

Interview with the nursing supervisor and Supervising Psychiatric Social Worker support that inmates receive emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioner's professional judgment. Policy supports the requirements of the standards regarding access to emergency care, timely access to emergency contraception and sexually transmitted infections prophylaxis, provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ indicates that the facility has not had an incident requiring outside emergency medical treatment in the last 12 months. The auditor found no evidence or reason to dispute this during the audit process. As the facility has policy/procedure in place, supported by interviews with the medical and mental health staff, the auditor finds the facility in compliance with the requirements of the standard.

54040.10 54040.10 Return to Triage and Treatment Area/Receiving & Release

Upon the return of the victim from the SART/SANE Exam, the offender will be assessed following Inmate Medical Services Policies and Procedures (IMSP&P). The TTA Registered Nurse will also complete a request for an emergent Suicide Risk Evaluation (SRE). Mental Health staff will evaluate

the victim within four hours of referral. Until that time, the offender shall be placed under constant and direct supervision to ensure he/she does not attempt to hurt him/herself or someone else. Staff are reminded to be aware of warning signs of post-trauma mental health problems. These behaviors would typically be a change from their usual behavior prior to the alleged assault. No single behavior listed below indicates mental health problems, but if several or more are present you should make a referral to or consult with the mental health program.

- Sleep problems
- Agitation or restlessness (for example, pacing in the cell or housing unit)
- Suspiciousness or heightened vigilance - may have an exaggerated startled response
- Withdrawal from customary activities and friends
- Loss of appetite
- May stand and stare blankly
- Hyperactivity
- New ritualistic or highly repetitive behavior
- Crying or tearfulness
- Fear of others
- Inmate has a marked change in personality
- No longer wants to engage in activities
- Self-injurious or suicidal behavior
- May be heard putting themselves down or be very critical of themselves
- Bizarre or unusual behavior or outbursts
- Fear of venturing beyond "security blanket" areas
- Newly developed clinginess on friends or custody staff
- May display impulsiveness or violence toward others (new behavior)

Upon the victim's return to the institution TTA or designated medical location, the custody supervisor will arrange housing for the victim. All housing options should be considered,

including input from the victim regarding his/her housing preference, a bed move, a transfer to a sister institution and safety concerns. Consideration should also be given to housing the victim with another offender with compatible housing needs.

Mental Health Responsibilities:

All victims of sexual violence or staff sexual misconduct shall be referred for an emergent SRE. The SRE must be completed by a qualified and trained staff member. The SRE shall be conducted as soon as possible, but no more than four hours after referral, and shall include a face-to-face evaluation of

the victim in a confidential setting. If the SRE indicates a heightened risk for suicide, the mental health staff member shall complete a full mental health evaluation. All victims of sexual violence or staff sexual misconduct shall be referred for a routine Mental Health Evaluation regardless of the outcome of

the SRE. The mental health clinician completing the routine Mental Health Evaluation shall ensure that the victim receives services as outlined in the Mental Health Services Delivery System (MHSDS) Program Guide, which includes criteria for inclusion in the MHSDS program based on qualifying diagnoses or medical necessity. Any stressors related to the reported sexual violence/staff sexual misconduct (e.g., safety/security issues or fear of retaliation) shall be documented in the Health Record and considered in the decision regarding the victim's need for mental health services. Any victim who requests to be included in the MHSDS and be provided mental health services related to a reported sexual violence/staff sexual misconduct shall be provided services according to the MHSDS Program Guide. If appropriate, the victim shall be given educational materials to provide information related to the medical and mental health conditions which may result after a sexual violence/staff sexual

misconduct. Victims shall be monitored for, signs and symptoms of self harm, post-traumatic stress disorder, depression, and other mental health consequences. Consideration during medical treatment (including counseling) must be given to:

- Sexually Transmitted Disease (STD) Conversion.
- Presence of Hepatitis B and/or C.
- HIV Testing.
- Pregnancy options, if appropriate.

Specific responsibilities of mental health staff shall be consistent with statewide IMSP&P and/or MHSDS Program Guide, supplemented by local operating procedures.

Mental Health Services Delivery System Chapter 1 Program Guide Overview

The California Department of Corrections and Rehabilitation (CDCR) Mental Health Services

Delivery System (MHSDS) provides inmates access to mental health services. The MHSDS is

designed to provide an appropriate level of treatment and to promote individual functioning within the clinically least restrictive environment consistent with the safety and security needs of

both the inmate-patient and the institution.

