

PREA Facility Audit Report: Final

Name of Facility: Correctional Training Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/04/2021

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 (PH) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Julie Ustruck Wetzel	Date of Signature: 09/04/2021

AUDITOR INFORMATION	
Auditor name:	Ustruck Wetzel, Julie
Email:	Julie.UstruckWetzel@wisconsin.gov
Start Date of On-Site Audit:	06/28/2021
End Date of On-Site Audit:	07/01/2021

FACILITY INFORMATION	
Facility name:	Correctional Training Facility
Facility physical address:	Hwy. 101 North, Soledad, California - 93960
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Maylene Boucher
Email Address:	Maylene.Boucher@cdcr.ca.gov
Telephone Number:	831-678-5985

Warden/Jail Administrator/Sheriff/Director	
Name:	Craig Koenig
Email Address:	Craig.Koenig@cdcr.ca.gov
Telephone Number:	831-678-3951 X5950

Facility PREA Compliance Manager	
Name:	Maylene Boucher
Email Address:	maylene.boucher@cdcr.ca.gov
Telephone Number:	O: (831) 678-5985
Name:	Humberto Vera
Email Address:	humberto.vera@cdcr.ca.gov
Telephone Number:	O: (831) 678-3951 x4306

Facility Health Service Administrator On-site	
Name:	Bayode Omosaiye
Email Address:	Bayode.Omosaiye@cdcr.ca.gov
Telephone Number:	831-678-5979

Facility Characteristics	
Designed facility capacity:	3313
Current population of facility:	4381
Average daily population for the past 12 months:	4813
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:	18-99
Facility security levels/inmate custody levels:	Level I and II
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1390
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	58
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	176

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.

A Prison Rape Elimination Act (PREA) audit of Correctional Training Facility (CTF), a facility of California Department of Corrections and Rehabilitation (CDCR), located at Hwy 101 N Soledad, California was conducted to determine compliance with the U.S. Department of Justice (DOJ) Prea Standards. DOJ certified PREA auditor Julie Ustruck Wetzel served as lead auditor and was assisted by DOJ auditor Maria Silao-Johnson, DOJ Auditor in training Tejuana King, and support staff Rick Freeze. The auditors are employees of the State of Wisconsin Department of Corrections. The audit was conducted within the circular auditing consortium agreement with the following states and county: CDCR; Colorado Department of Corrections; Hawaii Department of Public Safety; Los Angeles County Sheriff's Department; Montana Department of Corrections; New Mexico Corrections Department; Nevada Department of Corrections; North Dakota Department of Corrections and Rehabilitation; Oregon Department of Corrections; Washington Department of Corrections; and Wisconsin Department of Corrections (WIDOC).

PRE-AUDIT

The onsite audit was initially scheduled to begin March 8, 2021. Due to the pandemic, it was understood the onsite audit would be postponed. As such, the Pre-Audit Questionnaire was initiated and documents were uploaded on December 3, 2020. On January 21, 2021, audit notices were sent to CTF and subsequently posted in common areas of the institution. The notices stated the audit would begin on March 8, 2021 with the onsite audit date to be determined. Photos of the posted notice sent on January 25, 2021 confirmed the notice posted in various common areas of the institution. The onsite audit was later scheduled to begin June 28, 2021. As such, PREA Audit notices were updated and sent to CTF for posting. The postings were confirmed with emailed photos sent on May 7, 2021 depicting audit notices on yellow paper posted in common areas, common office space, hallways, and inmate work areas. One correspondence was received after the first audit notice posting, and additional correspondence was received from three inmates after the second posting.

An initial meeting took place virtually on February 12, 2021 with CDCR PREA Headquarters staff, CTF staff, and the lead auditor. This meeting was an introductory meeting to discuss the purpose of the audit, specific information needed prior to the arrival of auditors, and the logistics of the onsite audit. During this meeting and follow up summary email, items were requested of CTF including supervisory staff contact information and their roles; volunteer information; and agency information responsible for victim advocacy and sexual assault forensic examinations. This information was received On March 1, 2021. To account for the time between Pre-Audit Questionnaire and onsite audit, additional monthly documentation was requested. A checklist of items was emailed on February 17, 2021 to assist with the request, outlining specific documentation. This included documentation such as deviations from the staffing plan, list of new hires and promotes, SAFE/SANE exams, investigations, and trainings completed by staff and inmates. No documents were received March through June, leaving the assumption that certain activities did not occur. The onsite audit revealed that some of the activities occurred, and as such, documents such as hiring records, training records, and investigations were reviewed on site.

Prior to the onsite audit, the following interviews were conducted by phone or ZOOM: Warden interviewed June 10, 2021; PREA Compliance Manager interviewed May 4, 2021; Investigator interviewed May 11, 2021; and Human Resources interviewed May 21, 2021. These interviews utilized the PREA Compliance Audit Instrument - Interview Guides for the specific role and Unannounced Supervisory Rounds, as well as follow up and clarification questions to learn and better understand CDR and CTF operations. Attempts were made to interview Health Services supervisor, but were unsuccessful prior to the onsite audit. Additionally, an interview was conducted on June 23, 2021 with Monterey Rape Crisis Center staff to learn about the advocacy services for victims of sexual assault at CTF. Further, the following agency interviews were conducted by DOJ Auditor Leigha Weber and referenced in the CTF audit: CDCR Agency Head interviewed December 17, 2020; PREA Coordinator interviewed December 21, 2020; and Contract Administrator interviewed December 17, 2020. Further, an email was submitted to the Office of the Inspector General PREA Ombudsperson, using the link located on the CDCR public website.

Additionally, prior to the onsite audit, the CDCR public website was reviewed, specifically reviewing CDCR structure, PREA reporting information, and previous audits. Further, an on line search of Corrections Training Facility was conducted and specific information was reviewed including information located on the CDCR website and the final PREA Audit report dated July 17, 2018. The Pre-Audit Questionnaire and supporting documents were reviewed. Attached documents in the Pre-Audit Questionnaire included CDCR Department Operations Manual Chapter 6, Article 44 - Prison Rape Elimination Act; training materials; training records; health services policies; and blank and completed CDCR forms. The documents and information submitted through the Pre-Audit Questionnaire were detailed, providing a comprehensive view of the policies, procedures, and operations of Correctional Training Facility. Further correspondence between the auditor and CTF occurred by phone and email prior to the onsite visit. CTF was responsive to answering questions and providing further information. One final phone call occurred with the CDCR PREA Headquarters staff, CTF staff, and the audit team on June 15, 2021.

During this call the logistics of the onsite audit were discussed in detail and further reports and rosters were requested in preparation of the on site interviews. Inmate and staff rosters were received by email on June 25, 2021 with hard copy reports provided in person on June 28,

2021.

ONSITE AUDIT

On June 28, 2021 the onsite audit commenced with an introductory meeting. The introductory meeting was held during a regularly scheduled Monday morning briefing with the Warden, department heads, and Captains. Additionally, CDCR PREA Headquarters staff and the Compliance Coordinator attended; totaling 26 attendees. The introductory meeting consisted of introductions and a brief explanation of the auditor's purpose and plan while on site.

TOUR:

The audit team toured all housing units and areas of CTF. Given the size and layout of CTF the auditors and CDCR staff split into two teams. The tour of Central Facility and North Facility began immediately following the introductory meeting. All areas of CTF contained audit notices, PREA posters, and information for Monterey Rape Crisis Center. Housing Units provided green locked grievance boxes. Cross gender announcements were made upon entering each housing unit, with the Custody Staff verbally announcing "staff on the floor" or "staff on the tier". Safety mirrors were utilized in areas of the facility, while cameras were noted in visiting, the Prison Industries Authority, and North Facility Education. All outside recreation yards provided inmates access to telephones and provided private toilets, while maintaining inmate safety. Throughout the tour, staff and inmates were engaged in conversation with auditors. Additionally, log books were reviewed to confirm unannounced supervisory rounds on each housing unit. Several areas were locked and keys had to be obtained from staff outside the tour group for entry. No facility area was denied access. Throughout the tour, safety issues were noted and maintenance requests were made to address the issues. Many of the safety issues involved locks on doors, frosted windows to allow for privacy, or removing barriers. CTF utilizes body scans for processing new inmates in Receiving and Release, visiting, and outside recreation yards. Body scans are located in a semi-private room with mirrors.

North facility consisted of two yards and included shared program rooms, classrooms, library, gymnasium, medical and dental services, chapel, canteen, library, music room, clothing, canteen, visiting, kitchen, dining hall, administration, two outside recreation yards, 6 housing units, maintenance shops, and Prison Industries Authority. At the time of the onsite audit, the A yard housed 1067 inmates and B yard housed 1190. During the tour it was noted that the toilet in Electrical Maintenance required a door. A work order was submitted.

Central Facility housed 2083 at the time of the onsite audit. This facility consisted of administration offices, two chapels, gymnasium, kitchen, two dining rooms, laundry, library, education, visiting, nine housing units, program rooms, offices, medical and dental services, outside recreation yard, maintenance shops, receiving and release (R&R), and Prison Industries Authority. Of note, the kitchen had several unlocked storage rooms off of the main area and a large second floor locked storage room. This space was monitored by staff aided by the use of mirrors. Central Facility also contained a laundry area, with security cameras and mirrors. During the tour in Central Facility, the Men's Advisory Committee (MAC) office layout created blind spots and unsafe areas. This was rectified prior to the audit team's departure.

Central Canteen was located off of the recreation yard, with the entrance outside the fence. This space was one building and four shipping containers immediately outside of the building used for storage. This area was staffed with one civilian worker and one to four inmate workers from South Facility. One area to note, mirrors were minimal in this area. Additionally, the staff bathroom was unlocked when not in use. The unlocked bathroom was addressed during the tour and a work order was submitted to change the lock.

The two teams worked together touring South Facility on June 29, 2021. South Facility is scheduled to close in September 2021 and was in the process of closing buildings. At the time of the tour, South Facility's population was 393. PREA posters noted on each of the dorms in the front area by officer station but not in the television or dining rooms. This was rectified during the tour. Dorms three through seven did not have mirrors or cameras. Dorm two was barracks style and utilized mirrors throughout the building.

After the initial tour, teams returned to Central and North Facilities later in the week to specifically tour additional areas such as Canteen and segregation in Central Facility, and the generator in North Facility. It was noted during the North Facility tour that the toilet / urinal area in canteen did not consist of a barrier to prevent cross gender viewing. This too was rectified by placing a curtain in such a manner as to prevent viewing while an inmate is using the toilet / urinal.

INTERVIEWS:

Following the tour of the facilities, staff and inmates were interviewed. Interviews were conducted in private office or classroom space in each of the three facilities utilizing PREA Compliance Audit Instrument - Interview Guides. Staff were chosen using the staff schedules, selecting staff who were on site. Random staff were selected from each facility, representing all three watches. At least one female custody staff was selected from each facility. Interviews of staff and inmates were conducted at each facility based on housing or watch assignment.

Interviews began on day two at South facility immediately following the tour. Upon completion of the South facility interviews, the entire team conducted interviews at Central Facility and the following day at North Facility. Interviews occurred over the course of two and a half days.

Sixteen random staff interviews were completed. The staff were all interviewed regarding their knowledge of first responder responsibilities. Additionally, the following interviews were completed: 3 staff who completed PREA screening and education, two staff from mental health, two staff from medical health, and two PREA investigators. Among those staff interviewed, applicable staff were interviewed for retaliation

monitoring, incident review, and supervisory unannounced rounds.

The following interviews were not completed:

- Non-medical staff involved in cross gender strip or visual searches
- Staff who supervise inmates in segregated housing
- Staff who supervise youthful inmates
- Education and program staff who work with youthful inmates

Cross gender strip or visual searches are not completed. This was confirmed during interviews with staff and inmates. The segregation housing unit was and had been closed for renovations. There were no inmates in segregated housing and as such, there were no staff assigned to that unit. CTF does not supervise youthful inmates. Youthful inmates are supervised by the Division of Juvenile Justice.

The total population of CTF at the start of the onsite audit was 4733. Thirty-four random inmates were interviewed, with six refusals. The four inmates who sent correspondence to the auditor were interviewed. On site, random inmates were selected using the alphabetical inmate roster, by housing unit. A number was selected based on the total population divided evenly to obtain twenty-five names. The inmates selected were chosen from each of the three facilities representing each of the housing units in the facility. To ensure a representative sample and to account for random inmates refusing or being interviewed for a target interview, an additional inmates were randomly selected on the final day.

During interviews, one CTF staff served to interpret during an interview and two interviews utilized the language line. The process to access the language line was easily navigated. Additional inmates who were identified at Limited English Proficient on CTF rosters were interviewed but did not require interpretation services.

The below 25 Target interviews were conducted. Inmates were selected based on documentation provided by CTF including: Disability Inmate Roster, Non-English-Speaking Inmates, PREA Screening information, and investigation information.

- Youthful Inmates: 0
- Inmates with a Physical Disability: 4
- Inmates Blind Deaf and hard of Hearing: 1
- Inmates who are LEP: 4
- Inmate with Cognitive Disability: 2
- Inmates who identify as Lesbian, Gay, or Bisexual: 3
- Inmates who identify as Transgender or Intersex: 3; three inmates identified as transgender or intersex
- Inmates in Segregated Housing: 0; Segregated Housing had not been in use at CTF
- Inmates who reported sexual abuse: 6
- Inmates who reported during risk screening 2; no other inmates reported during screening

Following inmate and staff interviews, documentation was reviewed.

- 13 investigations from 2021 and late 2020
- 11 of the 22 new hire and training records for 2021
- 21 Supplemental Applications for all CDCR Employees
- 21 Operations Work Request, 2 Staff Key Request, and 1 Work Request Tracking
- 63 Body Scan Logs were provided and reviewed
- On site Holding Cell log book South Facility reviewed on site during tour
- Electronic records documenting the PREA assessment and tracking education

During the onsite audit, CTF did not receive new inmates. The Sergeant assigned to Receiving and Release walked the auditor through the process of receiving an inmate. This included exiting the bus and clearing the Body Scan, unclothed body search, health services, PREA education and Risk Screening.

Upon completion of the tour, interviews, and observations, an exit meeting was conducted on July 1, 2021 with the Warden, PREA Compliance Manager, ISU Correctional Sergeant, Compliance Coordinator, PREA Headquarters staff, and auditors. Initial observations were shared and next steps were outlined by this auditor. It should be noted that CTF staff were consistently professional, accommodating, and genuinely pleasant throughout the audit process. CTF was complimented on the timeliness of investigations which all consistently began on the day the allegation was received and thoroughly investigated timely and thoroughly. Supervisory Rounds were consistently completed and documented. Staff knew their job and were able to articulate their responsibilities, specifically as a first responder, including supervisor notification. Of note during the meeting was the location of PREA information posters relative to the phones. It was suggested the phone number and poster be moved nearer the phones to better assist inmates to confidentially obtain and utilize PREA reporting information. Additionally, reporting information was not posted near the outside phones. It was suggested by CTF that stickers had been on the phone and they will ensure the information is posted for inmates. Additionally, inmate education was discussed specifically as it relates to seasoned inmates and clarifying with inmates when calls are not recorded. Finally, moving PREA signs in visiting to a more visible location for visitor viewing.

POST-AUDIT

During the post-audit phase, additional interviews were conducted.

- On July 21, 2021 follow up information was received from In Service Training, confirming training requirements and lessons.
- Four volunteers were contacted by phone and messages were left. Two volunteers responded and were interviewed on July 22, 2021 & July 23, 2021.
- On July 25, 2021 an email was sent to Natividad through the public website. Having not received a response, on August 17, 2021, a phone call was made to the SART Coordinator at Natividad. In lieu of the SART Coordinator, a sexual assault forensic examiner was interviewed to confirm Natividad's relationship with CTF and the treatment of inmate patients.
- On July 27, 2021, this writer left a message with the PREA incident report line with the Office of Internal Affairs - Central Region. A staff from the Office of Internal Affairs - Central Region responded and answered process questions. Central Region does not have oversight of CTF. As such, a phone message was left with the Office of Internal Affairs - Northern Region report line. An Agent returned the call the following day and also answered questions and explained the process of documenting and forwarding messages from the recorded line.

Further, during the post-audit phase, additional questions and clarification were made with the PREA Compliance Manager, ISU Correctional Sergeant, and CDCR PREA Headquarters staff. As an example, the PREA Audit agency schedule was requested and received later the same day. Additionally, a request was made for an example of a Biannual Assessment chrono, which was responded to timely.

During the post-audit, one letter was received from an inmate at CDCR, providing follow up information to the pre-audit letter received and the onsite interview. Additionally, one phone call was received from a family member of a CDCR inmate, reporting an incident of sexual abuse. This information was immediately forwarded to CDCR for investigation.

On August 26, 2021, a virtual meeting was convened with the PREA Headquarters staff, CTF, and the lead auditor. The purpose of this meeting was to review recommendations, clarify information, and request additional information such as completed work orders, photos of reporting posters. Subsequent to the virtual meeting, additional information was obtained from CTF.

There are no corrective action recommendations required for this audit. Recommendations have been made and are noted below and again with each corresponding standard.

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.

Correctional Training Facility is one of 35 adult correctional facilities operated by California Department of Corrections and Rehabilitation. CTF is located in Soledad California adjacent to Salinas Valley State Prison. CTF is comprised of three facilities: Central Facility, North Facility and South Facility. Each facility operates independently of one another and has its own medical/dental/mental health services, kitchen, dining hall, canteen, library, chapel, clothing distribution, visiting, educational and vocational programming, and outside recreation. The total population at the start of the on-site audit was 4733. The South facility is the original facility and opened in 1946 followed by Central Facility in 1951 and North facility in 1958.

Central Facility

Central Facility is a Level II General Population unit consisting of nine three tier housing units of two person cells with a total bed capacity of 2496. Each housing unit is supervised by two custody officers. The housing units are similar with wet cells, officer station outside the gate, a shower room on each tier with a metal screen blocking the door, toilet area, two inmate phones, laundry area, and barbershop. Central Facility provides two dining halls and a kitchen. Within Central Facility is the Prison Industry Authority Health Care Facilities Maintenance training area. Central Facility also offers medical, medical triage, infirmary and dental. Education services are provided and classrooms are open spaces with window views into the main hall. Further, Central Facility is home to Receiving and Release (R&R).

R&R is staffed with custody staff, one medical staff, and inmate workers. Inmates are also afforded the opportunity for library use which employs civilian staff. Additionally, Central facility contains the administration area which consists of offices, conference rooms, and staff barbershop.

East of the Central Facility, within the fence, is the maintenance area consisting of individual warehouses and a conference room. The warehouses are trade specific and include welding, plumbing, engineering, paint, electrical, and carpentry. This area employs civilian staff in each discipline as well as inmate workers.

Outside of the Central Facility fence is the adjacent fenced Prison Industry Authority. This area is fenced and consists of shop warehouses. This area is well monitored with cameras and mirrors. Bathrooms offer inmate privacy yet supports inmate safety. The Prison Industry Authority offers upholstery, textiles, and laminations. Medical storage is also located in this area and staffed with two civilian employees. Inmates do not enter this space.

North Facility

North Facility is a level 2 General Population facility with a bed capacity of 2800. A and B yard mirror each other with shared resources between the yards. Each yard consists of three dormitory halls consisting of three open tiers of two person wet cells. A walkway runs along the length of the cell halls. Two of the three housing units in each consists of one officer station in the middle of A wing and B wing. One Sergeant is assigned to each housing unit and two officers each wing. One housing unit on each yard is more open and is not split into wings. Each of the housing units are assigned two officers. Mirrors are used to assist with monitoring the safety and security of the housing units. B yard also houses the K-9 program and has a separate Substance Use Program building. Both yards offer their own outside recreation area. Additionally, each yard provides separate dining halls. Both yards share the following areas: visiting area equipped with cameras and mirrors, Canteen employing one staff and three inmates, a Medical clinic employing ten CDCR staff; Substance Abuse Programming with group rooms and one camera and 8 mirrors; Chapel; Education Area; Library; Mental Health room; Gymnasium; Clothing; and Vocational classrooms. Maintenance and Vocational Education is located outside the fence of A Yard. Maintenance is one building and specifically works for the facility upkeep. Maintenance includes areas specific to Engineering, Electrical, and Plumbing. Storage areas are gated and locked and the area is monitored by staff with the use of mirrors. The Vocational Education is housed in two buildings. Classes are held in open rooms. Vocation programming includes: Computer Technology, Plumbing, Electronics, HVAC, Electrical, Prison Industries Authority manufacturing clothing, Carpentry, Welding, Auto Mechanics, Small Engine Repair, Technician Assistance, Core Training, and Masonry. This area is monitored by education staff with the assistance of custody staff conducting rounds and mirrors. Prison Industries Authority monitoring is enhanced with cameras.