A. REASONABLE ACCOMMODATIONS FOR INMATES

Reasonable accommodations shall be afforded to inmate-patients with disabilities, e.g., visually impaired, hearing impaired, speech impaired, learning disabled, and developmentally disabled, to ensure equally effective communication during contacts of any kind that occur within the MHSDS. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the inmate-patient shall be provided when simple written or oral communication is not effective.

It is the obligation of CDCR staff, including mental health clinicians, to provide effective communication under all circumstances. The degree of accommodation that is required shall be determined on a case-by-case basis.

Referrals to Mental Health include:

An inmate has been identified as a possible victim per the Prison Rape Elimination Act.

An inmate demonstrates sexually inappropriate behavior as per the Exhibitionism policy.

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

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. The referral chronos, when received at the mental health office, are logged, entered into the data tracking system, and scheduled for follow-up with the appropriate clinician.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) California Correctional Health Care Services 1.16.1 Prison Rape Elimination Act Policy</p> <p>The California Correctional Health Care Services provides medically necessary emergency and follow-up treatment, follow-up plans, and when necessary, referrals, including testing for pregnancy, any sexually transmitted infections/disease, and HIV, to patients who are alleged victims of sexual violence, staff sexual misconduct, and sexual harassment in compliance with their duties under the California Department of Corrections and Rehabilitation's Prison Rape Elimination Act policy, CDCR Department Operations Manual.</p> <p>(b) Health care staff shall offer follow-up testing for pregnancy, sexually transmitted infections/diseases and HIV as indicated. Attachment I, Volume 1, Chapter 16.2 California Correctional Health Care Services specifies testing/treatment recommendations for evaluation and follow up for sexual assault which addresses up to 6 months following the incident.</p> <p>(c) Interviews with the Chief Medical Officer and Mental Health Director confirm that in their professional opinion, services are consistent with the community level of care.</p> <p>(d), (e) This is not applicable to this facility.</p> <p>(f) Health care staff is responsible for providing emergency care until the alleged victim can be sent to a county Sexual Assault Response Team (SART) facility, and/or hospital for medical stabilization; determining and reporting if the injuries sustained by the alleged victim qualify as serious bodily injury as defined in California Code of Regulations (CCR); and administering follow-up testing for pregnancy, sexually transmitted infections/diseases, and HIV, as indicated. Chapter 5 CCHCS Medical staff will conduct follow-up testing for sexually transmitted infections/diseases and HIV as indicated.</p> <p>Section 54040.8.3 - Medical Services Responsibilities states "California Correctional Health Care Services (CCHS) medical staff will provide indicated emergency medical response.</p> <p>(g) Medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the patient's ability to pay. The copayment shall not be charged if the health care service(s) is considered to be treatment services relating to sexual abuse or assault.</p>

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

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

Sexually Transmitted Disease (STD) Conversion.

Presence of Hepatitis B and/or C.

HIV Testing.

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

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The interview with the Warden confirmed the following:</p> <ul style="list-style-type: none"> • During the IPRC CCI conducts review to identify any areas which can be improved to reduce the risk of sexual abuse. • These areas can include changes to training, staffing, programs, facility structure, camera placement or incident response. • As part of the IPRC, we evaluate whether the incident was motivated by the inmate's physical characteristics, sexual orientation or sexual identity, real or perceived. • During the IPRC we review the incident to identify any areas which can be improved to reduce the risk of sexual abuse. • These areas can include changes to training, staffing, programs, facility structure, camera placement or incident response <p>The interview with the PCM confirmed the following:</p> <ul style="list-style-type: none"> • IPRC's are conducted within 60 days of receiving allegation for all Sexual Assaults/abuse cases that are not determined to be unfounded. These are recorded and minutes are generated. This ensures that the incident is evaluated 30 days after the investigation, as investigations are routinely completed within 30 days. • PCM will review all reports and monitor any trends for movement of staff or placement of cameras or providing additional training. • Provide training or assets (Staff & Cameras) if applicable. DA Referrals or administrative action as necessary <p>The investigative supervisor was also interviewed regarding the sexual abuse incident review process.</p> <p>The PAQ indicates that twenty-one completed investigations had a sexual abuse incident review. This was supported by the ISU log, examples of minutes with the PREA form completed.</p> <p>(a) Section 54040.17 - Institutional PREA Review Committee states, "The purpose of this Section is to set forth California Department of Corrections and Rehabilitation (CDCR) policy governing the sexual violence and staff sexual misconduct incident review process. The policy has its foundation in CFR, Chapter 28, Prison Rape Elimination Act (PREA) standards.</p>

Per 28 CFR, Standard §115.86, each Hiring Authority is required to conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegation's that have been determined to be unfounded.