South Facility

South Facility is level 1 security with a total bed capacity of 1012. Inmate Workers for the North and Central Facilities are housed here. South Facility is scheduled to close in September 2021 and has been slowly closing buildings. South Facility consists of a gatehouse, classrooms, medical and dental services, administration, visiting, kitchen, dining hall, canteen, outside recreation, 6 barracks style housing units, security offices, barbershop, bike shop, and many closed buildings. Additionally, South Facility houses programming area with a Barbershop, Bike Restoration area, Veteran's Resource Office and Watch Office. The Veteran's Resource Office is monitored by a roving staff. One volunteer from a local veteran's organization provides resources and support with the assistance of two military veteran inmate clerks. The Barbershop and Bike Restoration are essentially inmate run. Locked storage areas and mirrors were used to enhance the

security of these areas. South Facility is comprised of six dorms with five being constructed the same. These dorms are open bay and consist of two wings. The officer station is located in the center. One officer is on watch. A dayroom with television and dining tables are located at the end of each wing.

Outside the Fence

Outside of the Central Facility fence are individual buildings for administrative personnel, including the watch office, maintenance, business services, accounting, technology, In-Service Training and Procurement Warehouse. These areas are staff only and may only have an inmate janitor assigned to pick up garbage. Mail and Main Garage accommodate staff and inmate workers. A fire station with one Fire Chief and six inmates is located outside the fence between Central and North Facility. Outside of South Facility houses Investigations in which inmates do not visit and Family Visiting.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Recommendations:

115.11 (a) Expand the definition of staff sexual misconduct to include language from 115.6 which addresses intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.

115.18 Although the use of mirrors offset the limited use of cameras, it is recommended that CTF continue to work with CDCR to obtain additional cameras and technology capable of both real time and recording.

115.31 PREA training designated for all staff and Basic Correctional Officer Cadets address the zero tolerance standard for sexual violence, staff sexual misconduct, and harassment, along with the standard that retaliation will not be tolerated. It may be implied that inmates have rights to be free from sexual abuse, sexual harassment and retaliation; however, it is not explicitly stated nor trained; notably during (BCOA) PREA training in the Inmate Rights section. Further, training addresses state and federal law regarding sexual safety, such as Assembly Bill 550 Sexual Abuse in Detention Elimination Act and the Federal Prison Rape Elimination Act. Inmate/Staff Relations training during Basic Correctional Officer Academy should also be amended to include inmate rights to be free from sexual abuse, sexual harassment, and retaliation further citing 28 C.F.R. Part 115 PREA.

Training also does not address California laws for mandated reporting. However, all staff are trained to report allegations, suspicions, and knowledge of sexual violence, staff sexual misconduct, or sexual harassment immediately to a supervisor. The supervisor refers the allegation to Locally Designated Investigators. Given that CDCR has the authority to criminally investigate allegations, following the chain of reporting will satisfy the spirit of mandated reporting. Staff are reminded in training that failure to act is grounds for discipline and potentially termination from employment.

115.33 (b) It is recommended that R&R continue to educate new arrivals as they have been and ensure the video is played during intake, documenting those efforts. Subsequent education should be formalized clearly outlining content, by whom and when it is to be completed.

115.41 (f) It is recommended the screening process be formalized in Department Operations Manual Chapter 5, Article 44. It is further recommended that a formalized reassessment be completed similar to the initial assessment utilizing an objective screening tool. Although the reassessment form used in the Reception Centers is a start, it is recommended that the inmate be interviewed formally for all reassessments. This will give the inmate an opportunity in a private setting to share information and concerns. Should the reassessment process be taken out of the initial committee, tracking will need to be completed in order to ensure reassessments are completed timely. It is recommended that the PREA 30 Reassessment Tracking be made available for individual institutions and facilities to track compliance rather than solely relying on a report from Central Office. During the audit process, staff at CTF were unable to provide a report with CTF specific information to verify compliance with the standard 115.41.

115.42 (f) Modesty screens placed in the showers to create a private shower stall. While this is pending, educate staff and inmates of the opportunity for showering outside of regular shower times.

115.51 (b) Inmates were not as confident that their information remains anonymous. This was addressed with CTF during the exit interview, which could adequately be addressed as noted in the narrative of 115.51 and until then, through inmate education and the Orientation Handbook.

115.52 (b) Given that Title 15 section 3084.9 clearly outlines how PREA grievances are handled, this information should be communicated with inmates. It is recommended that the PREA Information for Orientation Handbook be updated to provide inmates the process for filing a PREA related grievance and the time frames in which responses are due. Additionally, inmates should be informed that time limits shall not be imposed for submitting a grievance regarding an allegation of sexual abuse. If CDCR is placing time limits to any portion of a grievance that does not allege an incident of sexual abuse, that too, should be included in the PREA Information for Orientation Handbook and Title 15

section 3084.9 should be amended to reflect the time limits.

115.54 CDCR provides outside resources for reporting allegations. However, the education of inmates is lacking in that there is not a clear direction of which location inmates and family should contact, nor is there a clear understanding of calls being anonymous and confidential. This could be rectified by updating posters or providing clear direction in the Orientation Handbook.

115.61 (a) Department Operations Manual Chapter 5, Article 44 should reflect the requirement that staff shall immediately report any retaliation against an inmate or staff who reported a PREA incident and staff shall report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This updated language should also be reflected in staff training. Although staff are aware that they may not retaliate, they are not explicitly required to report knowledge of retaliation.

Corrective Action : None

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

Evidence Reviewed:

- 1. Pre-Audit Questionnaire
- 2. Policy and Procedures

Department of Corrections and Rehabilitation (CDCR) Department Operations Manual Chapter 5, Article 44 Prison Rape Elimination Policy

California Code of Regulations Title 15 3401.5 Staff Sexual Misconduct

California Penal Code Section 289.6 Sex With an Inmate

- 3. Documents

PREA implementation memo dated August 13, 2015

Agency Organization Work Chart

PREA Coordinator Duty Statement

PREA Compliance Manager (PCM) state wide list

Statement of duties for PCM

- 4. Interviews

PREA Coordinator

PREA Compliance Manager

- 5. Tour of the Facility

Findings:

Subsection (a):

Correctional Training Facility (CTF) follows the California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5 Article 44 - Prison Rape Elimination Policy. Prison Rape Elimination Act Standards were implemented in CDCR August 13, 2015 with amendments to the Department Operations Manual and was revised on May 15, 2018 and again May 19, 2020. This manual addresses the CDCR zero tolerance for sexual violence by an offender, staff sexual misconduct, and sexual harassment in institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. Within Article 44, education, prevention, detection and response protocols are outlined. This includes investigative and disciplinary process.

Article 44 contains definitions of prohibited behavior and includes sexual violence by an offender, sexual harassment by an offender, staff sexual harassment towards an offender and staff sexual misconduct. The definition of staff sexual misconduct includes " Any threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders". The definition also references California Penal Code of Regulations, Title 15, Section 3401.5 and Penal Code Section 289.6.

Both codes define sexual activity as sexual intercourse, sodomy, oral copulation, any type of sexual penetration, including with a foreign object, rubbing or touching someone else's sexual organs, including their breasts, for sexual gratification, and rubbing or touching him or herself in the presence of another person for sexual gratification. Title 15 further includes invasion of privacy or disrespectful, unduly familiar, or sexually threatening comments. Penal Code 289.6 provides examples of illegal sex acts such as anally penetrating an inmate with an object as a punishment or grabbing the genitalia of a suspect during interrogation.

The definitions encompassing staff sexual misconduct fall short of the definition of sexual abuse in 28 C.F.R. Part 115.6. Although it could be inferred based on the examples as noted in Penal Code 289.6, the definition does not expressly acknowledge "any other intentional touching, either directly or through the clothing, of or with the genitalia, anus, groin,

breast, inner thigh, or the buttocks that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify a sexual desire."

Subsection (b):

The PREA Coordinator reports directly to the Associate Director and has department wide responsibilities. PREA compliance is the sole responsibility of the PREA Coordinator, and as such, the PREA Coordinator has sufficient time to manage all of the PREA responsibilities. In addition to the PREA Coordinator, the PREA Compliance Unit consists of two lieutenants, staff services manager, and four retired annuitants to assist with PREA compliance and auditing requirements.

Subsection (c):

CDCR has 36 PREA Compliance Managers (PCM). The PCM position at Corrections Training Facility (CTF) is held by the Associate Warden. The PCM reports having enough time to manage PREA related responsibilities and has support from the PREA Compliance Unit as well as staff at CTF.

Recommendation: 115.11 (a) Expand the definition of staff sexual misconduct to include language from 115.6 which addresses intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.

Corrective Action: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures
3. Documents

Contract Facilities PREA Audit Status

PREA Audit Report Shafter 2017

PREA Audit Report DVMCCF 2018

PREA Audit Report TCCF 2019

Standard Agreement between CDCR and City of Shafter effective 7/1/2018 to 6/30/2023; 4 pages

Standard Agreement between CDCR and City of Delano effective 7/1/2018 to 6/30/2023; 4 pages

Standard Agreement between CDCR and The GEO Group (Central Valley), Inc effective 7/1/2018 to 6/30/2023; 4 pages

Standard Agreement between CDCR and City of Taft effective 7/1/2018 to 6/30/2023; 4 pages

Standard Agreement between CDCR and Corrections Corporation of America effective 1/7/2008 to 6/30/2019; 75 pages

Standard Agreement between CDCR and City of The GEO Group, Inc (Dessert View) effective 7/1/2018 to 6/30/2023; 4 pages

Standard Agreement between CDCR and City of The GEO Group, Inc (McFarland) effective 7/1/2018 to 6/30/2023; 4 pages

Standard Agreement between CDCR and City of The GEO Group, Inc (Golden State) effective 7/1/2018 to 6/30/2023; 4 pages

Memorandum dated November 1, 2016 to Associate Directors, Wardens, Classification and Parole Representatives

Memorandum dated January 21, 2014 to Associate Directors, Wardens, Classification and Parole Representatives

Memorandum dated October 24, 2013 to Associate Directors, Wardens, Classification and Parole Representatives

Exhibit D - CDCR Special Terms and conditions

Exhibit M - CDCR PREA Volunteer/Contractor Informational Sheet

4. Interviews

Contract Administrator

5. Tour of the Facility

Findings:

Subsection (a) and (b):

CDCR has seven contracts with private entities for the confinement of inmates. Those seven contracts were renewed in 2018 and contain language in section 32 of the contract Scope of Work requiring the contracted agency to "adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with the CDCR's Department Operations Manual, Chapter 5, Article 44". Additionally, in Section 32 of the contract, language is included requiring the agency to comply with both CDCR staff and outside audit personnel conducting audits to ensure compliance with the PREA standards. This language is reiterated on pages 25 and 26 of the Special Terms and Conditions for contractors. Further, Contractors and Volunteers receive a CDCR Prison Rape Elimination Policy - Volunteer/Contractor Information Sheet Exhibit M which details CDCR's PREA policy.

According to the Contract Administrator, each contracted housing location has a CDCR Captain on site who serves as the PCM. Additionally, each contracted agency has a PREA Coordinator and support staff working closely with CDCR equivalents. When there is an incident, both the site and CDCR work together closely. CDCR staff provide training and investigative support to the contracted facilities. Further, CDCR staff tour the contracted facilities monthly and contract monitoring during the years in which the facility is not formally audited.

Audit reports were provided in the Pre-Audit Questionnaire and up to date as of 2020. Audits due in 2020 were postponed due to the COVID pandemic.

With reduction of the inmate population, as of May 21, 2021, the contracted facilities no longer house CDCR inmates.

Although contracts include requirements for agencies to follow PREA standards and allow for contract monitoring to ensure compliance with the PREA standards, evidence does not support contract monitoring for PREA standards is completed.

Evidence suggest safety and security audits are completed, but is not clear specific to the monitoring of PREA. Should CDCR resume contracting for the placement of inmates, CDCR should develop a formal process for contract monitoring to ensure PREA standards are being followed in the contracted facilities. The process should address the assignment of responsibility, time frames for monitoring, monitoring during non-audit years, and written documentation.

Corrective Action: None

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 1 Article 26 CDCR Department Operations Manual Chapter 5 Article 44 3. Documents <ul style="list-style-type: none"> Staff Codes for Staff Vacancies FY 19-20 Staffing Plan - CTF dated July 6, 2020 CTF Staffing Plan Analysis Monthly Institution / camps Population detail as of July 31,2012 CTF Daily Institution Population December 2, 2019 to December 20, 2019 CTF Daily Institution Population January 25, 2018 to December 9, 2020 CDCR Statewide Population Report dated November 10, 2020 CDCR Weekly Report of Population dated November 4, 2020 CDCR 3022A Daily Program Status Report Part A - Plan of Operation / Staff & Inmate Notification dated January 10, 2021; Program Status Number CTF-C-18-003 and CTF-OPS-20-007 Prison Rape Elimination Act (PREA) Annual Data Collection Tool and Staffing Plan Review; blank and completed January 2020 CDCR In-Service Training (1ST) PREA Participant Workbook Log Book entries; 4 4. Interviews <ul style="list-style-type: none"> PREA Coordinator Warden Prea Compliance Manager Staff Completing Unannounced Rounds 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>CDCR Department Operations Manual Chapter 5, Article 44, section 54040.18 addresses the institutional staffing plan for each facility operated by CDCR. The operations manual requires that each facility develop, document and make its best effort to comply with the staffing plan to protect inmates against sexual abuse. Facilities are required to consider the 11 factors as noted in 28 C.F.R. Part 115 section 115.13. Further, Department Operations Manual Chapter 1, Article 26 notes that the CDCR utilizes the American Correctional Association (ACA) Manual of Standards for Adult Correctional Institutions.</p> <p>CTF staffing plan is based on the average daily population of 5172 as determined by the average daily population of January</p>

25, 2018 to December 9, 2020. The CTF Staffing plan dated July 6, 2020 for FY 20-21 was submitted for review along with the Staffing Plan Analysis. The Staffing Plan Analysis indicated a thorough review, considering the 11 factors. It was also noted that CTF staff have been trained on the Prison Rape Elimination Act and complete refresher training annually. Additionally, factors brought to the prison's attention which would jeopardize the safety of any person is immediately addressed. Further, unscheduled supervisory rounds are conducted to prevent incidents of sexual abuse. This Staffing Plan was signed by both the CTF Warden and Associate Warden / PCM.

Based on population reports submitted for review, the average daily population in 2020 did not exceed the average daily population on which the Staffing Plan was based.

The PREA Coordinator explained that Staffing Plans are formula-based and consider the institution mission and facility's physical plant such as blind spots. Headquarters assign a "staff package" to the variables to deploy resources in a more equitable manner. Facilities have the flexibility to reassign staffing posts to mitigate sexual abuse. If additional staff are needed to mitigate sexual abuse, the PREA Coordinator is involved in the discussion and request.

The PREA Compliance Manager confirmed her involvement in the development of the staffing plan and the inclusion of the PREA Standards. The PCM indicated there was a decrease in population due to COVID pandemic, but is now increasing.

The Warden also confirmed his involvement in developing and reviewing the staffing plan in partnership with CTF staff and headquarters. He confirmed the Staffing Plan considers the eleven factors as noted in the PREA standards.

Subsection (b):

CDCR Operations Manual requires facilities to document when a staffing plan is not complied and justify the deviations. This documentation is completed using the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for the reporting. Examples of the Daily Activities Report was submitted for review. The Warden noted that any deviation from the staffing plan is documented in a staffing package that the he reviews daily. This includes posts in which staff were out sick or vacation and how those were filled.

While on site, review of the custody staff roster showed that posts were filled and further indicated vacations, use of overtime to cover shifts, and trades.

Subsection (c):

CDCR Department Operations Manual Chapter 5, Article 44, Section, 54040.17.1 requires at a minimum an annual review of the staffing plan. The PREA Coordinator, institution PCM, and Program Support Unit are involved in the process and assess the staffing plan, the facility's deployment of video technology, and resources assigned to ensure adherence to the staffing plan. The Warden noted they review the Staffing Plan and Staffing Analysis during Incident Review Committee and at a minimum quarterly.

The Prison Rape Elimination Act (PREA) Annual Data Collection Tool and Staffing Plan Review, dated January 29, 2020 was submitted for review. This review addressed the staffing plan. The completed copy was signed by the PCM on 1/31/2020.

The PREA Coordinator is also required to review and sign the document, however, it was not signed. A request was made by email on July 20, 2021 to receive copy of the review for 2021. A copy was received on the same day, signed only by the PCM.

Subsection (d):

CDCR Operations Manual addresses Security Rounds. A custody supervisor is required to conduct weekly unscheduled security checks. The security checks are documented in the Unit Log Book in red pen and indicates date, time, and location in which the security check was completed. By policy, staff are permitted from alerting other staff of the security rounds unless such announcement is related to a legitimate operational function of the facility.

Training documents indicate that staff are trained that custody supervisors will conduct weekly security checks and document security checks in the unit log book using red pen. The unit log will indicate the date, time, and location of the security check.

Four log book entries were submitted during the pre-audit for review:

#1 - 12/14/2020 1100-1200 Sergeant signed in red pen

#2 - 12/14/2020 1640-1655 Sergeant signed in red pen and 12/15/2020 0030 to 0245 signed in red pen

#3 - 12/15/2020 1100-122 Sergeant signed in red pen

#4 - 11/30/2020 0900 to 1140 Sergeant signed in red pen and 11/30/2020 1600-1605 Sergeant signed in red pen

Additionally, log books were reviewed during the onsite tour and consistently showed security supervisors signature in red at

various times and watches. Further, three supervisory interviews confirmed unannounced rounds are completed and documented in the log book with red pen.

Corrective Action: None

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures 3. Documents <p>Inmate Roster</p> <ol style="list-style-type: none"> 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a) - (c):</p> <p>Corrections Training Facility does not house any inmate under the age of 18 years old. A review of the CTF Inmate Roster dated June 25, 2021 showed all of the inmates were over the age of 18 years, the youngest being 20 years of age.</p> <p>Corrective Action: None</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 5 52050.16.4 Clothed Body Search of Female Inmates CDCR Department Operations Manual Chapter 5 52050.16.5 Unclothed Body Search of Inmate CDCR Department Operations Manual Chapter 5 54040.5 Searches CDCR Department Operations Manual Chapter 5 52050.16.7 Unclothed and Clothes Body Searches of Transgender or Intersex Inmates 3. Documents <ul style="list-style-type: none"> Memorandum dated February 8, 2019 regarding changes in the Use of the Adani Compass Low Dose Scanner PREA BET Codes Memorandum dated November 6, 2020 regarding Overview of Senate Bill 132 - Training Memorandum dated September 24, 2019 regarding Policies and Procedures Related to Working with transgender and Gender Non-Conforming Inmates CDCR In-Service Training - Transgender Inmates Participant Workbook Office of Training and Professional Development - Searches and Inmate Property CDCR In-Service Training - Working Successfully with Transgender, Intersex, and Non-Binary Inmates; Lesson Plan CDCR On-the-Job Training Module - Inmate Body Search; Lesson Plan CDCR In-Service Training - Prison Rape Elimination Act (PREA); Lesson Plan Transgender Inmates In-Service Training CDCR In-Service Training Transgender Inmates; Lesson Plan CDCR Overview of Senate Bill 132; Power Point Training Records as of 1/21/2021: <ul style="list-style-type: none"> Overview of Senate Bill 132 - Staff Working Successfully with Transgender, Intersex, Non-Binary Inmates 2020 - 386 staff Transgender OPT Class - 64 active staff, 43 staff on leave Expectations for Working with Transgender, Intersex, Gender Non-Conforming, and the Non-Binary Inmate Population; 6 staff Prison Rape Elimination Act (PREA) 2020 online; 472 staff Prison Rape Elimination Act (PREA) 2020 online - OJT; 8 staff Prison Rape Elimination Act (PREA) 2020 - ILC - 1ST; 2 staff 4. Interviews <ul style="list-style-type: none"> Random Staff Random Inmates

5. Tour of the Facility

Findings:

Subsection (a):

According to CDCR Operations Manual, cross gender strip searches or visual body cavity searches do not occur except in exigent circumstances. According to the Pre-Audit Questionnaire, in the past year, there have not been any cross-gender strip or body cavity searches at CTF.

In February of 2019, a memorandum was issued to Associate Directors in the Division of Adult Institutions, Wardens, PREA Compliance Managers and In-Service Training Managers addressing the use of the Adani Compass Low Dose Scanner. This memorandum directed each institution to ensure that operators of the low dose scanner were of the same gender as the inmate being scanned. It further directed institutions to ensure adequate number of staff certified to use the scanner were on shift. If staff of the opposite gender scanned an inmate, it had to be during exigent circumstances and documented in a Notice of Unusual Occurrence. This memorandum also required local Operations Procedures to be amended to reflect these changes. Within the past year, there have not been a completed Notice of Unusual Occurrence documenting a cross gender search which is consistent with the report that none have occurred.

Use of the body scanner is documented on the Low Dose Full Body X-Ray Scanner Results Log - Inmate. Completed records from 2021 were provided during the on-site portion of the audit. The documentation indicates how many inmates were scanned and if the scan resulted in the detection of contraband. The document does not indicate which inmate was scanned. The form is then signed by the operator. Completed documentation accounted for scans conducted in R&R and in A/B following a visit and were signed by male staff. Based on formal staff interviews and conversations during the tour, unclothed body searches are only completed when the body scan detects contraband. The unclothed body searches are not documented.

Subsection (b):

CTF does not house female inmates. However, CDCR Department Operations Manual addresses this subsection restricting cross-gender pat searches of female inmate absent exigent circumstances.

Subsection (c):

Department Operations Manual requires documentation of any cross-gender strip or visual body cavity search or a cross-gender pat search of female inmates with the use of the Notice of Unusual Occurrence. This is reviewed by a supervisor and routed to the institution's PREA Compliance Manager for review and document retention. According to the PREA Compliance Manager, in the past year, there has not been a cross gender strip or body cavity search.

Subsection (d):

CTF follows policy in CDCR Department Operations Manual in which each institution is required to enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Modesty screens are permitted by policy to prevent incidental viewing.

Staff PREA training also addresses privacy and the use of modesty screens to prevent incidental viewing. Random staff indicated that inmates may shower without being viewed by staff. About 25% of the inmates interviewed indicated that the showers and the space to dress do not afford them privacy.

Modesty screens were installed to allow inmates the capability to toilet and shower without being viewed by staff of the opposite gender, except incidental viewing. Modesty screens were installed at the entrance of the showering area to provide space for the inmate to change, as well as privacy screens in front of the showers. The privacy screens do afford some privacy; however, the height of the privacy screens vary by shower room. Meaning, that depending on the height of the person showering or the height of the staff, the privacy screens may not afford a person privacy. Additionally, the screens leading into the showering area only provide privacy dependent on the staff height and if the staff is on the same floor as the shower. The design of the housing units and the location of the shower entrance to the stairs leading to housing tiers, allow for incidental viewing. Should the staff be a floor above or below, the privacy screen no longer serves its purpose. During the tour of the facility, auditors observed inconsistencies in the size of the privacy screens, specifically the height of the screens shielding the shower area. In Central Facility Housing Unit G second floor shower barrier provided adequate barrier due to the size of the screen. Housing Unit C, E, X, and Z second and third tiers provided little coverage, and Housing Unit X first floor modesty screen allowed for incidental viewing due to the installation and style of the screen. Further, mirrors are utilized on each housing unit and allow for viewing in the shower area on Housing Unit C. South Facility is barracks style dorms with an open shower and toilet area. A half wall provides a barrier from the remainder of the dorm but did not provide the same

level of privacy if up close. Additional toilet areas throughout South Facility were in need of paint to partially cover door windows for additional toileting privacy. Given the plan to close North Facility, no recommendations will be made.

The cells in Central and North Facilities are wet cells with the toilets and sinks in cell. They are located in a way which allows privacy from individuals passing by. They also offer toilet areas for inmates out of cell which is a room without a door yet fitted with modesty screens. This allows for inmate toilet use without being seen by staff of the opposite gender.

Toilets are located throughout the institution and were particularly noted during the tour. The Central Facility Gymnasium showers were open with no privacy screens and four toilets were next to each other without a partition. It was reported, the showers and toilets were no longer in use. The urinal in the program room off of C Housing Unit was set in a corner with three walls with an open space for the door. Given its location next to the entrance, incidental viewing is likely to occur.

Department Operations Manual also addresses cross gender announcements which occur at the beginning of each shift and/or when the status quo within the housing unit changes. PREA In-Service training and Basic Correctional Officer Academy addresses when and who should make the announcement. Training includes the announcement to be "staff on the floor". During the tour of the facility, the announcement was accomplished by custody staff yelling "staff on the floor" or "staff on the tier"; depending on the facility. Female custody staff interviewed acknowledged making an announcement. However, what was said varied, to include "female on the floor", "female on Board", and "staff on the tier". Over half of the inmates interviewed reported that cross gender announcements are not made. Those who stated that they are made indicated staff yell. What is yelled varied. For instance, inmates reported staff yell, "female in the building", "female staff walking through", "staff on tier", "female walking", and "female on the block". Given the layout of the housing units, it is likely that inmates housed on the far side of the tier or on the upper levels will not hear any announcement made.

Subsection (e):

By policy, if an inmate's genital status is not determined through a review of medical records or an interview with the inmate, the determination will be made during the standard medical examination.

All staff interviewed were aware of the policy prohibiting a search to determine genital status.

Subsection (f):

CDCR submitted training documents for review. These training lesson plans, manuals, and power points consistently contained language outlining how a search should be completed as well as addressing staff professional and respectful communication and conduct. Training records were submitted, indicating staff participated in and completed training. According to training documents received while on site, Working with Transgender, Intersex, and No-Binary Inmates was mandatory training for all staff in 2020.

Recommendation: 115.15 (d) It is recommended that the current privacy screens in the showers be reevaluated and an additional barrier installed to provide private shower space; a barrier which mirrors the height of the privacy screen in Central Facility housing Unit G, second floor. Additionally, create separation between inmates to allow for individual shower stalls to afford inmates privacy from one another (115.42). Further, consider options to create changing space which does not allow for the viewing of inmates changing by individuals on the upper or lower tiers and the efficacy of the privacy screen at the entrance is not dependent on the height of staff.

115.15 (d) CDCR policy clearly directs staff of the opposite gender to make a cross gender announcement and all staff are trained to use the phrase "staff on the floor". As noted from inmate interviews, the announcements are not consistently heard nor is the manner in which they are made consistent, which was also reported by female staff. It is recommended CTF develop additional staff training which clarifies who shall make the announcement (staff entering the housing unit as per policy or the unit sergeant as was witnessed during the tour) and how that shall be made i.e., specific and consistent language on each housing unit. Given the layout of the housing units, the number of inmates whose primary language is not English, and to accommodate those who are hard of hearing, in addition to the verbal announcement, a visual sign should be present when female staff are on the unit. This could be a light visible to all inmates or other visual marker that remains visible during the time female staff are present.

Corrective Action: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire

2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44 54040.4 Education and Prevention

CDCR Department Operations Manual Chapter 5, Article 44 54040.12 Investigation

3. Documents

Memorandum dated October 16, 2017 regarding Inmates with disabilities and inmates who are limited English Proficient

Inmate Roster

I Speak Poster

CDCR bilingual employees

Telephone Interpreting Services for California Correctional Health Care Services

Standard Agreement contract for Voiance Language Services July 1, 2019 to June 30, 2021

Memorandum dated June 15, 2009 regarding Notification of Interpretation and Translation Services

Inmate Roster; Primary Language - Spanish

4. Interviews

Agency Head

Random Staff

Inmates

5. Tour of the Facility

Findings:

Subsection (a):

CDCR Department Operations Manual lists a number of PREA educational opportunities for inmates which include orientation while in reception center via written or multi-media presentations, PREA Brochure, and PREA posters.

Department Operations Manual also states that provisions shall be made to ensure effective communication for those not fluent in English, those with low literacy levels, and those with disabilities. Department Operations Manual furthers that offender peer educators may be used to enhance knowledge and understanding of PREA and sexually transmitted diseases.

The language found in the Department Operations Manual is reiterated in a memorandum dated October 6, 2017. The memorandum further provides examples of how to provide equal opportunity to participate in and benefit from all aspects of CDCR's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

In an interview with the Agency Head, it was explained that CDCR provides education and prevention information verbally and in print. The print is in both English and Spanish. For inmates who are not proficient in English or who have a developmental disability or mental health condition, staff present the information in a manner in which the inmate will understand the material. Staff who provide PREA education to inmates also talked about steps they took to ensure inmates understood the information being provided.

Subsection (b):

According to a memo dated June 15, 2019 to Associate Directors in the Division of Adult Institutions, Wardens, Community Correctional Facility Superintendents, and In-Service Training Staff, each institution shall designate a staff member as a local

Limited English Proficiency (LEP) coordinator for issues related to inmates with LEP needs. Services include phone interpretation services, list of bilingual facility staff, other local interpreters or interpreters from neighboring institutions or agencies, and a list of translated forms. Additionally, all housing units have I-Speak cards.

CDCR maintains a list of employees who are certified bilingual and are able to serve as an interpreter. If a staff is not available, interpreter services are available by phone through Voiance Language Services, LLC. I Speak Cards and posters are available for inmates to reference to establish and ensure appropriate interpretation is offered. The language service was utilized during the audit. The process to obtain services was easily navigated and accommodated the needs of the interview. Additionally, CTF staff were available to interpretate and assisted with interpretation needs.

In an interview with the agency head, it was explained that CDCR provides education and prevention information verbally and in print. The print is in both English and Spanish. For inmates who are not proficient in English staff present the information in a manner in which the inmate will understand the material.

Subsection (c):

CDCR Operations Manual specifically states that "Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation.

According to the Pre-Audit Questionnaire, in 2020 and 2021, no inmate has been used to interpret for another inmate regarding a PREA related incident.

Although CDCR provides the handbook in Spanish, Spanish speaking inmates who arrived at CDCR over three years ago were not aware of the handbook available to them in Spanish. This will be addressed in 115.33. However, all of the inmates whose primary language was other than English or were identified having a disability were aware of individuals such as a Correctional Officer or Counselor who could help them better understand the material. Additionally, inmates were aware of the availability of interpreters.

During the facility tour, signs and posters were available in both English and Spanish.

All staff who were interviewed reported only using staff or language line services for interpretation. Only in an extreme emergency situation in which death is imminent would they use an inmate to interpret.

Corrective Action: None

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> Department Operations Manual Chapter 3 Article 6 - Appointments Department Operations Manual Chapter 10 Volunteers Department Operations Manual Chapter 3 Article 7 - Personnel Identification Cards Department Operations Manual Chapter 3 Criminal Records Check Department Operations Manual Title 15, Section 3401.5 Staff Sexual Misconduct Department Operations Manual Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status 3. Documents <ul style="list-style-type: none"> CDCR 1951 Supplemental Application for All CDCR Employees -1 blank; 4 completed applications in 2020; 22 completed application for past 6 months CDCR 2164 Live Scan Response - 1 blank; 4 completed 2020 CDCR 2025 Employee Reference Questionnaire Volunteer Application and Service Agreement CCR 966 Personnel Information Bulletin 2016-005 dated September 16, 2012 Revision to the Supplemental Application for all CDCR Employees, CDCR Form 1951 Memorandum dated July 14, 2017 Completion of background checks under the Prison Rape Elimination Policy New Employee Contractor Background Checks Revised June 28, 2017 CDCR Special Terms and Conditions attachment for Contractor Bids Memorandum dated February 26, 2016 Personnel Identification Card Issuance Memorandum dated October 6, 2017 Hiring and Promotion Decisions regarding Standard 115.17(e) Examination/Employment Application - blank 4. Interviews <ul style="list-style-type: none"> Administrative Human Resource Warden 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>According to CDCR Operations Manual Chapter 3, section 31060.3 the agency Secretary is the appointing authority for civil service positions in CDCR with delegated authority to include Undersecretaries, Assistant Secretaries, Directors, Deputy Directors, Assistant Directors, Wardens, RPAs and General Manager, CALPIA. This section specifically references 28 CFR Part 15, Standard 115.17 in that "hiring authorities shall not hire or promote anyone who may have contact with inmates, who:</p>

- has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility or other institutions;
- has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or;
- has been civilly or administratively adjudicated to have engaged in the activity described immediately above."

This language is mirrored on the CDCR 1951 Supplemental Application for All CDCR Employees, which all applicants seeking employment must complete and sign. The employee is informed that all of the information is considered during the selection process.

Subsection (b):

Department Operations Manual Chapter 3, Article 6 also requires hiring authorities to consider substantiated incidents of sexual harassment in all hiring decisions. This language is also mirrored on the CDCR 1951 which all applicants are required to complete and answer.

Subsection (c):

In 2017, the process of Criminal Records Checks and Pre-Employment Documentation was updated. A criminal records check is a requirement for employment with CDCR.

Prior to hiring new employees who may have contact with inmates, all prior institutional employers are contacted to learn if the candidate was involved in a substantiated incident of sexual abuse or if the candidate resigned during a pending investigation. The CDCR 1951 Supplemental Application for All CDCR Employees is completed by all applicants, including candidates who transfer classification or are seeking promotion. Section D includes a section for applicants to list all previous correctional institution employers for whom they have previously worked. In 2017, CDCR issued a memo to CDCR Background Investigators outlining PREA standard requirements and how CDCR resolved to follow the standard. One such change included amending form 2025 Employment Reference Questionnaire to include questions about substantiated incidents of sexual abuse and resignation during an investigation. In the 2017 memo to investigators, it was required that investigators make an attempt to contact all previous institutional employers.

According to the Pre-Audit Questionnaire, zero people were hired at CTF in the past year. However, interviews with Human Resources indicated there were new hires over the past year, which is consistent with the documentation received confirming the use of CDCR1951 and Background checks. During the on-site phase, 22 Supplemental Application For All CDCR Employees CDCR 1951 were provided to the auditors. These 22 applications were for the 22 new hires at CTF during the past six months. All of the applicants answered no to the questions asked in Section D - Compliance with the Federal Prison Rape Elimination Act. Attached to the applications are emails and, if applicable, a Health Care Services form, confirming the applicant was not involved in a substantiated sexual abuse investigation or resigned during a pending sexual abuse investigation if they had previously been employed in a correctional setting.

Subsection (d):

The Special Terms and Conditions included with Contractor Bids includes PREA language which includes zero tolerance for sexual misconduct and requirements for contractors to refrain from assigning employees to position in which they may have contact with an inmate if they have engaged in sexual abuse, been convicted of engaging or attempting to engage in sexual activity in the community by force 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. The contractor is notified a criminal background check will be completed for each contracted employee.

Interviews confirmed that contractors have a criminal background check completed prior to being allowed into the facility.

During the interview with the Warden, he indicated he would not approve hiring a contractor with a prior incident of sexual abuse in a confined setting or in the community. If the contractor was the only person who could do the job, he may be hired and be under a custody escort. The Warden indicated he was ensuring the safety of the men at the facility.

Subsection (e):

Department Operations Manual Chapter 3, 31060.16 Criminal Records Checks is a requirement for employment at the time of hire. Upon hire, employees, contractors, and volunteers are provided a Personnel Identification Card. The card is scheduled to expire after five years for employees and contractors. In order to be issued a new card, a background check is completed.

CDCR uses the Live System. At the time of hire, an employee is fingerprinted and entered into the system. This system provides real time notification if an employee is arrested or receives a ticket.

According to Human Resources, at CTF, contractors undergo a criminal background check annually. Contractor complete paperwork and update information at which time a criminal background check is also completed.

Subsection (f):

Using the CDCR 1951, staff are asked about prior incidents of sexual abuse in a confined setting, if they had been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or civilly or administratively found to have engaged in said behavior. All new employees and those seeking promotion complete this form.

Department Operations Manual Title 15 Section 3413 requires employees to promptly notify the institution head or appropriate director/assistant secretary if arrested or convicted of any law violation.

Subsection (g):

According to Department Operations Manual Chapter 3 Discipline Matrix E.8., Falsification of application or omission of information for employment or promotion when it materially affects acceptance or rejection for employment or promotion, is grounds for dismissal.

When completing an Examination/Employment Application, the applicant certifies with a signature; "I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California."

Additionally, the CDCR1951 Supplemental Application for All CDCR Employees specifically states above the applicant signature line; "Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be rejected on probation and/or disciplined, up to and including dismissal from State service." All 22 completed applications included the applicant's signature directly below the aforementioned phrase.

Subsection (h):

Human Resources works with the EEO and Employee Relations Officer when reviewing applicants who left state service and were attempting to reinstate. Background checks are completed in addition to contacting previous institutions in which the applicant was employed.

Corrective Action: None

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

Design and Construction Policy Guidelines dated August 14, 2017 Notice of Change.

CDCR Design and Construction Policy Guidelines Manual Volume 1 for Adult Prisons dated January 2014

CDCR Design and Construction Policy Guidelines Manual Volume 1 dated April 2016

28 23 00 Video Surveillance

27 51 23.63 Detention Intercommunication and Program Systems

3. Documents

Design Change Committee Log - Video Surveillance System Statement for PREA

Design Change Committee Log - Design Standard for PREA

4. Interviews

Agency Head

Warden

5. Tour of the Facility

Findings:

Subsection (a):

CDCR Design and Construction Policy Guidelines answer this PREA standard under two sections. Section H. requires all new prisons, additions, and renovations to provide complete visual supervision of all inmate activity areas. Section O addresses the installation of video surveillance systems within an institution where lines of sight cannot be adequately maintained from an Officer's Station or Officer's Podium.

According to the agency head, all new construction and renovations follow the concept of direct line of sight to ensure staff can see the population and minimize blind spots. Attempts are made for doors to face corridors and are installed with windows. Mirrors are used to enhance visibility.

CTF is currently renovating one housing unit designated for administrative segregation. Cameras will not be installed but mirrors will.

Subsection (b):

The CDCR Design and Construction Policy Guidelines Manual dated April 2016 requires facilities to consider how technology may enhance the department's ability to protect inmates from sexual abuse. This policy requires a video surveillance system with recording cameras to be installed in areas where lines of sight cannot be adequately maintained from an Officer's Station or Officer's Podium.

Camera and monitoring equipment is addressed in 28 23 00 Video Surveillance. This document provides guidance on the specifications and locations of camera technology.

According to the Agency Head, video technology is used in less supervised areas or areas of vulnerability. CDCR was able to purchase some equipment to use in institutions with higher incidences of PREA reports. CDCR is currently working through the legislature to obtain funding for additional cameras.

At CTF, video monitoring is utilized in the visiting areas and the Prison Industry Authority (PIA) areas; however, it is unclear if

the visiting cameras are consistently operational. Additionally, cameras in visiting only allow for real time monitoring.

During the on-site tour, areas of vulnerability were identified throughout all three facilities. The following areas are of note:

Central Facility

- One blind spot in the MAC room was created by office furniture. This was immediately rectified by moving the taller furniture to allow for clean sight lines.
- Second floor locked storage room above the kitchen. It should be noted, this key was not readily available by staff and had to be obtained from the supervisor. As budget allows, recommend at a minimum to install a camera to record individuals entering and exiting the storage area and enhance safety upstairs with the use of mirrors or cameras.
- Recommend installing one camera in both Chapels to view the alters, particularly focusing on the libraries and restrooms adjacent to the alters. Install camera in the interfaith chapel to view behind the floating wall. At a minimum, ensure doors remain locked when not in use. The restroom located in the Protestant Chapel was unlocked during the tour.
- Recommend installing one camera in the gymnasium, focusing on the inmate shower and restrooms.
- In the HFM Training - Prison Industry area the staff bathroom was not locked during the tour. A maintenance request was submitted prior to the walk through for the lock repair. Additionally, a maintenance request was submitted for the inmate bathroom door to be removed. Maintenance Requests were documented and reviewed. As budget allows, also recommend either cameras or mirrors in the training room and back offices.
- R&R - storage area behind the offices. One mirror is currently installed on the back corner. Install additional mirror at an angle to ensure visibility.
- Maintenance Warehouse - tall shelves and long halls. Recommend installing mirrors.
- Maintenance Inmate Breakroom - install mirrors to mitigate blind spots around the ice machine.
- Canteen - Canteen is a relatively secluded area monitored by guard towers. It is comprised of a building and four shipping containers used to store inventory. Canteen is staffed by one CDCR employee and 1 to 4 inmates. The staff bathroom was unable to be locked when not in use. A work order was submitted on the same day to change the lock. Given the seclusion of the space, it is recommended this area be identified for the installation of camera technology when it becomes available as well as mirrors to allow staff in the yard and the towers to monitor activities inside the storage containers.
- Housing Units - Housing Units are equipped with mirrors. However, to enhance inmate and staff safety, recommend at a minimum of one camera per housing unit, ideally two on each side of the unit.

North Facility

- Rainer A Wing missing mirror.
- Chapel - address false wall behind the alter that houses office space. Install cameras, or at a minimum, mirrors to ensure observation into the blind spot.
- Classrooms in education. Blind spots were noted in various classrooms. Recommend evaluating each classroom to ensure that classrooms are arranged in a manner which do not create blind spots or install mirrors to ensure all space is visible.
- Music/Band Room - It was noted there are three cameras in the gym, which is open space and monitored by custody staff on an elevated platform. The Music/Band Room located behind the custody staff station has no mirrors and blind spots in the corner. A mirror(s) from the gym may be better served in the Music/Band Room to eliminate the blind corners.
- Clothing Main Laundry - Although mirrors are installed in this area, the length and heights of the carts create blind spots which may be mitigated with additional mirrors or cameras.
- Canteen - Current mirror placement is insufficient to see around the blind spots created by the height of stacked inventory.
- Housing Units - Housing Units are equipped with mirrors. However, to enhance inmate and staff safety, recommend at a minimum of one camera per housing unit, ideally two on each side of the unit.

South Facility

South Facility is scheduled to close in September 2021. This report will reflect auditor observations; however, no recommendations or corrective action will be noted.

Housing Units are open bay with mirrors. Kitchen is adequately outfitted with mirrors. There are many smaller buildings within the fence that are locked and no longer in use and one housing unit has been condemned. The Bike Program shop continues to operate utilizing locked storage cages, mirrors, and chits for tools.

It was reported by both the Agency Head and Warden, that video monitoring system acquisition is pending due to funding. In the meantime, it appears that CTF has enhanced safety and security with mirrors to mitigate vulnerable areas. Maintenance

Requests were submitted for review and demonstrate CTF staff acknowledging the need for additional mirrors, fixing of locks, and modifying doors to ensure the sexual safety of inmates.

Recommendation: CDCR is working on receiving additional funding to obtain additional video surveillance technology and to upgrade current systems. Although the use of mirrors offset the limited use of cameras, it is recommended that CTF continue to work with CDCR to obtain additional cameras and technology capable of both real time and recording.

Corrective Action: None

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

Department Operations Manual Article 44

California Correctional Health Care Services Volume 1 Chapter 10

3. Documents

Memorandum dated October 6, 2017 Evidence protocol and forensic medical examinations

Initial PREA Check-Off - Supervisor

Initial PREA Check-off - Staff

PREA: Initial Contact Guide; 2 pages

PREA: Custody Supervisor Checklist; 2 pages

PREA: Transportation Guide; 2 pages

Memorandum dated October 17, 2018 Sexual Assault Kit Processing

CDCR Watch Command Notification Checklist (PREA)

PREA Specialized PREA Training for Locally Designated Investigators Power Point

PREA Specialized PREA Training for Locally Designated Investigators Lesson Plan

A National Protocol for Sexual Assault Medical Forensic Examinations

Rape Crisis Center poster; English, Spanish, Hmong

PREA/SA Hotline List

Memorandum of Understanding CDCR and Monterey County Rape Crisis Center

Letter from Monterey County Rape Crisis Center

California Advancing PREA A Guide to Working with Rape Crisis Centers

4. Interviews

PREA Compliance Manager

Investigator

Random Staff

Inmates

Advocacy Agency Staff

5. Tour of the Facility

Findings:

Subsection (a):

CTF is responsible for investigating allegations of sexual abuse. Department Operations Manual Chapter 5 Article 44

addresses crime scene preservation and evidence collection. The custody supervisor is responsible to ensure a perimeter is established and an officer is posted to keep persons out of the crime scene area. Investigative Services Unit (ISU) staff or trained personnel are responsible for evidence collection. These staff are required to identify, preserve, and collect evidence. An evidence officer may be designated to collect evidence that may be destroyed if not preserved and processed according to institution procedure. DNA evidence from the body is collected by a Sexual Assault Nurse Examiner (SANE) at a SART location.

A memorandum dated October 6, 2017, addresses evidence protocols and forensic medical examinations specifically addressing sexual abuse investigations and potential evidence identification, preservation, and collection and evidence processing based on institution procedure. Subsequently, a memorandum dated October 17, 2018 addresses sexual assault kit processing. The memo requires every allegation of sexual violence and staff sexual misconduct to be investigated by a locally designated investigator. When collection of DNA related evidence from the body is necessary this is to be completed by a Sexual Assault Nurse Examiner. The memo cites specific requirements as indicated in the California Penal Code Section 680. The memo directs facilities to submit sexual assault kits to the lab for processing as soon as possible and upload into the SAFE-T database rather than waiting for an investigation outcome or prosecution determination.

To ensure evidence is preserved and collected, checklists have been developed and provided to staff based on their area of responsibility in responding to a sexual assault. For instance, a checklist for all staff is available, which reminds staff to ensure to the best of their ability, that the alleged victim does not shower, use the restroom or consume liquids. More specific checklists are provided to custody supervisors, first responders, and transportation staff outlining protocols for evidence preservation and collection.

All staff interviewed were aware of their responsibilities in responding to a sexual assault incident. They were knowledgeable in first responder duties, including securing the scene and preserving evidence. All staff were aware that investigations are completed by Investigative Services Unit at CTF.

Subsection (b):

CTF does not house juvenile offenders as noted in the Pre-Audit Questionnaire and review of the inmate roster.

CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Lesson Plan and corresponding Power Point was submitted for review. The training incorporates information from: the Peace Officers Standard and Training Guidelines on Adult/Adolescent Sexual Assault Investigations, PREA Resource Center, National Council on Crime and Delinquency, United States Department of Justice, and National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents Patient 2012.

Subsection (c):

Department Operations Manual Chapter 5, Article 44 indicates that victims of sexual assault are taken to a designated outside hospital or on-site location for forensic medical exams completed by a sexual assault nurse examiner. Co-pays for this service are not charged according to the Co-Payment Program Policy of the California Health Care Services.

The Pre-Audit Questionnaire indicates that two forensic examinations occurred in 2020, which was confirmed in a review of investigative documents. Interviews with medical staff confirmed that sexual assault victims are taken to the hospital for the sexual assault examination.

Subsection (d) and (e):

Inmates at CTF receive victim advocacy services from Monterey County Rape Crisis Center. Advocacy services include accompaniment to the hospital during a sexual assault forensic examination, support services through a hotline number, confidential written correspondence, and in person counseling. This relationship is formalized through a Memorandum of Understanding signed in 2019.

The Department Operations Manual addresses what would happen should a victim advocate not be available. In those cases, a designated employee would be summoned. If available, the employee would be certified by a rape crisis center and is either in a helping professional listed in Evidence Code section 1010 or has the 40 hours of specialized training.

According to the Department Operations Manual, when a victim is transported to the hospital, the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate. If one is not available, designated trained staff from the facility are sent.

Additionally, posters at CTF are displayed for inmates providing information on how to contact Monterey County Rape Crisis Center either by the hotline number or confidential written correspondence.

A Guide to Working with Rape Crisis Centers is given to PCMs. It includes services that are available to victims of sexual assault. The guide specifically addresses phone counseling, letter writing, forensic exam accompaniment, investigatory

interviews, and in person services.

During the tour, posted information was observed on housing units and common areas providing inmates with Monterey Rape Crisis Center contact information and service options. About half of the inmates who had reported sexual abuse were aware of outside support services and how to access those services. During the pandemic, inmates received advocacy services and support in writing rather than phone or in person. This was confirmed in interviews with inmates and advocacy staff.

Subsection (f):

The responsibility of investigating all administrative and criminal allegations of sexual abuse lies with CTF. This was confirmed during the interview with the investigator.

Subsection (h):

CTF does not utilize staff to conduct sexual assault examinations but utilizes qualified providers from Natividad Medical Center in Salinas. Natividad Medical Center utilizes an answering service for on-call forensic nurse examiners and Monterey Rape Crisis Center utilizes on-call advocates. During the Shelter in Place order, an advocate was not available, a secure telemedicine channel was available to provide advocacy and support.

Corrective Action: None

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

CDCR Department Operations Manual Chapter 3, Article 14

3. Documents

PREA Yearly Tracking Report 2020

Memorandum dated October 6, 2017 Policies to ensure referral of allegations for investigations

PREA Annual Report - Calendar Year 2018

PREA Annual Report - Calendar Year 2019

California CDCR public website

Investigation files

Investigations tracking spreadsheet

4. Interviews

Agency Head

Investigator

5. Tour of the Facility

Findings:

Subsection (a):

According to Department Operations Manual Chapter 5, Article 44, all allegations of sexual violence, staff sexual misconduct, and sexual harassment are investigated and documented in writing. Department Operations Manual Chapter 3, Article 14 addresses Internal Affairs Investigation for staff misconduct.

The Pre-Audit Questionnaire indicates there were 28 reports of sexual abuse or sexual harassment. This is confirmed in a review of the PREA Yearly Tracking Report for 2020 and 2021. According to the Pre-Audit Questionnaire, one allegation was referred for administrative investigation and one for criminal investigation. However, according to the PREA Yearly Tracking Report for 2020, all 28 of the allegations were assigned to a trained investigator. Of those 28, one of the allegations is pending criminal investigation. In 2021, 14 allegations were received and administratively investigated, four remain open. CTF conducts both administrative and criminal investigations.

According to the Agency Head, all allegations of sexual violence, staff sexual misconduct, and sexual harassment are investigated according to policy. Allegations are investigated locally by a designated and trained investigator who has received specialized training.

Three Locally Designated Investigators were interviewed. They confirmed that all allegations of sexual misconduct and sexual violence are investigated.

Subsection (b):

CDCR has the authority to conduct criminal investigations as noted in Department Operations Manual Chapter 3, Article 14 and confirmed during interviews with the Warden, PREA Compliance Manager, and Locally Designated Investigators.

Operations Manual Chapter 5, Article 44 section 54040.12, requires all allegations of sexual violence, staff sexual

misconduct, sexual harassment by staff, and all sexual assaults, attempted sexual assaults, and sexual battery by inmates be investigated by a Locally Designated Investigator (LDI). According to Operations Manual Chapter 3 Section 14 - Internal Affairs Investigations, LDIs are authorized to conduct Internal Affairs investigations.

In a review of the CDCR public website, Department Operations Manual Chapter 5, Article 44 is readily available by searching "PREA". It should be noted when access Chapter 5, Article 44, the previous version is available in the PREA Pages. The updated version is found on the website under Regulations and Policy > Department Operations Manual.

In a memorandum dated October 6, 2017, when allegations of inmate-on-inmate sexual violence and harassment are found to be substantiated, Investigative Services Unit will collaborate with the District Attorney's Office to make a determination for prosecutions. Likewise, when allegations of sexual abuse or sexual harassment by staff are found to have potentially occurred after a preliminary investigation by the institution's Investigative Services Unit, the case is referred to the Office of Internal Affairs (OIA) within CDCR who has the authority to investigate staff misconduct allegations. The OIA completes the investigation and works with the District Attorney to make a determination on prosecution. This is memo is supported by Department Operations Manual Chapter 5 Article 44 and Department Operations Manual Chapter 3 Article 14.

Subsection (c):

This is not applicable as CTF is responsible for conducting criminal investigations.

Corrective Action: None

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5

3. Documents

CDCR In-Service Training PREA Version 1.1 Lesson Plan

CDCR In Service Training PREA Version 2.0 Lesson Plan

CDCR Basic Correctional Officer Academy Prison Rape Elimination Act (PREA) Version 2.0 (2/2020) Lesson Plan

CDCR Inmate/Staff relations Instructor Guide

Inmate/Staff Relations Basic Peace Officer Academy version 1.2 - slides

Memorandum dated September 3, 2020 Mandated On-The-Job Training For All Staff

Memorandum dated November 6, 2020 Overview of Senate Bill 132- Training

PREA 2020 OJT training records - 185 staff

PREA OJT Specialized Training Health Services training record-127 staff

PREA OJT PREA Specialized for Medical and Mental Health Staff training record- 60 staff

PREA 2020 OJT not completed training record- 5 staff

PREA Knowledge Review

Screenshot - PREA 2018 on line training

4. Interviews

5. Tour of the Facility

Findings:

Subsection (a):

Department Operations Manual Chapter 5, Article 44 - Education and Prevention addresses staff training. "All staff, including employees, volunteers, contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment". Article 44 also requires training to include cross-gender pat down searches transgender pat-down searches, and unclothed searches. Policy directs institutions to train all staff on how to "communicate professionally with inmates, including inmates who identify themselves as Lesbian, Gay, Bi-Sexual, Transgender, Intersex, and Gender Non-Conforming"

According to PREA In-Service Lesson Plans 1.1 and 2.0 for all staff - Prison Rape Elimination Act Highlights - PREA "Establishes a zero-tolerance standard for the incidence of offender sexual violence, staff sexual misconduct, and sexual harassment (against offender, not against staff)". CDCR maintains 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. Training further addresses retaliation against employees or inmates who report incidents of sexual violence, staff sexual misconduct or sexual harassment will not be tolerated and will result in disciplinary action.

In review of the lesson plans for PREA Training 1.1 and 2.0, training includes: zero tolerance policy; how staff fulfill their responsibilities to prevent, detect, report, and respond to sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions; how to detect and respond to signs of threatened and actual

sexual abuse; professional relationships; professional communication, noting lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates, and how to comply with reporting requirements.

The lesson plan for the Basic Correctional Officer Academy (BCOA) PREA training for BCOA Cadets was submitted for review. Training mirrors PREA In - Service for all staff. Additionally, Basic Correctional Officer Academy trains staff on Inmate/Staff Relations. This training covers professionalism, communications, inmate rights, inmate manipulation, and overly familiar behavior. Inmate rights covers Due Process and Rights of Confined. Inmate's rights to be free from sexual abuse, sexual harassment, and retaliation is not mentioned. Training also reviews state and federal laws, however neither 28 CFR Part 115 or DOM 54040 is noted.

In a memorandum from the Division of Adult Institutions and Director of Corrections Services to Associate Directors, Wardens, Chief Executive officers, Chiefs of Mental Health and In-Service Training Coordinators dated September 3, 2020, CDCR mandatory training was removed from annual In-Service Training and moved to live training either in person or remotely. The following training satisfies a court order: Inmate Disabilities/Staff Responsibilities, Working successfully with Transgender, Intersex, and Non-Binary Inmates, Suicide Prevention, Partnership in the Correctional Environment.

A memorandum from the Director of the Division of Adult Institutions to Associate Directors, Wardens, PCMs, and In-Service Training Lieutenants regarding the Overview of Senate Bill 132- Training. This bill is also referred to as the Transgender Respect, Agency and Dignity Act which includes:

- asking the inmate at initial classification in a private setting of their gender identity,
- prohibits CDCR from disciplining any individual for refusing to answer or not disclosing complete information,
- prohibits staff from failing to consistently use correct gender pronouns,
- search an inmate who identifies as transgender, non-binary, or intersex based on an approved search preference, and house transgender, intersex, or non-binary inmates in a facility designated for men and women based on individual preference, after review and approval.

The memo indicates that ongoing training is paramount when dealing with the unique set of challenges employees may face when communicating with, and understanding the transgender, non-binary, and intersex inmate population. Training includes a summary of the bill, terminology, reiteration of body searches, housing requests, and the Transgender Access Card.

All of the random staff interviewed reported having completed PREA training annually. Staff consistently reported that training included signs to detect sexual violence, prevention including communication, and how to report PREA situations following the chain of command. Staff specifically identified first responder responsibilities including preserving the scene.

Subsection (b):

According to Department Operations Manual Chapter 5, Article 44, training is gender specific based on the offender population at the assigned institution. According to staff interviews, gender specific training occurs when a staff transfers institutions.

Subsection (c):

Lesson plan for PREA OJT 2.0 was approved in February 2020. Staff training records were submitted indicating which staff have and have not completed PREA training as of December 15, 2020. Additional documentation was reviewed on site for new hires in 2021. All new hires in 2021 either completed PREA training or Specialized PREA training, depending on their employment classification.

Subsection (d):

The PREA Knowledge review consists of 17 questions that the employee must complete at the end of training and affix their signature to the form. This is conducted electronically as evidenced by the screen shot of PREA 2018 online OJT.

Recommendation: PREA training designated for all staff and Basic Correctional Officer Cadets address the zero-tolerance standard for sexual violence, staff sexual misconduct, and harassment, along with the standard that retaliation will not be tolerated. It may be implied that inmates have rights to be free from sexual abuse, sexual harassment and retaliation; however, it is not explicitly stated nor trained; notably during (BCOA) PREA training in the Inmate Rights section. Further, training addresses state and federal law regarding sexual safety, such as Assembly Bill 550 Sexual Abuse in Detention Elimination Act and the Federal Prison Rape Elimination Act. Inmate/Staff Relations training during Basic Correctional Officer Academy should also be amended to include inmate rights to be free from sexual abuse, sexual harassment, and retaliation further citing 28 C.F.R. Part 115 PREA.

Training also does not address California laws for mandated reporting. However, all staff are trained to report allegations, suspicions, and knowledge of sexual violence, staff sexual misconduct, or sexual harassment immediately to a supervisor.

The supervisor refers the allegation to Locally Designated Investigators. Given that CDCR has the authority to criminally investigate allegations, following the chain of reporting will satisfy the spirit of mandated reporting. Staff are reminded in training that failure to act is grounds for discipline and potentially termination from employment.

Corrective Action: None

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

- 1. Pre-Audit Questionnaire
- 2. Policy and Procedures

CDCR Department Operations Manual Chapter 3

CDCR Department Operations Manual Chapter 10 Article 9

CDCR Department Operations Manual Chapter 5 Article 44

- 3. Documents

CDCR In-Service Training PREA Version 1.1 Lesson Plan

CDCR 2301 PREA Policy Information for Volunteers and Contractors signed November 16, 2018

Memorandum dated May 27, 2020 regarding CRCR form 2301 - PREA Policy Information for Volunteers and Contractors.

Memorandum dated October 6, 2017 regarding Volunteer and contractor training

- 4. Interviews

Volunteers

Training Staff

- 5. Tour of the Facility

Findings:

Subsection (a):

CDCR Department Operations Manual Chapter 5, Article 44 Section 54040.4 includes volunteers and contractors with all staff when requiring training related to prevention, detection, response, and investigation of inmate sexual violence, staff sexual misconduct, and sexual harassment. CDCR Department Operations Manual Chapter 10 Article 9 - Volunteers requires annual training and orientation as required. Department Operations Manual also states that the "CRM in conjunction with 1ST will provide the following on-the-job training courses for self-study * The Prison Rape Elimination Act".

The CDCR In-Service Training Prison Rape Elimination Act Version 1.1 lesson plan was submitted for review. The intended target for training is "All Staff". In the lesson plan, "Staff" is defined as "any person employed by CDCR, including employees, volunteers, and independent contractors..."

Also attached for review was a volunteer signed CDCR 2301 CDCR PREA Policy Information for Volunteers and Contractors. This is a two-page document which explains the Prison Rape Elimination act, discusses the zero tolerance policy for sexual violence, staff sexual misconduct, and sexual harassment, identifies professional behavior, identifies preventive measures which includes reporting and confidentiality. The volunteer or contractors then signs the document, affirming they have read and understand the information.

There are 176 volunteers or contractors who have completed training and approved to work at CTF. The volunteers interviewed confirmed they received PREA training prior to becoming a volunteer and annually thereafter. They confirmed that training included the CDCR zero tolerance policy. One volunteer who also has served in a CDCR employee capacity confirmed the PREA training for volunteers is essentially the same training in which employees participate.

Subsection (b):

In a memorandum dated October 6, 2017 regarding volunteer and contractor training, all volunteer and contract staff are to receive one hour of mandatory training in regards to Inmate/Staff Interaction. The memorandum further states "Although all volunteer/contract staff are required to complete the same training, specific staff.....are mandated by institutions to complete more extensive training based on their level of contact with inmates." This memorandum essentially identifies the minimum

amount of training with additional required training depending on the volunteer/contractor's role within the institution.

In a memorandum dated May 27, 2020 to the PCM at California Health Care Facility from the PREA Coordinators, form CDCR 2301 for Volunteers and Contractors was updated to include language mirroring PREA standard 115.17 regarding hiring requirements as well as a continuing duty to report.

A blank CDCR 2301 Part A and Part B was submitted for review. Part B is completed by contractors who may have contact with inmates during the course of their assigned duties. Part B includes a section in which contractors have a "Duty to Report" prior behavior as noted in 115.17 that employees are required to answering during hiring and promoting. Part B further requires contractors to acknowledge with a signature that as a contract employee," there is a "continuing duty to promptly report" and "notify your employer and the appointing Authority of the Institution to which you are assigned" if the answers to the questions have changed. Contractors affirm that "there are no misrepresentations, omission, or falsifications and that all answers are true and correct".

Volunteers confirmed they knew their responsibilities to report incidents of sexual violence, staff sexual misconduct, and sexual harassment.

Subsection (c):

CDCR Department Operations Manual Chapter 3 requires the CDCR Form 844 and 854 to be used to record training participation and training requests, respectively. This policy does not specifically note volunteer and contractor staff. The CDCR 2301 PREA Policy Information for Volunteers and Contractors was submitted for review and requires a signature in Part A, acknowledging the information and Part B affirming truthful information and a continuing duty to report.

During the post-audit period, email correspondence occurred with training staff. Staff explained that CRM staff train volunteers and contractors complete the PREA form through the Department Head. A gate clearance is not granted until the form is read and signed. He department retains the signed form.

Corrective Action: None

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations manual Chapter 5 Article 44

3. Documents

PREA Information for Orientation handbook; English and Spanish

PREA Sexual Violence Awareness Brochure; English and Spanish

Sexual Abuse/Assault Prevention and Intervention brochure; English and Spanish

Senate Bill 132 brochure

CDCR 128 Receipt of PREA Education; 1 blank and 5 completed

CTF Admission Summary December 2, 2019 to December 2, 2020

Memorandum dated November 4, 2015 regarding Prison Rape Elimination, Written Materials Distribution

Prison Rape Elimination Act Office of Inspector General Poster; English and Spanish

CDCR PREA Poster; English and Spanish

CDCR PREA Poster and Brochure order form

4. Interviews

Staff Interviews

Inmate Interviews

5. Tour of the Facility

Findings:

Subsection (a):

CDCR Department Operations Manual Chapter 5, Article 44 outlines Offender PREA Education to include verbal and written information specific to prevention/intervention; reporting; and treatment and counseling. According to DOM, initial PREA offender orientation is provided in the reception centers either in writing or multi-media presentation on a weekly basis.

PREA posters which contain department policy reporting numbers are to be posted in designated locations throughout the institution. Additionally the PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" is to be distributed during initial processing in reception centers.

The PREA Information for Orientation was submitted for review. This document provides a history of laws and rules pertaining to PREA. It further discusses the CDCR zero tolerance for sexual violence, staff sexual misconduct, sexual harassment and retaliation. It also provides several options to report an allegation of sexual violence, staff sexual misconduct, or sexual harassment.

The Sexual Violence Awareness brochure was submitted for review. This brochure defines sexual violence, staff sexual misconduct, and sexual harassment. It further provides direction to offenders if they are sexually assaulted, including reporting to a staff member, Office of Internal Affairs, OIG PREA Ombudsperson, and how to seek support.

The Sexual Abuse/Assault - Prevention and Intervention brochure in both English and Spanish was submitted for review.

This brochure defines sexual abuse, staff sexual misconduct, and sexual harassment and makes it clear that the CDCR will investigate all reports of sexual abuse. The brochure provides several ways to report including: to any staff member, call the

Sexual Misconduct Reporting Line, and call or write the Office of Internal Affairs, or the OIG PREA Ombudsperson.

The Senate Bill 132, "The Transgender Respect, Agency, and Dignity Act" brochure discusses how the bill directly effects offenders in a confined setting, including frequently asked questions. There is also a PREA section with contact information for the Office of Internal Affairs and OIG PREA Ombudsperson.

According to the Pre-Audit Questionnaire, between December 2, 2019 and December 2, 2020, 1460 inmates received this information. According to the Admission Summary Report, 1460 people were admitted to CTF during this time period.

Inmates were randomly interviewed regarding this standard. Inmate answers were inconsistent as to when they received PREA information. Some reported this occurred at intake in R&R, other inmates reported they learned about PREA from a counselor. For those inmates who arrived prior to the implementation of the PREA standards, many inmates interviewed reported they received a pamphlet. Most of the inmates affirmed their rights not to be sexually abused or harassed, right not to be punished for retaliation, and how to report. Many acknowledged posters around the facility with PREA information. Additionally, inmates were inconsistent regarding if and where they viewed the PREA video.

Subsection (b):

According to the Admission Summary, 1104 inmates remained at CTF for 30 days or longer and according to the Pre-Audit Questionnaire, all 1104 inmates received comprehensive education. Based on staff interviews, the comprehensive education occurred at intake. Based on interviews by Corrections Counselors, inmates receive additional PREA information within 14 days of intake. It appears that what this education looks like varies by counselor. According to counselors interviewed, within 14 days of intake, inmates are interviewed for and participate in the Initial Committee Review. One counselor report talking about the zero tolerance policy and rights of inmates as well as how to report during the review. Another counselor reviews and offers a PREA book to inmates during the pre-review interview. At this time the counselor reviews terminology and how to report. Information is provided and inmates are given an opportunity to ask questions.

Subsection (c):

In a memorandum dated November 4, 2015 to the Associate Director of the Female Offender Programs and Service/Special Housing from the Lieutenant, the PREA Information for Orientation Handbook was distributed to the current inmate population and Proof of Practice memorandums were received from each institution verifying this occurred.

Subsection (d):

DOM states "Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy and those with disabilities".

The PREA video is available in English, Spanish, and Hmong.

The following inmate education written information was submitted for review in both English and Spanish:

- PREA Information for Orientation handbook
- PREA Sexual Violence Awareness Brochure
- Sexual Abuse/Assault Prevention and Intervention brochure

Although written materials are available in Spanish and English, inmates interviewed whose primary language was Spanish were unaware the Inmate Handbook is available to them in Spanish.

Subsection (e):

CDCR Department Operations Manual requires PREA offender education to be documented on a CDCR Form 128-B in which the offender signs the form indicating they received the training. This form is then scanned into the Electronic Records Management System.

One blank and five completed and signed CDCR 128-B Receipt of PREA Education was reviewed during the Pre-Audit. The form includes the date the inmate received:

- Video "what you need to Know" (Available in English, Spanish, Hmong)
- Received Brochure on PREA with reporting information
- Received Inmate Orientation Handbook with reporting information
- Opposite Gender Announcement was explained

According to the Sergeant in R&R, this is completed as part of the R&R process. Several completed forms were reviewed and confirmed inmates receive education and handbook on the date of intake.

Subsection (f):

Two posters were submitted for review:

1. Prison Rape Elimination Act Office of the Inspector General written in English and Spanish
2. Shine the Light on Sexual Abuse Poster one in English and one in Spanish

Both posters provide contact information for the Office of the Inspector General PREA Ombudsperson. The Shine the Light on Sexual Abuse also informs inmates that CDCR has a zero tolerance policy and several ways in which an inmate may report sexual abuse, sexual harassment, or retaliation.

Finally, posters, brochures, and booklets may be purchased as a needed.

During the tour, PREA posters were viewed in all housing units and common areas. These posters were both in English and Spanish.

CTF also utilizes a PREA video, it was unclear through staff and inmate interviews if the video is shown on the institution channel or just during R&R.

There were no intakes during the on-site audit. The Sergeant of the R&R at CTF articulated what the intake process looks like. Upon arrival inmates receive education through the PREA video shown in the R&R unit. Inmates also receive the Orientation (manual) Handbook along with their bedroll. The Sergeant ensures the inmate understands the information provided in the handbook and the video by asking the inmate questions and providing the inmate an opportunity to ask questions.

A process is in place for initial PREA education and documentation. This includes written information, video, and a conversation with staff. Based on interviews, the comprehensive education occurs at intake. During the pre-initial review interview and hearing, additional information is provided. There does not appear to be a clearly defined process or content to the additional education effort. For inmates incarcerated at CTF pre PREA implementation, they received information by written pamphlet. Many of the inmates interviewed who arrived during that time, do not recall having received information, including the pamphlet.

Recommendation: It is recommended that R&R continue to educate new arrivals as they have been and ensure the video is played during intake, documenting those efforts. Subsequent education should be formalized clearly outlining content, and by whom and when it is to be completed.

Corrective Action: None

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

CDCR Basic Investigators Course - Specialized PREA Training for Locally Designated Investigators Version 1.0 - Lesson Plan

CDCR Basic Investigators Course - Specialized PREA Training for Locally Designated Investigators Version 1.0 - Participant Workbook

CDCR Basic Investigators Course - Specialized PREA Training for Locally Designated Investigators Version 1.0 - Power Point

4. Interviews

Investigators

5. Tour of the Facility

Findings:

Subsection (a):

Correctional Training Facility follows CDCR Department Operations Manual Chapter 5, Article 44 Staff Training which states "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c)". Policy further defines Locally Designated Investigator (LDI) as "The Investigative Services Unit Investigator or designated Institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct".

Interviews with investigators confirmed that Locally Designated Investigators who investigate PREA allegations received specialized training. Specialized investigators also complete the annual refresher training as well as PCM training.

Subsection (b):

CDCR Basic Investigators Course - Specialized PREA Training for Locally Designated Investigators Version 1.0 Lesson Plan, Participant Handbook, and corresponding Power Point slides were reviewed. Training consists of Miranda and Garrity Warning, Victim Interviews, a section of Crime Scene Preservation/Evidence Collection, and a section on Criminal and Administrative Investigations, and Criminal Prosecution.

Investigators confirmed their training consisted of interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confined setting and evidence required to substantiate a case for administrative action or criminal prosecution.

Subsection (c):

According to the CDCR Department Operations Manual, it is the Hiring Authority or PREA Compliance Manager who ensures that employees investigating incidents of sexual violence and or staff sexual misconduct are properly trained. Staff training is documented on the CDCR 844.

Additionally, CTF submitted for review the BIC Per institution list revised on May 30, 2018. This includes ISU and non-ISU staff qualified to conduct Investigations. CTF reports 12 CTF staff who are trained to conduct PREA Investigations.

Corrective Action: None

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 3

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

CDCR On-The-Job Training Prison Rape Elimination Act Policy Specialized Training for Medical and Mental health Staff

Memorandum dated August 9, 2017 regarding Prison Rape Elimination Act - Specialized Training for medical and mental health Staff

PREA Specialized Training HCS - 2 spreadsheets

4. Interviews

Medical and Mental Health Services Staff

5. Tour of the Facility

HR file review

Findings:

Subsection (a):

Staff training is addressed in Department Operations Manual Chapter 3 and Chapter 5. Chapter 3 requires training of employees to be completed during regular work hours when possible and that training is a condition of employment for the specific job. Chapter 5, Article 44 specifically addresses PREA Training. It states that all staff "receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment". It further states that "training will be conducted during new employee orientation, annual training and in the curriculum of the Correctional Training Academy".

In a memorandum dated August 9, 2017 to California Correctional Health Care Services Executive Staff, Regional Health Care Executives, and Chief Executive Officers from the Director of Health Care Policy and Administration, directs all Medical and Mental Health staff practitioners to receive specialized PREA training in addition to the training provided to all staff.

The CDCR On-The-Job Training Prison Rape Elimination Act Specialized Training for Medical and Mental Health Staff was submitted for review. The training includes:

- Potential Signs of Sexual Violence, Staff Misconduct, and Sexual Harassment
- Preservation of Evidence
- Professional Behavior (WEAK)
- Reporting and Referrals
- Responsibilities and Procedures

According to the Pre-Audit Questionnaire, 218 Medical and Mental Health Staff regularly work at Corrections Training Facility and all have completed training.

Interviews of medical and mental health staff confirmed they have completed PREA training and acknowledged training which included the above components.

Subsection (b):

Staff at CTF do not conduct forensic medical examinations, as confirmed by on site medical staff. These are completed at an

outside medical facility.

Subsection (c):

At the completion of the specialized Medical and Mental Health Staff On-The-Job Training, participants are required to complete a Training acknowledgement Form. By signing the Training Acknowledgement Form, staff acknowledge they have received, read, understood and agreed to the policies and procedures as defined in the training.

Two PREA Specialized for Medical and Mental Health Staff - OJT completion reports were submitted for review, a total of 189 have completed the training at the time of the report.

Additionally, file review was completed of new hires in 2021. Fourteen of twenty one new staff in 2021 were hired for health services or mental health services. Those fourteen staff completed Specialized Training for Medical and Mental Health Staff.

Subsection (d):

Mental Health and Mental Health Staff reported completing PREA training and described training components from the In - Service Training for all staff in addition to annual update training.

Corrective Action: None

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

CDCR Department Operations Manual Chapter 5, Article 46

California Penal Code Section 667.5(c)

3. Documents

Memorandum dated August 28, 2017 Prison Rape Elimination Act Risk Screening

Memorandum dated July 23, 2020 Changes to the Prison Rape Elimination Act Screening Form - Standard 115.41 Compliance

Memorandum dated September 29, 2017 Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities

Memorandum dated March 13, 2019 Prison Rape Elimination Act - Reassessments at Reception Centers

Memorandum dated November 6, 2020 Overview of Senate Bill 132 - Training

PREA Screening Instructions - 4 pages

Instructions for Completion of the PREA Screening Tool

CTF Admission Summary

Title 15 Section 3269 Inmate Housing

Completed PREA Screening - 5; 2018

PREA Screen effective 2020; blank

CDCR 128-MH5 - Mental Health Referral Chrono; blank

Excel Spreadsheet of inmates and completed PREA Screens 532 inmates July 1 2019 to January 30, 2020

PREA 30-day Reassessment Report

Classification Review October 10, 2016, 4 pages

CDCR Notice of Change to the Department Operations Manual Chapter 5, Article 44 dated July 27, 2017

4. Interviews

PREA Coordinator

Staff who conduct screening

Inmates

5. Tour of the Facility

Intake documentation

Findings:

Subsection (a):

Department Operations Manual Chapter 5, Article 44 does not address a formal process for screening for risk of victimization and abusiveness. Department Operations Manual references offenders who are identified on the PREA Screening Form as high risk for sexual victimization and how to address their placement in segregated housing. A memorandum dated August 28, 2017 to Associate Wardens, Wardens, and PREA Compliance Managers requires "all inmates be assessed during intake and upon transfer to another institution for their risk of being sexually victimized by other inmates or sexually abusive toward other inmates". It is the responsibility of the custody supervisor to complete the screening.

Included for review was the PREA Screening Instructions with screen shots of the screening tool and directions how to complete the form electronically and how to navigate through the questions.

Also submitted for review, was California Penal Code Section 667.5(c) defining "violent felony".

According to the R&R Unit Sergeant, upon intake, all inmates complete the PREA Screening tool. The Sergeant reviewed the process and the tool during the interview. Random documentation was also reviewed which showed the PREA Screening tool was completed at the time of intake.

Interview with Corrections Counselors revealed that the PREA Screening Tool is conducted within 72 hours of admission, usually the same day of arrival. One Corrections Counselor indicated she interviews the inmate when they arrive to her facility and will conduct the screen if it has not been completed.

Interviews with the inmates resulted in varied answers. Half of inmates reported having the questions asked of them and some reported having that done in R&R, while others reported it was during the classification process.

Subsection (b):

Department Operations Manual Chapter 5, Article 46 was submitted for review, specifically the Initial Screening Section. This section 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". At this time, it is determined if there are restrictions. Further, the Operations Manual states the "screening authority shall review prior in-cell behavior towards cell partner. Verification an inmate is or has been predatory towards a cell partner, has a history of in-cell sexual abuse, is or has been assaultive towards a cell partner, has been the victim of in-cell physical or sexual abuse or demonstrates any significant in-cell violence against a cell partner".

According to the Admission Summary for CTF, between December 8, 2019 and December 8, 2020, 1158 people were admitted to CTF and stayed for longer than 72 hours. According to the Pre-Audit Questionnaire, all of the inmates complete the PREA Screening Form within 72 hours of admission.

Subsection (c):

Correctional Training Facility utilizes the PREA Screening. This screening tool was implemented in August 2017, as noted in a memorandum to Associate Directors, Wardens and PREA Compliance Managers. In July 2020 the tool was modified to better assess for risk of victimization. This modification was announced on July 23, 2020 in a memorandum to Associate Directors, Wardens, Prison Rape Elimination Act Compliance Managers and Chief Executive Officers. This is an objective tool.

Subsection (d):

The PREA Screen was submitted for review along with five screens completed in 2018.

The PREA Screen considers for:

- Experienced sexual victimization in a correctional setting
- Experienced sexual victimization in a non-correctional setting
- Whether the inmate has a mental, physical, or development disability,
- Age of the inmate
- Physical build of the inmate
- Previous incarcerations
- Exclusively non-violent criminal history
- Prior convictions for a sexual offence - non correctional setting within 5 years
- History of sexual violence in a correctional setting

- Whether inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender-non-conforming
- Inmate's own perception of vulnerability

According to the R&R Sergeant, CTF does not house inmates solely for civil immigration purposes.

Subsection (e):

The PREA Screen includes:

- Prior conviction for non-sexual violent offenses in a non-correctional setting within five years
- Guilty finding for non-sexual violent offense in a correctional setting within 5 years
- History of sexual violence in a correctional setting
- Prior convictions for sex offenses in a non-correctional setting

Subsection (f):

The memorandum dated September 29, 2017 to Associate Directors, Wardens and PREA Compliance Managers assigns the Correctional Counselor with completing the legacy PREA Screens at the inmate's annual classification. Once the initial screen is completed, the Corrections Counselor will review the file annually in preparation for the inmate's Unit Classification Committee meeting. If there is new information, it is reviewed by the unit Classification Committee. If the information changes the "at risk" designation, the Correctional Counselor II Supervisor completes a new PREA Screening form. During the committee, the chairperson reviews the completed PREA Screening tool and discusses the inmate's concerns as they relate to sexual violence or sexual harassment. An example of this process is a Classification Review summary from October 10, 2016.

The reassessment process was formalized and addressed in a memorandum dated March 13, 2019 to Associate Directors, Wardens, Classification and Parole Representatives, Correctional Counselor II Supervisors, and PREA Compliance Managers. This memo provides instruction to Reception Centers regarding the Reception Center - PREA Reassessment form. This form is comprised of four questions completed by the Corrections Counselor. If there are any "yes" answers, the Corrections Counselor will interview the inmate the same day. CTF is not a Reception Center and therefore follows the memorandum issued in 2017.

A PREA 30 Day Reassessment Report dated December 1, 2019 was submitted for review. This is a statewide tracking mechanism which indicated the inmate, arrival date, date of screen, reassessment date and result. There are no inmates listed who are assigned to CTF.

A list is developed weekly by the Classification and Parole representative with the names of inmates that arrived at the reception center 8-14 days prior to the list date. The list is provided to the Correctional Counselors assigned to the reception center. The Correctional Counselor has 14 days to complete the reassessment process.

Corrections Counselors at CTF describe a reassessment process similar to that outlined in the 2017 memo. In preparation for the initial committee, the corrections counselor interviews the inmate and reviews the PREA Screening that was previously completed to confirm information. A new Screening is completed only if there is new information. Based on interviews and documents reviewed, CTF does not use a reassessment form but documents the reassessment in a chrono.

25% of random inmate interviews reported that they had been rescreened.

Subsection (g):

Department Operations Manual requires "the inmate's risk level be reassessed 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".

Corrections Counselors confirmed a reassessment is completed when an inmate has been the victim of or perpetrated sexual violence or sexual harassment.

Subsection (h):

Department Operations Manual forbids offender discipline should the inmate refuse to answer or not completely disclose information related to: mental, physical, or development disabilities; sexual orientation, sexual victimization, or perception of vulnerability.

As noted in the memorandum dated November 6, 2020 to Associate Directors, Wardens, PREA Compliance Managers, and

In-Service Training Lieutenants regarding the training of Senate Bill 132, CDCR is prohibited from "disciplining any individual for refusing to answer or not disclosing complete information in response to questions about their gender identity".

Subsection (i):

According to interviews with both the PREA Coordinator and PCM, PREA Assessments and Reassessments are completed electronically. This enables the levels of access depending on an employee's rank or classification in CDCR. It is a controlled system based on "need to know". According to the PREA Coordinator, Sergeants and higher in Receiving and Release and those responsible for housing assignments need the information to ensure at risk abuser and an at risk victim are not placed together.

The Corrections Counselors did not know who had access to the PREA information.

The initial PREA Screening is completed at intake prior to the inmate being assigned a housing unit. This is completed in a one-on-one interview in a private setting. The information is documented. The reassessment is completed within 14 days of intake in preparation for the initial Committee. The Corrections Counselor identifies any new information or behaviors that may indicate sexual violence or harassment. The information from the screening tool is reviewed with the inmate and a new screen completed only if there is new information. The screening tool and information is again reviewed at the committee.

This process was formalized in a memo from 2017. In 2019, a reassessment questionnaire was developed for Reception Centers.

Recommendation: 115.41 (f) It is recommended the screening process be formalized in Department Operations Manual Chapter 5, Article 44. It is further recommended that a formalized reassessment be completed similar to the initial assessment utilizing an objective screening tool. Although the reassessment form used in the Reception Centers is a start, it is recommended that the inmate be interviewed formally for all reassessments. This will give the inmate an opportunity in a private setting to share information and concerns.

Should the reassessment process be taken out of the initial committee, tracking will need to be completed in order to ensure reassessments are completed timely. It is recommended that the PREA 30 Day Reassessment Tracking be made available for individual institutions and facilities to track compliance rather than solely relying on a report from Central Office. During the audit process, staff at CTF were unable to provide a report with CTF specific information to verify compliance with the standard 115.41.

Corrective Action: None

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire

2. Policy and Procedures

CDCR Department Operations Manual Chapter 5

CDCR Department Operations Manual Chapter 6

CDCR Title 15

California Correctional Health Care Services Chapter 4.26 Gender Dysphoria Management Policy

3. Documents

Memorandum dated October 6, 2017 Use of Screening Information

Instructions for Completion of the PREA Screening Tool

CDCR's compliance with 115.42

PREA Screening Instructions

Memorandum dated October 24, 2018 Changes to Prison Rape Elimination Act Screening Form - Mental Health referral Process

Memorandum dated September 29, 2017 Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities

Memorandum dated August 25, 2017 Transgender Biannual Reassessment for Safety in Placement and Programming

Memorandum dated November 6, 2020 Overview of Senate Bill 132 - Training

CDCR Classification Committee Chrono

Transgender Inmates by Annual Review Month

4. Interviews

PREA Coordinator

PREA Compliance Manager

Staff who conduct Screening

Inmates

5. Tour of the Facility

Findings:

Subsection (a) & (b):

Department Operations Manual Chapter 5, Article 44 addresses Offender Housing in relation to the PREA Screen. "Offender at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregation housing unless an assessment of all available alternatives has been completed....: Offenders at high risk for sexual victimization must have a housing reassessment within 24 hours of placement into segregated housing. Additionally, the process for review and evaluation for single cell status includes the completion of a PREA Screen.

A memorandum dated September 29, 2017 to Associate Directors, Wardens, and PREA Compliance Managers regarding Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities also reiterates that the information

gathered from the PREA Screening tool is to be used when assigning inmate housing and work/program assignments. The Correctional Counselor is a member of the Initial Classification Committee which makes program assignments.

A memorandum dated October 6, 2017 further details the use of screening information. The Initial Unit Classification Committee reviews the PREA Screening form within 14 days of arrival at the institution to develop a program for each inmate. The program may include educational, vocational training, work program, and privilege group.

Department Operations Manual states that if during the initial intake screen or any other time during confinement with CDCR, an inmate reports having experienced sexual victimization or previously perpetrated sexual abuse whether in an institutional setting or in the community, staff shall refer the inmate to mental health. In a memorandum dated October 24, 2018 to Associate Directors, Wardens, PREA Compliance Managers, and Chief Executive Officer the mental health referral was further explained as it relates PREA Screening tool implemented in August 2017. If there is a "yes" answer to specific questions, the security supervisor completing the screening will be prompted to complete a CDCR Form 128-MH5, a referral to mental health.

Individual inmate assignments are made during the Initial Unit Classification Committee. During this meeting program, housing and degree of custody is determined. According to CDCR Title 15, housing decisions are made based on the evaluation of personal factors. When determining security level and housing, prior incidents of sexual abuse in a confined setting are taken into account.

The PCM indicated that PREA related issues are reviewed at the Initial Committee Review within 14 days of placements.

This is where inmate assignments are made including housing, programming, work, medical, and mental health care. The Corrections Counselors who complete the PREA Screening confirmed that the screening information is reviewed at the Initial Committee review and annually thereafter. The Committee Review looks at housing assignments, education, programming. Staff reported that if there is a risk of abuser or risk of victimization, a precaution is entered into the electronic record. This precaution will influence the assignment of a single cell. Additionally, the risk of abuse or victimization would result in a referral to mental health. One staff reported that inmates are assigned education and the specific courses are then assigned by Inmate Assignments. The Assignment Lieutenant has access to inmate electronic files, which include PREA information.

Subsection (c) and (g):

Based on CDCR Operations Manual Chapter 6, inmates who have been diagnosed as transgender or intersex are referred to classification committee for review to determine appropriate institutional placement and housing assignment. 14 institutions are identified as have the necessary medical and mental health service available to appropriately serve the transgender and intersex population. However, based on other case factors, inmates identifying as transgender or intersex may be placed at another institution.

The Gender Dysphoria Management Policy provides guidance to California Correctional Health Care Services medical and mental health care staff in the management of patients diagnosed with gender dysphoria.

In a memorandum dated November 6, 2020 to Associate Directors, Wardens, Prison Rape Elimination Compliance Managers, In-Service Training Lieutenants, Senate Bill 132 required CDCR to ask inmates during initial intake and classification of their gender identity and house transgender, intersex, non-binary inmates in a facility designated for men or women based on individual preference, after review and approval. This is reflected in the PREA Screening tool.

The PREA Coordinator confirmed that there are 14 "transgender hub" institutions which have more specialized medical and mental health care to meet the needs of this population. Within these institutions, inmates identified as LGBTQI+ are not housed on a specific block or unit. Additionally, LGBTQI+ identified inmates may be housed outside one of these 14 institutions. LGBTQI status is asked at intake but not considered for custody level.

The PCM also confirmed the hub institutions which are able to better address the medical and mental health needs of those diagnosed with gender dysphoria. Although CTF is not one of the hub institutions, they do house inmates identified transgender.

Three inmates were identified as transgender and were interviewed regarding their experience at CTF. Answers to the questions posed received inconsistent responses. One person indicated they were not asked questions about safety or programming and housing assignments, one person did have these questions asked during the R&R process, and the third person interviewed indicated psychology staff asked those types of questions. Those identified as transgender have not been placed in housing only for transgender individuals or those who identify as gay, bisexual, queer, or intersex. However, two people expressed concern about being transferred to another institution due to their transgender status.

Subsection (d):

In a memorandum dated August 25, 2017 to Associate Directors, Wardens, PREA Compliance Managers, Classification and Parole Representatives, CDCR implemented biannual reviews for each person identified as transgender or intersex. Twice a year, The PREA Compliance Managers receive a list of inmates identified transgender or intersex known to the Department.

If the inmate is scheduled for a classification review during that review period, the inmate will be assessed during the pre-committee review. If the inmate is not scheduled for classification, during the review period, the assigned Correctional Counselor will conduct a Transgender Biannual Assessment - PREA and complete a CDCR Form 128-B.

The Transgender Inmate By Annual Review Month generated in June 2020 was reviewed. This is a statewide list identifying the inmate, the institution, annual review month and Corrections Counselor.

The PCM confirmed she receives a list from headquarters biannually to ensure no inmate is missed for review.

Subsection (e):

The Transgender Biannual Assessment - PREA includes a check box "Inmate expressed concerns with housing and program needs".

The PCM indicated the inmate also is present during committee and is asked if they agree or disagree with programming and housing decisions. One of the inmates interviewed has been at CTF for over two years.

Subsection (f):

According to the PCM, transgender and intersex inmates are allowed to shower separately. The group showers contain modesty screens. Additionally, if an inmate requests a specific shower time to shower separately, that is usually granted.

Observations during the tour did not include modesty screens between individual showers. Showers are designed to allow multiple individuals to shower at one given time. The modesty screens that are in place are to shield those showering from those outside of the shower area. Most modesty screens only provided minimal coverage and even less to those who are dressing. Four of five inmates who were interviewed talked about asking to shower at a time separate from the general population. One was told that it is not an option by staff, the others don't ask to avoid the attention.

Recommendation: 115.42 (f) Modesty screens placed in the showers to create a more private shower stall. While this is pending, educate staff and inmates of the opportunity for showering outside of regular shower times.

Corrective Action: None

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

CTF Operations Manual Supplement

CDCR Title 15

3. Documents
4. Interviews

Warden

Inmates

5. Tour of the Facility

Findings:

Subsection (a):

Department Operations Manual Chapter 5, Article 44 prohibits the placement of inmates at high risk for sexual victimization as identified on the PREA Screening to be placed in segregated housing. Segregated housing may only be used when an assessment of all available alternatives has been completed and deemed not available. If an inmate is placed in segregated housing, a housing assessment is completed immediately or within 24 hours of placement. The inmate is issued an Administrative Segregation Placement notice explaining the reason for segregation.

When a PREA incident occurs, the custody supervisor checklist reminds staff to consider housing options suggesting separate buildings and TIP placement for the suspect.

Subsection (b):

Title 15 Article 7 Segregation Housing addresses Administrative Segregations for an investigation related to being the victim of a PREA incident. Policy instructs that if placement is related to a PREA incident, the inmate is afforded all programs, privileges and education. If these are restricted, staff are required to document: the opportunities that have been limited; the length of time of the limitation; and the reasons for such limitations.

Subsection (c):

If the continued placement is deemed necessary to keep the inmate separate from likely abusers, the inmate will appear before the Institution Classification Committee (ICC) to discuss housing needs. This placement should not exceed 30 days.

Subsection (d):

The housing assessment is documented on the inmate's CDCR Form 114-A Inmate isolation Segregation Record. The assigned supervisor is responsible for reviewing the incident and documenting observations on a CDCR Form 128-B General Chrono. The inmate receives the Administrative Segregation Placement Notice.

Subsection (e):

According to Department Operations Manual, the custody supervisor is required to conduct assessments every thirty days from the date the inmate is initially placed in non-disciplinary segregation. These assessments are documented on the CDCR Form 114-A. When the custody supervisor determines non-disciplinary segregation is no longer necessary, the supervisor submits CDCR Form 128-B requesting the inmate receive a housing review before ICC.

In 2020 and 2021, no inmate was placed in non-disciplinary segregation due to a PREA Incident. According to the Warden,

CTF does not place alleged victims of sexual violence or staff sexual misconduct in Segregated Housing. The Segregation Housing Unit was closed in 2020. During the tour, the unit was under construction. Inmate interviews confirmed the Warden's assertion, as those who reported sexual violence or sexual misconduct did not report being moved to segregated housing. Investigative file review also did not indicate alleged victim placement in segregated housing.

Corrective Action: None

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5

CDCR Title 15

3. Documents

PREA Sexual Violence Awareness Brochure; English and Spanish

Sexual Abuse/Assault Prevention & Intervention; English and Spanish

Shine the Light on Sexual Abuse poster; English and Spanish

PREA Information for Orientation Handbook; English and Spanish

CDCR-128-B Receipt of Inmate PREA Education

Mailroom notice

CDCR PREA Volunteer/Contractor Information Sheet

PREA training - Instructor Text

4. Interviews

PREA Director

PREA Compliance Manager

Random Staff

Random Interviews

Office of Internal Affairs Staff

5. Tour of the Facility

Findings:

Subsection (a) & (b):

CDCR Department Operations Manual addresses offender reporting in two sections of Chapter 5, Article 44; the Offender Education section of 54040.4 and Detection, Notification, and Reporting in 54040.7. Offender Education describes how the inmate receives the information. While in reception center, inmates receive written or multi-media presentations offered in both English and Spanish. Inmates are given a brochure entitled "Sexual Violence Awareness" and a booklet entitled "Sexual Abuse/Assault - Prevention and Intervention. Additionally, PREA information is posted throughout the facility, as noted during the tour.

Reporting is also addressed in the section entitled "Detection, Notification, and Reporting". Inmates may report violations to the PREA policy directly to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline or through third party. The policy states "an offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff." Additionally, an inmate may also report sexual violence, staff sexual misconduct or sexual harassment to the Ombudsman for Sexual Abuse in the Office of the Inspector General. Offenders being retained solely for civil immigration may contact consular officials at the Department of Homeland Security.

The PREA Brochure "Avoidance of Sexual Violence" and the booklet "Sexual Abuse/Assault Prevention & Intervention" in

both English and Spanish was submitted for review. The brochure and booklet instruct individuals who were sexually assaulted to report to a staff member immediately. The brochure and booklet also provide the option to write or call to report incidents of sexual violence and sexual harassment and provides address and phone number for the Office of Internal Affairs and the OIG PREA Ombudsperson Office of Inspector General. Further, they provide the address and phone number for the Monterey County Rape Crisis Center and Just Detention International. The brochures contain the information necessary for inmate education, and is available to inmates during Pre-Committee interview from the Corrections Counselor.

The PREA Information for Orientation Handbook also addresses the ways in which an inmate may report sexual violence, staff sexual misconduct, sexual harassment or retaliation. This is provided to inmates upon admission to CTF during R&R. All inmates in reception center acknowledge receipt of this information using the CDCR-128-B. The use of this form was confirmed while on site.

The PREA Poster "Shine the Light on Sexual Abuse" was also submitted for review. The poster provides direction to individuals who have been the victim of sexual assault, threatened with sexual assault, has been sexually harassed, or has experienced retaliation for reporting an incident of sexual assault or harassment. Inmates may report by telling any staff member, using the confidential telephone or address noted on the poster, or have a family member or friend contact the institution to make the report. The poster further includes phone numbers and addresses to the CDCR Internal Affairs and the Office of the Inspector General PREA Ombudsperson. The poster was viewed during the on-site tour available on housing units and common areas.

When asked, inmates consistently provided one example how to report an incident of sexual violence or sexual harassment. Most cited they would tell a staff member, whether that be a custody staff or medical / mental health staff. Those who did not know how they would report acknowledged having received the information in a brochure or booklet, or would refer to the posters for the information. Inmates were not as clear if they could report anonymously, either answering affirmatively or "I don't know".

Staff interviewed were able to provide examples in which inmate could report privately of an incident of sexual violence or sexual harassment. Answers included telling a staff, calling the hotline number, or writing to the rape crisis center.

According to the PREA Compliance Manager, inmates may talk with any staff or may contact OIG, OIA, or the rape crisis center. Orientation packets and information on the housing unit and common areas provide this information to inmates. The PCM furthered inmates may report anonymously through the inmate phones. Once the call went through, the call was no longer recorded. Interviews with staff at OIA confirmed inmates may leave an anonymous message and those calls would receive the same attention as if they provided identifying information. OIA staff did not know if the calls were recorded on the inmate phone system.

Auditors on site were unable to test the phone system reporting as a pin number was needed. According to the PREA director, due to changes in the phone system, inmates are required to enter a pin when making a call, which includes calls to OIG, RCC, and OIA. Calls to the Rape Crisis Centers are un-recorded and not monitored. Inmates may wish to remain anonymous when making these calls. Inmates may remain anonymous when placing a call to OIG. They may tell OIG they wish to remain anonymous. When OIG forwards the information to the facility Warden and PCM, they will not include identifying information of the inmate. CDCR has requested that a standard PIN be established for OIG calls to address the inmate's confidence in that the call remains anonymous.

Inmates were not as confident that their information remains anonymous. This was addressed with CTF during the exit interview, which could adequately be addressed as noted above and until then, through inmate education and the Orientation Handbook.

Subsection (c):

According to Department Operations Manual, inmates may report violations to the PREA policy directly to any staff member verbally or in writing, through the hotline or through a third party. Inmates are informed in the PREA Information for Orientation Handbook, that they may remain anonymous when reporting. When staff learn an offender is being or has been the victim of sexual violence, staff sexual misconduct or sexual harassment, they have a duty to immediately and confidentially report to the appropriate supervisor. Additionally, a CDCR Form 837, Crime Incident Report is also submitted to document the incident.

In reviewing the PREA Training Instructor Text, staff are trained to accept third party reports.

All of the staff and inmates interviewed were aware that inmates could report incidents verbally and in writing. Staff furthered that they would immediately report the incident to a supervisor and document the verbal report.

Subsection (d):

CDCR Title 15 section 3401.5. Staff Sexual Misconduct encompasses staff, volunteer, agent, or individual working on behalf of the Department of Corrections and Rehabilitation. By policy, any employee who observes or receives information from any

source concerning staff sexual misconduct or staff sexual harassment shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty.

The PREA Informational sheet for volunteers and contractors notes the zero tolerance policy and reminds volunteers and contractors they are responsible for reporting immediately and confidentially to the supervisor any information that indicates an offender is being or has been the victim of staff sexual misconduct or sexual harassment and further gives direction to document the information subsequent to making the report.

In reviewing the PREA Training Instructor Text, staff are trained that when the supervisor accepts a third party complaint, the supervisor completes and signs the Acknowledgment of CDCR Form 2308, Third Party Reporting of Misconduct Against and Employee, Contractor or Volunteer or form CDCR Form 2307 Third Party Reporting of Sexual Violence or Sexual Harassment Against an Inmate and forward a copy to the complainant within 5 working days of receipt.

Staff talked about a number of different ways they are able to report incidents privately. Most commonly staff stated they would tell a supervisor. Staff also reported they could contact OIG or the PREA hotline.

Corrective Action: None

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire

2. Policy and Procedures

CDCR Department Operations Manual Title 15

CDCR Department Operations Manual Chapter 5

3. Documents

PREA 128 B Chrono; 3 completed

PREA Information for Orientation Handbook

4. Interviews

PREA Investigator

5. Tour of the Facility

Findings:

Subsection (a):

The appeals process is addressed in the CDCR Department Operations Manual Title 15 Section 8 308.4.9(B)5 "Prison Rape Elimination Act (PREA) Sexual Violence (Inmate-on-Inmate) and staff sexual Misconduct Appeals" and specifically the procedure to address grievances "containing allegations of sexual violence or staff sexual misconduct".

Subsection (b):

CDCR Department Operations Manual Title 15 specifically states, "While the department maintains the right to defend against an inmate lawsuit on the grounds of the applicable statute of limitations, a time limit shall not be imposed upon when upon when an appellant may file such a grievance". It furthers "There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinators, the appeal shall be screened in accordance with subsection 3084.5 (b)(4). It also states "PREA Allegations Against Another Offender; A time limit shall not be imposed upon when an appellant may file a grievance alleging inmate on inmate sexual violence". The policy then outlines the time frames for processing the grievance.

Department Operations Manual Chapter 5 Article 44, requires any employee who receives a notice of alleged staff sexual misconduct via a completed CDCR For 602, Inmate/Parolee Appeal....shall immediately notify the institution head, unit supervisor, or highest-ranking official on duty...".

It should be noted that one inmate sent correspondence to this auditor post on site visit. He provided a copy of a Closure of Grievance. According to the closure, the complaint was concerning Offender Safety and Security; PREA and was rejected by the Office of Grievances due to the time frame in which the claim was filed. The complaint was not included in the correspondence and as such, the Closure of Grievance is taken at face value and does not support Title 15 Section 3084.9.

The PREA Information for Orientation Handbook does not address the procedure for filing a PREA related grievance and is not listed as mechanism in which to report an allegation of sexual violence, staff sexual misconduct, or harassment.

Subsection (c):

In general, according to the Department Operations Manual, appeal responses are not reviewed and approved by a staff person who participated in the event or in the decision being appealed. The staff may be involved if their involvement with the appeal response "is necessary to determine the facts or to provide administrative remedy and the staff is not the reviewing authority and/or their involvement in the process will not compromise the integrity or outcome of the process".

Subsection (d):

According to the Department Operations Manual Title 15, grievances alleging inmate-on-inmate sexual violence or staff sexual violence is processed as an emergency appeal and immediately reviewed by the Hiring Authority or designee and processed at the Second Level of Review. The Second Level response it required to be completed within 5 working days and the third level review and response must be completed within 60 working days from the date of receipt by the third level appeals chief. If conditions of exception delay exist, the time constraints of Second and Third Level of Review may be extended by increments of 30 days, but not exceed 160 days from the date the appeal was received by the appeals coordinator. If an extension is required, written notification is provided to the appellant indicating the estimated completion time. The time in which the appellant prepares the appeal is not counted in the "calculation of a timely response". The absence of a timely response at any level or properly noticed extension is considered a denial at that level.