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

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

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

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

(d) The IPRC shall:

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

review and addressed in the corrective action plan.

- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- Prepare a report of its findings and any recommendations for improvement;
- Determine a plan to correct findings and document in the report;

(e) The IPRC shall

- Document implementation of the Action Plan or reasons for not doing so, and
- Submit the report to the Hiring Authority for final review.

The final report will be provided to the appropriate Associate Director, upon approval of the Hiring Authority, if the findings require physical plant modification or other fiscal resource needs that can't be addressed through their existing budget (i.e., staffing).

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

Corrective Action Required:

The auditor reviewed the form utilized in conducting PREA reviews. It does not compel the team to Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; as required by policy. The interview with the Sexual Abuse Review team member revealed that this is not conducted as part of the review, but instead during the course of the investigation. The auditor explain that the purpose of doing this at this point is to get a fresh perspective and will require the facility to start initiating this during the reviews. Additionally, the agency will need to revise their IPRC to compel this to occur. The updated form was provided to the auditor.

115.87	Data collection
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1465 488">(a), (b) Section 54010.17 - Collection of Data by Agency and Annual Report, Departmental PREA Coordinator, 28 CFR, Standard §115.88, requires the agency to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training. It states,</p> <p data-bbox="252 600 517 633">On an annual basis:</p> <ol data-bbox="252 674 1469 1373" style="list-style-type: none"> <li data-bbox="252 674 1469 790">1. The Departmental PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee. <li data-bbox="252 835 1406 909">2. The institution will complete the data collection tool and return it to the Departmental PREA Coordinator. <li data-bbox="252 954 1437 1028">3. The Departmental PREA Coordinator will review the information contained on the data collection tool. <li data-bbox="252 1072 1430 1146">4. The Departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. <li data-bbox="252 1191 1406 1265">5. The report will be routed through the chain of command to the Agency Secretary for review and approval. <li data-bbox="252 1310 1406 1384">6. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website. <p data-bbox="252 1491 1098 1525">(c) Section 54040.19 - Tracking - Data Collection and Monitoring</p> <p data-bbox="252 1570 1433 1686">The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice.</p> <p data-bbox="252 1794 1098 1827">(d) Section 54040.19 - Tracking - Data Collection and Monitoring</p> <p data-bbox="252 1872 1449 2033">CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.</p>

(e) Section 54040.20 - PREA Data Storage and Destruction states, "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."

(f) Section 54040.19 - Tracking - Data Collection and Monitoring

Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30.

The 2018 Annual Report, posted on the webpage, includes the following: Introduction, background on PREA, CDCR's policy on zero tolerance and prevention, detection and response, investigations and tracking. It also includes definitions of findings, comparison of findings from current year to previous years 2014, 2015, 2016, 2017, and 2018, analysis of statistical information, including a visual chart, review of improvements in PREA, and is signed by Secretary. Therefore, the auditor finds this standard to be compliant. During the on-site visit, the auditor was provided a copy of the 2019 Annual Report which demonstrated the same data.

Per the headquarters staff, the DOJ last requested the information for the SSV, in 2017. A copy was provided to the auditor upon request.

115.88	Data review for corrective action
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1453 528">(a), (b), (c) DOM 54010.17 - Collection of Data by Agency and Annual Report, Departmental PREA Coordinator, 28 CFR, Standard §115.88, requires the agency to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training. It states:</p> <p data-bbox="252 600 517 633">On an annual basis:</p> <ol data-bbox="252 674 1469 1375" style="list-style-type: none"> <li data-bbox="252 674 1469 792">1. The Departmental PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee. <li data-bbox="252 833 1406 907">2. The institution will complete the data collection tool and return it to the Departmental PREA Coordinator. <li data-bbox="252 947 1434 1021">3. The Departmental PREA Coordinator will review the information contained on the data collection tool. <li data-bbox="252 1061 1430 1135">4. The Departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. <li data-bbox="252 1176 1402 1249">5. The report will be routed through the chain of command to the Agency Secretary for review and approval. <li data-bbox="252 1290 1409 1364">6. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website. <p data-bbox="252 1487 1070 1520">(d) No redactions were required on the Corrective Action Plan.</p> <p data-bbox="252 1632 1485 1881">The 2018 Annual Report, posted on the webpage, includes the following: Introduction, background on PREA, CDCR's policy on zero tolerance and prevention, detection and response, investigations and tracking. It also includes definitions of findings, comparison of findings from current year to previous years 2014, 2015, 2016, and 2017, analysis of statistical information, including a visual chart, review of improvements in PREA, and is signed by Secretary. Therefore, the auditor finds this standard to be compliant.</p> <p data-bbox="252 1995 379 2029">54040.20</p> <p data-bbox="252 2069 798 2103">Tracking - Data Collection and Monitoring</p>

The PCM or the Parole Employee Relations Officer shall report investigations into allegations of sexual violence and staff sexual misconduct on the monthly update of the Yearly Tracking Report (YTR), including whether the perpetrator was a staff member or offender, disposition and current status. This information shall be reported to the Department's PREA Coordinator by the fifth day of every month.