According to the PAQ, during 2020, four grievances containing allegations of sexual violence or staff sexual misconduct was received and all were processed without requiring an extension.

Subsection (e):

Department Operations Manual Chapter 5 addresses Notification via Third Party. When a third party makes an allegation of staff sexual misconduct or sexual harassment, the allegation or complaint is submitted in writing to the Hiring Authority. The Hiring Authority forwards the documented report to the investigator. The investigative information is documented on a Confidential Memorandum and logged on the CDCR Form 2140 Internal Affairs Allegation Log.

According to the Pre-Audit Questionnaire, zero inmates declined to move forward with a request for administrative remedy filed by a third party.

Subsection (f):

As noted, all grievances containing allegations of sexual violence or staff sexual misconduct is processed as an emergency appeal. This process is addressed in Title 15, Exceptions to the Regular Appeal Process. The process includes a risk assessment for all staff sexual misconduct and sexual violence related appeals. The risk assessment is immediately completed by the Hiring Authority to determine if the appellant is in substantial risk of imminent staff sexual misconduct or sexual violence. If the risk is imminent, the Hiring Authority takes immediate corrective action. The initial risk assessment is documented within 48 hours and the completed risk assessment determination by the Hiring Authority is documented within five calendar days describing whether the appellant was determined to be in substantial risk.

The appeals coordinator provides an initial written response to the appellant within 48 hours that includes whether or not the appeal is being processed.

According to the Pre-Audit Questionnaire, four emergency grievances were filed with three receiving an initial response within 48 hours. Three initial responses were submitted for review. Two responses were provided the same day and the third was in five days. All three responses included the risk determination and noted whether or not the appeal was referred to investigation.

Subsection (g):

Department Operations Manual Chapter 5 allows for an offender to be charged with "making a false report of a crime", if after an investigation into sexual violence or staff sexual misconduct, it is determined with evidence that the inmate knowingly made a false report. If an allegation is deemed unsubstantiated or unfounded based on a lack of evidence, that does not constitute a false report.

In an interview with the investigator, he clarified the process in which an allegation is received on the CDCR form 602 and placed in a Grievance Box on the housing unit. A green Grievance Box is available to inmates on each housing unit. A secretary collects the correspondence and forwards the forms to the Appeals Office. If there is an appeal which contains allegations for sexual violence, staff sexual misconduct or sexual harassment, the Appeals Coordinator sends an email to the PCM and Investigator to review the allegations and complete the investigation according to PREA policy. This process follows Department Operations Manual Title 15, 3084.9. Title 15 includes the Risk Assessment, and includes a time line for completion with the allegation involves sexual violence or staff sexual misconduct.

Recommendation: Given that Title 15 section 3084.9 clearly outlines how PREA grievances are handled, this information should be communicated with inmates. It recommended that the PREA Information for Orientation Handbook be updated to provide inmates the process for filing a PREA related grievance and the time frames in which responses are due.

Additionally, inmates should be informed that time limits shall not be imposed for submitting a grievance regarding an allegation of sexual abuse. If CDCR is placing time limits to any portion of a grievance that does not allege an incident of sexual abuse, that too, should be included in the PREA Information for Orientation Handbook and Title 15 section 3084.9 should be amended to reflect the time limits.

Corrective Action: None

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5

3. Documents

PREA Confidential Correspondence with Rape Crisis Centers Mailroom notice

California Advancing PREA - A Guide to Working with Rape Crisis Centers

Sexual Awareness Violence brochure; English and Spanish

Inmate Handbook; English and Spanish

CDCR Attachment C Acknowledgment of California Penal Code Section 293(a) Notification/Request for Confidentiality of Information form, blank

CDCR Attachment C-I Victim Restricted Information Deletion Form, blank

4. Interviews

PREA Coordinator

Inmates

Advocacy Agency

5. Tour of the Facility

Findings:

Subsection (a):

Department Operations Manual Chapter 5, Article 44 provides victims of alleged sexual violence or staff sexual misconduct the right to a victim advocate or victim support person for forensic medical examinations and the investigatory interview.

The PREA Sexual Violence Awareness brochure provides survivors of sexual violence several ways to receive support.

They may contact a mental health professional at CTF, call or write to the Monterey County Rape Crisis Center, or write to Just Detention International. This brochure is available in English and in Spanish.

CDCR partnered with Just Detention International to provide CDCR a toolkit of information in working with Rape Crisis Centers. The information names and describes four services provided by rape crisis centers to incarcerated survivors of sexual violence. Confidentiality is also addressed and explains how written correspondence is labeled confidential /privileged communication to ensure the communication between victim advocate and survivor is treated appropriately.

In addition to the toolkit, how to identify and handle confidential PREA mail is posted in the mailroom to ensure the mail is not read by staff and only opened in the presence of the addressee.

Subsection (b):

The PREA Information for Orientation Handbook, given to all inmates in Reception Centers, advises inmates that "telephone calls from the inmate telephone system are recorded. If a PREA allegation is identified through the inmate telephone system, it will be referred to appropriate staff for inquiry or investigation, as appropriate."

The CDCR Attachment C for Victims of Sex Crimes Acknowledgment of California Penal Code Section 293(a) Notification/Request for Confidentiality of Information was submitted for review. This form provides an excerpt from California Penal Code Section 293(a) which requires an employee of law enforcement to notify alleged victims of a sexual offense

when the offense is reported to them, that the victim's name will be a matter of public record unless the person requests that it not be a matter of public record. This includes the disclosure of the alleged victims name to the prosecutor, parole officer within CDCR, hearing officers of the parole authority or other persons or public agencies as authorized or required by law.

The form allows for alleged victims of sexual assault to choose to exercise or waive their right to request their name not be made public. The alleged victim acknowledges receipt of this information by affixing their signature to the form and elects to exercise or waive their right. Should the alleged victim choose not to exercise their rights to privacy, an Attachment C-I is completed which will delete the alleged victims name and address from crime reports for certain crimes, and replace with an IR number the alleged victim's criminal history numbers, social security number, date of birth, county of commitment, and housing assignment with an IR number.

Subsection (c):

CDCR has entered into an Agreement with Monterey County Rape Crisis Center dated July 1, 2019 and is in effect for five years. The Memorandum of Understanding (MOU) is between CDCR, Correctional Training Facility and Monterey County Rape Crisis Center. The MOU defines the roles and responsibilities of each entity. Monterey County Rape Crisis Center agrees to provide emotional support services related to sexual abuse by providing a toll free, non-recorded, non-monitored hotline number, confidential written correspondence, in person crisis counseling, and accompaniment during forensic medical examinations and investigative interviews. The MOU also addresses confidentiality as required by state and federal law for sexual assault counselor.

In follow up email correspondence, the PREA Coordinator confirmed with GTL, the contracted phone system, that the calls to the MRCC are not recorded or monitored. Given the handbook notification as stated in 115.53 (b), this information would be beneficial for the inmate population.

Corrective Action: None

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

PREA Information For Orientation Handbook

Agency Web Page

Agency Web Page screen shot

4. Interviews

Office of Internal Affairs

OIG PREA Ombudsperson

5. Tour of the Facility

Findings:

CDCR Department Operations Manual Chapter 5, Article 44 section 54040.7.2 and 54040.7.3 addresses third party reports on behalf of inmates. Third party is defined as inmates, family, friends, attorneys, or outside advocates. Reports may also be received from personnel from other agencies or institutions.

Inmates are informed via the PREA Information for Orientation Handbook that one way to report allegations of sexual violence, staff sexual misconduct, or sexual harassment is to tell a family member or friend who can report on the inmate's behalf.

CDCR makes available PREA Reporting Information on the public website. In searching "PREA", a link to PREA Reporting Information became available. This provides several options for third party individuals to make a report on behalf of an inmate including, contacting the facility using the "Facility Locator" Link, calling or mailing the Office of Internal Affairs to the provided addresses or phone numbers, or calling or mailing the Office of the Inspector General PREA Ombudsperson. The Office of the Inspector General allows for on line submission by following the hyperlink.

On June 6, 2021, this writer submitted a request through the Office of the Inspector General hyperlink requesting information regarding the reporting process, for the purpose of the Audit. This writer did not receive a response. However, email verification was submitted from headquarters staff indicating the email was received by the Office of the Inspector General and responded to on June 24, 2021. The response email stated that the Office of the Inspector General contacts the institution in which the complaint originated for investigation. Given the Office of the Inspector General received the email, this third party option satisfies the requirements of the standard.

The CDCR public website and brochures provides the Office of Internal Affairs as an option for reporting allegations of sexual abuse. According to the website and brochure, there are three options; Northern, Central, and Southern California. The brochure and website do not indicate to which region institutions belong. The website provides an interactive map to assist in determining which region to contact, but did not provide specific guidance.

On July 27, 2021 this writer left a message on the PREA Incident report line with the Office of Internal Affairs - Central Region. This writer received a return phone call less than three hours after leaving the message. Central does not provide oversight of CTF. If this call was a PREA or other concern, the information would be forwarded to the appropriate location.

The phone line is a message line only and checked by an Office Technician about every two hours. The information is provided to an agent who completes an Agent Incident Report and Memo and forwards the information to the institution both by email and hardcopy. The phone line is used by inmates and outside contacts. The recording asks for inmate name and CDCR number. However, according to the OIA staff, inmates may remain anonymous. Outside callers may also remain anonymous. The staff was not clear if the call is recorded on the inmate phone system. When asked how the inmate knows

which office to contact, the staff believed the phone number was posted by the phones. This assertion is not supported by what was viewed on the tour.

On July 27, 2021, this writer also contacted Office of Internal Affairs - Northern Region to confirm the process is the same. The message was left at the end of the day and the call was returned by an agent immediately the following morning. The agent indicated that the Northern office checks the system at least one time each day. A log of all calls is maintained and the information forwarded to the institution LDI who would conduct the initial inquiry and investigate according to PREA protocols. Notifications are made by a phone call and in writing. The agent confirmed the calls may be anonymous and they will still be handled in the same manner as if identifying information was included. The agent was unsure if the calls were recorded on the inmate phone system, but believed the calls were treated as attorney calls. If the Northern office received for a different region, the call would be forwarded to the appropriate OIA office along with a phone call and email.

CDCR provide outside resources for reporting allegations. However, the education of inmates is lacking in that there is not a clear direction of which location inmates and family should contact, nor is there a clear understanding of calls being anonymous and confidential.

Corrective Action: None

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

CDCR Department Operations Manual Chapter 3, Article 22

California Correctional Health Care Services 1.16.2 Prison Rape Elimination Act Procedure

Chapter 1 Policy 1435 Reporting Suspected Child Abuse or Neglect

3. Documents

Screenshot of public website

Memorandum dated January 3, 2020 Mandatory Reporting of Patient Sexual Abuse or Misconduct

Memo from PREA Coordinators dated January 27, 2020

Report of Suspected Dependent Adult/Elder Abuse form; blank

4. Interviews

PREA Coordinator

Warden

Random Staff

Medical Staff

5. Tour of the Facility

Findings:

Subsection (a):

Department Operations Manual Chapter 5 Article 44, Section 54040.7 requires all CDCR staff to report immediately and confidentially to a supervisor if they have information that indicates an inmate is being or has been the victim of sexual violence, staff sexual misconduct or sexual harassment. Each employee who observes an incident or is provided a report, must subsequently report the information by completing required documentation.

When a CDCR CTF staff receives information that an inmate was the victim of sexual violence or staff sexual misconduct, according to Operations Manual, the hiring authority where the allegation is received notifies the hiring authority of the facility where the alleged sexual violence or staff sexual misconduct occurred.

Department Operations Manual Chapter 5, Article 44, Section 54040.13 addresses allegation follow up and retaliation. This was submitted for review and addresses the procedure for monitoring for retaliation. If there is an indication of retaliation, the PCM is notified and has a duty to act according to Department Operations Manual Article 44.

A screen shot of the public website PREA page was submitted and reviewed. In addition to the overview of PREA and its relationship with CDCR, Reporting Information is also provided.

CDCR does have a policy which requires staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Policy is silent as to requiring staff to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation or retaliation against inmates or staff who reported such an incident. However, Department Operations Manual Chapter 3, Article 22 Section 33030.3.1 - Employee Discipline Code of Conduct expects staff to report misconduct or any other unethical

or illegal activity.

In a review of PREA In Service Lesson Plan 2.0, staff are trained to report knowledge, suspicion, or information regarding an incident of sexual violence, staff sexual misconduct, or harassment. In the section of Staff Responsibilities "Victims shall be monitored for:" does not include signs of retaliation. Although formal retaliation monitoring is assigned to the PCM, all staff have responsibility to monitor for the safety and wellbeing of inmates.

Staff who were interviewed acknowledged their responsibility to report to a supervisor any knowledge or suspicion of sexual abuse, sexual harassment, retaliation, or negligence of duty resulting in a PREA incident.

Subsection (b):

Department Operations Manual requires staff to "maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct". Additionally, staff are reminded that the information is to be treated as confidential and "disclosure made only to employees who have a "need to know" and to other persons and entities as permitted by law".

Staff consistently indicated incidents of sexual violence or misconduct is confidential and would only share information to those who need to know.

Subsection (c):

The California Correctional Health Care Services Policy Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure establishes as part of health care staff procedure that if a patient alleges being the victim of sexual violence or misconduct in a correctional setting, that once emergency medical attention is provided to the victim, the health care staff is required to:

- Notify the patient of the health care staff's duty to report all allegations of sexual violence, staff sexual misconduct, and sexual harassment and the limits of confidentiality, at the initiation of services;

- Notify the Watch Commander and the Investigative Services unit of the incident.

Additionally, if the patient alleges being the victim of sexual violence or misconduct while outside of the institutional setting and request the incident be reported, the health care staff would obtain a signed authorization to release the information and submit the CDCR 7552 to Investigative Service Unit.

A memorandum to Associate Directors, Wardens, and Chief Executive Officers from the Director of Corrections Services of the California Correctional Health Care Services and Director of the Division of Adult Institutions dated January 3, 2020 was submitted for review. This memo is in relation to mandatory reporting of patient sexual abuse or misconduct in regards to Senate Bill 425 effective January 1, 2020. The Senate Bill requires "any health care facility, or other entity, to report any written allegations of sexual abuse or sexual misconduct made against a healing arts licensee to the appropriate state licensing agency within 15 days of receiving the written allegation". This requirement applies to California Correctional Health Care Services (CCHCS) and CDCR. Any allegations received by CCHCS and CDCR against a healing art licensee will be reported to the designee at the institution who will in turn be responsible for notifying the appropriate state licensing agency. The memorandum further reminds staff that all licensed health care staff working in an institution are responsible to make these reports.

Medical staff reported that if they become aware of an incident of sexual violence or staff sexual misconduct, they would immediately report to the information to a Custody Supervisor and not share the information with anyone else. They would notify the inmate of the limitations of confidentiality. Neither of the medical staff interviewed had a situation occur which required further reporting.

Subsection (d):

CTF does not house individuals under 18 years of age. However, according to Chapter 1, Policy 1435 effective March 11, 2015, any employee or contractor of the Division of Juvenile Justice who suspects or knows a child has been abused, injured, or neglected, has a duty to report to a child protective agency. This includes incidents which occurred prior to the youth's placement with the Division of Juvenile Justice.

A blank form entitled "Report of Suspected Dependent Adult/Elder Abuse" was submitted for review. The purpose of the form is to document information regarding suspected incident of abuse or neglect of an elder or dependent adult. Additionally, it notes that mandated reporters are expected to report the alleged abuse to law enforcement as well as any other responsible agency.

According to the PREA Coordinator in a memo dated January 27, 2020 to a PREA Auditor, due to litigation against CDCR, CDCR is not requirement to report state or local social services agency. CDCR investigators are classified as Peace Officers and have the training and authority to investigate sexual abuse allegations.

According to the PREA Coordinator interview information, CDCR does not house anyone under the age of 18 years and as such no one under 18 years is housed at CTF. The PREA Coordinator also reported that there is no legal requirement for sworn officers to report elderly/vulnerable adult abuse to anyone outside of CDCR. The Warden furthered that CTF is not designated to house someone who is physically or developmentally disabled.

Subsection (e):

In review of the Department Operations Manual Chapter 5, Article 44, all allegations of inmate-on-inmate sexual violence, staff sexual misconduct, and harassment are investigated regardless of where the report originated.

Recommendation: 115.61 (a) Department Operations Manual Chapter 5, Article 44 should reflect the requirement that staff shall immediately report any retaliation against an inmate or staff who reported a PREA incident and staff shall report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This updated language should also be reflected in staff training. Although staff are aware that they may not retaliate, they are not explicitly required to report knowledge of retaliation.

Corrective Action: None

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

4. Interviews

Department Head

Warden

Random Staff

5. Tour of the Facility

Findings:

Department Operations Manual Chapter 5 Article 44, Section 54040.7 requires staff to immediately report 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.

According to the Agency Head, when staff receive information that an inmate may be at imminent risk for sexual abuse, they have the responsibility to immediately intervene. Staff are required to notify a supervisor and conduct an initial screening.

Housing alternatives, including single cell status may be discussed and implemented. Additionally, a referral to mental health would be made to provide support and counseling.

All of the random staff interviewed stated they would ensure the safety of the alleged victim by having a conversation with the inmate to gain more information or by separating them from a potential threat if it was immediately recognized. All of the staff talked about immediately reporting the incident to a supervisor.

The Warden of CTF discussed ways to protect an inmate who is at imminent risk of sexual abuse. The Warden indicated the inmate would be immediately separated from the threat either by changing housing units or facility. The inmate could also be moved within the housing unit. Additionally, the inmate creating the threat would be moved to segregated housing. An investigation would begin along with retaliation monitoring.

The Agency Head reiterated that every staff has a responsibility to immediately intervene when they receive information that an inmate be at imminent risk of sexual violence. This would include notifying a supervisor, conducting an initial screen, and having a discussion regarding alternative housing options. The inmate may be allowed single cell while coordinating the safest housing placement. Additionally, the inmate would be referred to mental health.

Corrective Action: None

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

Warden to Warden PREA Notification; example

4. Interviews

Agency Head

Warden

PREA Investigator

5. Tour of the Facility

Findings:

Subsection (a):

According to Department Operations Manual Chapter 5, Article 44 Section 54040.7.4, if an institution receives an allegation that an inmate was sexually abused while at another facility, the Warden of the facility receiving the allegation notifies the Warden of the facility where the abuse occurred.

According to the Pre-Audit Questionnaire, in 2020, CTF received one allegation of sexual abuse occurring at another facility.

Subsection (b):

Department Operations Manual dictates that the initial notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Subsection (c):

Department Operations Manual requires documentation made by the institution where the allegation was reported using the SSV-IA form. Additionally, when notifications are made, the notification is documented in the form of a memorandum.

Subsection (d):

Department Operations Manual assigns responsibility to the Hiring Authority of the institution receiving the notification to ensure the allegation is investigated and assigned.

In 2020, two incidents were reported to the Warden of CTF from other institutions. A memorandum dated October 19, 2020 to CTF Warden from the Warden at California Institution for Men notifying CTF Warden that an inmate alleged to have been the victim of an inmate-on-inmate incident of sexual violence. This investigation was initiated at the California Institution for Men Investigative Services Unit.

The Agency Head and Warden confirmed that the hiring authority is the point of contact for notifications of sexual abuse or sexual harassment in which the report is made at another institution. If a facility receives an allegation of sexual violence or staff sexual misconduct having occurred at another facility, the hiring authority notifies the head of the alleged agency or facility within 72 hours of receiving the allegation. The local investigator begins the initial inquiry and proceeds with the investigation process.

During the post audit, the PREA investigator at CTF explained that the investigation belongs to the institution in which the allegation was reported. However, the investigation is a collective investigation between both institutions.

Corrective Action: None

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

Initial Contact Guide (PREA)

Custody Supervisor Checklist (PREA)

4. Interviews

Staff

Inmate who reported

5. Tour of the Facility

Findings:

Subsection (a):

Department Operations Manual Chapter 5, Article 44, Section 54040.8 speaks specifically to the initial contact between CDCR staff with victims of sexual violence or staff sexual misconduct. Specifically, the victim should be taken to a private location and asked not to shower, remove clothing without custody supervision, use the restroom facilities, or consume any liquids.

However, Initial Contact Guide (PREA) includes requesting both the victim and suspect not shower, brush teeth, remove clothing without custody supervision, use restroom facilities, or consume any liquids. Additionally, section 2 provides staff with further guidance which includes contact the supervisor and seek assistance to secure the crime scene.

The Custody Supervisor Checklist reiterates the same requests of the victim and suspect. The supervisor is responsible to ensure the crime scene is secured, ensure no visual or physical contact occurs between the victim and suspect, and designate an evidence officer to collect and process evidence.

In 2020, six allegations of sexual abuse were made at CTF. Two of the allegations were made within a period of time in which evidence could be collected and the victim received a sexual assault forensic examination. According to the Pre-Audit Questionnaire the victim and abuser were not separated as the victim was unable to identify the abuser. However, the crime scenes were secured and evidence collected.

Inmates who had previously reported sexual assault were no longer placed at CTF. One inmate reported an attempted sexual assault in his cell. He was fighting back when custody staff responded. He was taken to the hospital to address his physical injuries, but was not treated by staff or medical for sexual assault.

All of the staff interviewed were aware of their responsibilities in responding to a sexual assault scene. First responder duties such as separating the victim and abuser, preserving the crime scene, and calling or transporting for medical were noted. All of the staff knew to contact a Custody Supervisor.

Subsection (b):

According to the Department Operations Manual, if the staff who is receiving the report is a non-custody staff, the staff shall immediately notify the supervisor and Watch Commander.

As noted in the Pre-Audit Questionnaire, in 2020 four allegations of sexual abuse were made to non-custody staff and all reports were forwarded to a Custody Supervisor.

Non-custody staff were also aware of their responsibility to keep the inmate victim safe and immediately notify the custody

supervisor.

Corrective Action: None

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

Operations Manual Supplement Prison Rape Elimination Act

California Correctional Health Care Services Chapter 16 -1.16.2

3. Documents
4. Interviews

Warden

5. Tour of the Facility

Findings:

The coordinated response plan is documented in Department Operations Manual Chapter 5, Article 44 and the Operations Manual Supplement with attached checklists based on responsibility.

Operations Manual Chapter 5, Article 44 addresses first responder responsibilities, custody supervisor, crime scene preservation and evidence collection, victim advocate and victim support person, medical services, transportation responsibilities, forensic medical examinations, and mental health responsibilities. The Corrections Training Facility Operations Manual Supplement also addresses first responder, custody supervisor responsibilities, transportation responsibilities, Institutional PREA Review Committee, PREA Compliance Manager and PREA Coordinator. Included with the supplement and referenced in the supplement is the Initial PREA Contact Guide, Custody Supervisor PREA Checklist, Transportation Guide, Sexual Assault Interview Guidelines, and Watch Commander PREA Notification Checklist. Each checklist ensures that the duties and responsibilities of each staff role are clearly directed and followed.

California Correctional Health Care Services Chapter 16 1.16.2 Prison Rape Elimination Act Procedure also outlines responsibilities and procedures for Health Care providers who provide medical emergency care and follow up care to victims and suspects of sexual violence, staff sexual misconduct, and sexual harassment.

The Warden talked about the CTF coordinated plan. He described the written plan as a local operating procedure. It is written and available to staff in several areas of the institution. Staff are trained on their responsibilities and how to carry out the plan. The plan includes the checklists for areas of responsibility to assist in carrying out the duties.

Corrective Action: None

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures
3. Documents

Agreement between State of California and California Peace Officers Association Bargaining Unit 6

4. Interviews

Agency Head

5. Tour of the Facility

Findings:

Subsection (a):

The Agreement between the State of California and the California Peace Officers Association Bargaining Unit 6 Corrections was submitted in its entirety for review. The agreement is valid from July 3, 2020 to July 2, 2022. In Article 4 Section 4.01 Management Rights states in part that management may hire, transfer, promote and demote employees; to layoff, terminate or otherwise relieve employees for lack of work or other legitimate reasons; to suspend, discharge, or discipline employees. Thus, allowing CDCR to protect inmates from staff abusers.

The Agency Head acknowledged the agreement and confirmed that CDCR has the ability to redirect a staff assignment or place staff on time off pending an investigation or determination of discipline.

Corrective Action: None

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR I Title 15 Section 3401.5

CDCR Department Operations Chapter 5, Article 44

3. Documents

Protection Against Retaliation - Inmate (PREA) CDCR 2304; Blank

Protection Against Retaliation - Inmate (PREA) CDCR 2304; 5 completed

Protection Against Retaliation - Staff (PREA) CDCR 2305; Blank

Institutional PREA Review Committee form; Blank

4. Interviews

Agency Head

Warden

5. Tour of the Facility

Investigation File Review

Findings:

Subsection (a):

CDCR Title 15 section 3401.5 addresses Staff Sexual Misconduct and includes retaliation against employees and retaliation against inmates/parolees. Specifically, retaliation against employees who report incidents of staff sexual misconduct "shall not be tolerated and shall result in disciplinary action and/or criminal prosecution". Similarly, retaliation against inmates or parolees who report incidents of staff sexual misconduct "shall not be tolerated and shall result in disciplinary action and/or criminal prosecution".

CDCR Operations Manual Chapter 5, Article 44, Section 54040.13 addresses retaliation to include retaliation monitoring of inmates and employees who report sexual violence or staff sexual misconduct. Policy also assigns the institutional PCM to the task of monitoring for retaliation and further allows the PCM to delegate monitoring to staff assigned to the Investigative Services Unit or Supervisor staff. Correctional Training Facility follows department policy as noted above. CTF has assigned retaliation monitoring to staff from the Investigative Services Unit. They utilize the CDCR 2304 to document the monitoring for inmates and the CDCR 2305 to document when monitoring staff.

Subsection (b):

Protection measures are addressed in Title 15. Inmate victims who report incidents of staff sexual misconduct or cooperate with a staff sexual misconduct investigation may have a housing change or transfer, removal of the alleged staff from contact with the victims, and emotional support services for inmates who fear retaliation for reporting staff sexual misconduct, sexual harassment, or for cooperating with an investigation.

Subsection (c) & (e):

CDCR Department Operations Manual Chapter 5, Article 44 specifically states, "Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution".

Following an allegation of sexual violence or staff sexual misconduct, monitoring for retaliation occurs for at least 90 days and may continue beyond 90 days if the initial monitoring indicates a continuing need.

Based on the review of CDCR Department Operations Manual, blank and completed Protection Against Retaliation - Inmate (PREA) CDCR 2304, during inmate monitoring staff review disciplinary reports, program and job changes, housing changes, and interview of the inmate. Although policy prohibits Non-Disciplinary Segregation for reasons related to being the victim of a PREA Incident, policy does allow Non-Disciplinary Segregation if there are no other documented resources to ensure the victim's safety. Inmates who are placed in Non-Disciplinary Segregation for reasons related to being a victim of a PREA incident, have their housing assignment reviewed every 30 days.

During staff monitoring, post reassignments are reviewed, emotional support services are offered, removing the alleged staff from contact with the victim is reviewed, and facility transfer is considered. This is documented utilizing the Protection Against Retaliation - Staff (PREA) CDCR 2305.

In 2020, it was reported through the Pre-Audit Questionnaire, that there were zero incidents of retaliation at CTF.

Subsection (d):

Monitoring includes an interview of the staff or inmates bi-weekly to glean the individual's perception of retaliation for the allegation or cooperation with an investigation. Copies of the blank CDCR 2304 and CDCR 2305 were submitted and reviewed. The forms require documentation every 15 days. Additionally, five completed CDCR 2304 forms were submitted for review. These forms indicated that retaliation monitoring is occurring in the required time frame. One entry showed the inmate was interviewed and assessed for retaliation after the 15 days. It was noted the inmate was temporarily offsite and unavailable for an interview. The interview was completed upon his return to the facility. Additionally, investigative files were reviewed on site. Six of the seven investigative files alleging sexual violence or staff sexual misconduct contained retaliation monitoring documentation for inmates. The monitoring included the documentation review and inmate interview.

Subsection (f):

Department Operations Manual Chapter 5 allows for the termination of the monitoring if the investigation determines the allegation is unfounded or proved false.

According to the Department Head, for the first 90 days following the report of sexual violence, the PCM assigns a supervisor to monitor the area where the inmate lives and or where the staff may work to identify issues related to retaliation.

Supervisors look for signs of retaliation such as disciplinary, housing changes, or alienation of staff. All allegations of retaliation are investigated and addressed through the disciplinary process. To protect inmates, the facility may change housing assignments, place in a single cell, remove alleged abuser, offer support, and refer to mental health.

During the interview with the Warden, he made it clear CTF adheres to the Department's Zero Tolerance Policy toward sexual violence, staff sexual misconduct, harassment, and retaliation. Measures are taken to stop incidents of sexual violence and harassment and to protect the victim. CTF has the ability to move inmates to different cells or buildings. Victims are offered an advocate and referred to mental health services. Discipline occurs for retaliation. Additionally, retaliation and efforts to protect are reviewed during the Institutional PREA Review Committee.

One staff tasked with retaliation monitoring confirmed the process as noted in policy. Retaliation monitoring includes interviews with the inmate every other week along with a paper review to determine if there are changes with work, programming, housing, rule violations or other behavioral changes. Retaliation monitoring may also include a conversation with housing unit staff. If retaliation is suspected, housing changes could be considered. If it is retaliation by staff, this will be investigated and staff could also be transferred to a different housing unit pending the investigation.

Inmates who reported sexual abuse or sexual harassment do not feel safe against staff retaliation. Inmates reported situations in which they believed were related to reporting an incident against staff such as cell searches, denied family visits, or removal of work assignments. One inmate reported a change in institution job, difficulty receiving canteen, and threats by a staff to place him with an opposing strategic threat group. Another inmate acknowledged being checked on by ISU but still felt uncomfortable, as he believed the staff in which he alleged misconduct was able to encourage other inmates to intervene on the staff's behalf.

Based on staff and inmate reports and documentation review, retaliation monitoring is occurring. It is not clear from inmate interviews and documentation if inmates are reporting incidents of retaliation during this monitoring period, as none was noted. Inmate interviews should be conducted in a private setting to allow inmates the ability to report areas of concern.

Corrective Action: None

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

CDCR Title 15 SS335

3. Documents
4. Interviews

Warden

5. Tour of the Facility

Findings:

Department Operations Manual prohibits the use of segregated housing for inmates at high risk for sexual victimization unless an assessment of available options has been completed and there are no other available options ensuring the separation of victim from abuser. A process is in place should the use of segregated housing be realized. This process mirrors that of 115.43 in terms of procedures and time frames.

Title 15 Section 3335 Article 7 addresses Administrative Segregation and its use for non-disciplinary purposes. If an inmate is placed in segregated housing related to being a victim of a PREA related incident, the inmate is afforded the same programs and privileges as if in general population. The inmate may remain in Non-Disciplinary Segregation only until an alternative means of separation from the abuser may be arranged. Every 30 days, the custody supervisor reviews and determines if segregation is necessary. Reviews are documented in the General Chrono.

In the interview with the Warden, he denied the use of segregated housing as a means of separating the alleged victim and abuser. During the past 12 months the use of segregation as a means of separating PREA victims from abusers has not occurred. Additionally, it should be noted, segregated housing is not currently in use at CTF, as the housing unit it under construction.

Corrective Action: None

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 1, Article 20

CDCR Department Operations Manual Chapter 5, Article 44

CDCR Title 15

CDCR Department Operations Manual Chapter 3

PREA - Instructions for Records Retention Schedule (RRS) Update

3. Documents

CDCR Office of Internal Affairs Investigator's Field Guide May 2008

Sexual Assault Interview Guidelines (PREA) Sexual Assault Interview Guidelines

Initial Contact Guide (PREA)

State of California Office of Emergency Services Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination - Blank

CDCR Basic Investigators Courts Specialized PREA Training for Locally Designated Investigators Lesson Plan and Power Point; 287 pages

PREA Investigation file review

4. Interviews

Warden

PREA Coordinator

PREA Compliance Manager

PREA Investigators

Inmates

5. Tour of the Facility

Investigation File Review

Findings:

Subsection (a):

CDCR conducts both administrative and criminal investigations. According to the Specialized PREA Training for Locally Designated Investigators (LDI) Lesson Plan and Power Point, all allegations of sexual violence, staff sexual misconduct and sexual harassment, including sexual assaults, attempted sexual assaults, sexual battery committed by offenders, and sexual harassment committed by inmates are investigated by an LDI. All investigations into allegations previously noted, are required to be prompt, thorough and objective.

The Initial Contact Guide and Sexual Assault Interview Guide were submitted for review. These guides provide for a consistent, thorough, and objective response to incidents of sexual assault.

According to the Investigators, investigations begin immediately, regardless of how the allegation is reported. If a PREA

investigator is not on shift, one may be called in to begin the investigation. On site file review of the investigations confirmed that PREA investigations begin on the same date the allegation is received.

Subsection (b):

According to the Specialized PREA Training for Locally Designated Investigators (LDI) Lesson Plan and Power Point, allegations of sexual violence, staff sexual misconduct, and sexual harassment must be conducted by investigators who have completed specialized training in sexual abuse investigations.

The PREA investigators confirmed they received specialized PREA training along with annual PREA training, basic investigations, and PCM training. Training is pursuant to standard 115.34. It should also be noted that an investigator who is not PREA trained was also interviewed. He, too, confirmed that only investigators who have been specially trained conduct PREA investigations.

Subsection (c):

According to the Specialized PREA Training for Locally Designated Investigators (LDI) Lesson Plan and Power Point, investigators are trained to gather direct and indirect evidence, including physical and DNA evidence; interview victims, suspects when inmate on inmate allegations, and witnesses; and review prior complaints and reports of sexual abuse.

The PREA investigators described the investigation process and related that as soon as an incident of sexual violence, staff sexual misconduct or harassment is received the supervisor is notified and the alleged victim and abuser are separated. The investigation begins immediately with preserving and documenting evidence such as victim, suspect, and witness interviews; DNA or other physical evidence; clothing, phone calls; and body camera or other camera footage. They immediately begin a timeline, ensure victim safety, document and notify command staff.

Subsection (d):

CDCR Department Operations Manual Chapter 3 addresses Administrative Investigations. Department Operations Manual requires that prior to any compelled subject interview, the prosecuting agency must be consulted if there are criminal charges or court proceedings pending.

The CDCR Office of Internal Affairs Investigator's Field Guide May 2008 states that "Should the employee invoke his/her rights under the Miranda decision, the agent shall consult the Senior SAC and the local DA in the county that the case will be referred to regarding the decision to take a compelled statement". It further notes that the Administrative Agent cannot share information from the compelled statement with the Agent or the prosecutor conducting the criminal investigation.

LDI are trained that if criminal charges against a staff is possible, the LDI should not compel an interview. If the LDI believes the interview is necessary, they are trained to contact Office of Internal Affairs and consult with the District Attorney.

In a California Court decision, if criminal charges may be possible and the Peace Officer invokes their Miranda rights, they must be given the Lybarger Warning. The Lybarger requires staff be informed that their silence could be deemed insubordination and lead to administrative discipline. Lybarger further informs the subject that any compelled statement cannot be used in any subsequent criminal proceedings.

The investigators noted that there is a District Attorney assigned to CTF. They consult with him when allegations appear to be criminal and prosecutable.

Subsection (e):

According to the Specialized PREA Training for Locally Designated Investigators (LDI) power point, investigators are trained to assess the reliability of victim, suspects and witnesses on an individual basis, rather than an individual's status as an inmate or staff. This standard was confirmed in an interview with the investigators. They look at all of the evidence and base decisions on what is learned.

CDCR Department Operations Manual Chapter 1 Article 20 addresses Polygraph. The examinee must voluntarily consent to the examination and voluntarily sign a CDC Form 1499, Polygraph Examination Consent, Release, and Waiver prior to a polygraph examination being conducted. According to the investigators, CTF does not use polygraph examinations and as such do not require victims to submit to a polygraph examination.

None of the inmates who reported sexual abuse or sexual harassment who were interviewed were required to submit to a polygraph examination.

Subsection (f):

Department Operations Manual Chapter 3 addresses administrative investigations which are conducted for allegations of staff misconduct that are violations of policy, procedure, or law. If additional staff misconduct is discovered during an

investigation, the investigator will present the facts to the SAC for further consultation to determine if the allegations will be included in the existing investigation or if a new investigation should be conducted.

Department Operations Manual Chapter 5 states that when investigating staff-on-offender misconduct or sexual harassment, the investigator is required to make attempts to determine whether staff actions or failures to act contributed to the abuse.

PREA investigators acknowledged that they consider staff failure to act or failure to report an incident or suspicions and look at prior documentation and reports. If staff actions or a failure to report are indicated, further investigation will occur and the staff is subject to discipline.

Chapter 5 also directs investigators to document their findings in a Confidential Memorandum to include:

1. a description of the physical and testimonial evidence;
2. the reasoning behind credibility assessments;
3. the investigative facts and findings.

The investigators described a Confidential Report which as a written memo summarizing the investigation, including interviews, case factors, steps taken to determine the outcome, and findings of the investigation. This written memo is forwarded to the PCM for review and approval. Additionally, the SSV-IA is completed. All of the closed investigative files reviewed included a thorough Confidential Memo including all required components. Further, sexual abuse investigation files also included a checklist of topics included in the Incident Review with higher level supervisory staff. This team considers staff actions and failure to report or act during their review.

Subsection (g):

Department Operations Manual Chapter 5 requires all allegations of sexual violence, staff sexual misconduct and sexual harassment be investigated and the findings documented in writing.

Department Operations Manual Chapter 3 requires a criminal investigation be conducted for all allegations of employee misconduct when there is reason to believe the employee committed a violation of criminal law. the Criminal Investigation Unit identifies and documents the potential criminal violation and the facts and evidence represented in support of the complaint.

Investigators reported that investigation documentation for criminal investigations is documented in the same manner as administrative investigations. The investigative files which were criminal in nature remain open pending investigation with internal affairs.

Subsection (h):

According to the investigators, when a sexual assault allegation is substantiated, the case is pushed to the District Attorney and OIG. One file was reviewed and indicated staff sexual misconduct. The investigation is pending criminally. The unsubstantiated sexual misconduct or sexual violence cases were not moved forward.

Subsection (i):

Department Operations Manual Chapter 5 refers to the CDCR Records Retention Schedule for all case records associated with PREA related reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling. The PREA Records Retention Schedule (RRS) requires the investigatory file be retained "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". The schedule continues with a list of documents that may be included as well as "Any documents not identified which pertain to the PREA incident, investigation, or allegation".

Department Operations Manual Chapter 3 addresses records retention by referring to the Records Retention Schedule.

During the onsite tour and interviews, PREA investigation records were observed in CTF Investigations where they are securely stored.

Subsection (j):

According to Department Operations Manual Chapter 5, investigations continue even if the alleged suspect or victim is no longer employed or under the care and control of CDCR. PREA Investigators confirmed they continue to investigate and obtain evidence to the best of their ability when the staff is no longer employed at CTF or the inmate is no longer housed at CTF. If evidence suggests criminal behavior, the case is referred to the Office of Internal Affairs. Additionally, a note is made in the file that the employee resigned under unfavorable circumstances.

Subsection (l):

California Department of Corrections and Rehabilitation conduct their own administrative and criminal investigations. The Warden indicated CTF has 25 investigators who conduct all allegations of sexual abuse and sexual harassment. However, both the PREA Coordinator and PREA Compliance Manager indicated that if an outside agency was needed, CTF would cooperate with providing information. The PREA Coordinator further explained that each institution has a Memorandum of Understanding with the District Attorney's Office. The District Attorney's Office and Investigative Services Unit have a close working relationship allowing for information sharing to be immediate. Investigators acknowledged a District Attorney is assigned to CTF. If an agency or facility other than CTF was conducting an investigation, CTF investigators would assist with information gathering, evidence collection, or coordinating interviews.

Corrective Action: None

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

California Penal Code Part 1, Title 13 Chapter 5

CDCR Department Operations Manual Chapter 3

CDCR Department Operations Manual Chapter 5

3. Documents

Specialized PREA Training for Locally Designated Investigators Instructor Text and Power Point

4. Interviews

PREA Investigators

5. Tour of the Facility

Findings:

Subsection (a):

CDCR Department Operations Manual Chapter