Additionally, the ISU Lieutenant or Locally Designated Investigator shall be responsible for completing the Survey of Sexual Violence-Incident Adult (SSV-IA). The SSV-IA will be submitted to the Department PREA Coordinator no later than two business days from the date of the allegation. This information shall also be provided (via copy of the CDCR Form 837, Crime Incident Report) to the Offender Information Systems Branch (OISB) for compilation and tracking. The OIA shall maintain records of investigations into allegations of staff/offender sexual misconduct, and will report by case number, the type of sexual misconduct, subcategory (male staff with female offender, female staff with male offender, etc.); whether the allegations were sustained; and whether a DA referral was made.

The CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private

facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30.

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 by the CDCR Secretary and made readily 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 a facility; however, the report must indicate redacted.

54040.21 PREA Data Storage and Destruction

CDCR shall ensure that all 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.

54040.19

Tracking - Data Collection and Monitoring

The PCM or the Parole Employee Relations Officer shall investigations into allegations of sexual violence and staff sexual misconduct on the monthly update of the Yearly Tracking Report (YTR), including

whether the perpetrator was a staff member or offender, disposition and current status.

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 2015, 2016, 2017 and 2018 annual reports are available to the public via the CDCR website at <https://www.cdcr.ca.gov/PREA/Reports-Audits.html>. The reports do not contain any personally identifying information.

The interview with the PREA Coordinator confirmed the following:

We prepare annual reports for the agencies Secretary's signature annually. Prior to posting on the agency website the report is reviewed by Associate Directors, Deputy Directors, the Director, Undersecretaries and then finally the Secretary. This often times prompts discussions and puts attention on the agency's efforts. On the same website, CDCR posts all final PREA audit reports in order by date and lists upcoming PREA audit dates. Only personal identifying information or confidential information is redacted.

The interview with the PCM confirmed that information/statistics are reported monthly and annually to headquarters in YTR and Annual Collection tool for reporting on the Agency Website.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Finding of compliance is based on the following:</p> <p>(a) Section 54040.20 - PREA Data Storage and Destruction, states “CDCR shall ensure that all PREA data collected are securely retained.”</p> <p>(b) Section 54040.20 - PREA Data Storage and Destruction states, “all aggregated PREA data, from facilities under CDCRs direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website.”</p> <p>(c) Section 54040.20 - PREA Data Storage and Destruction states, “before making aggregated PREA data publicly available, all personal identifiers shall be removed.”</p> <p>(d) Section 54040.20 - PREA Data Storage and Destruction states, “PREA data collected shall be maintained for 10 years after the date of the initial collection.”</p> <p>54040.16 Records Retention</p> <p>All case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records</p> <p>Retention Schedule.</p> <p>The interview with the PREA Coordinator confirmed that a) Data is reviewed and then stored in a secured agency SharePoint.</p> <p>Based on this policy requirement, interview with the PREA Coordinator, and the method for maintaining data (securely electronically, or secured in the ISU office), the auditor finds the standards to be compliant.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 900 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1445 450">(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="252 483 1465 607">(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p data-bbox="252 640 1426 808">(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.</p> <p data-bbox="252 842 1430 920">(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.</p> <p data-bbox="252 954 1378 987">(e) The agency shall bear the burden of demonstrating compliance with the standards.</p> <p data-bbox="252 1021 1474 1099">(f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.</p> <p data-bbox="252 1133 1382 1211">(g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.</p> <p data-bbox="252 1245 1406 1279">(h) The auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p data-bbox="252 1312 1430 1391">(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="252 1424 1434 1547">(j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.</p> <p data-bbox="252 1581 1453 1659">(k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.</p> <p data-bbox="252 1693 1430 1771">(l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.</p> <p data-bbox="252 1805 1453 1883">(m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.</p> <p data-bbox="252 1917 1453 2040">(n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p data-bbox="252 2074 1490 2107">(o) Auditors shall attempt to communicate with community-based or victim advocates who may</p>

have insight into relevant conditions in the facility.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.</p> <p>(b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p>(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.</p> <p>(d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.</p> <p>(e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.</p> <p>(f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011 ? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	na
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes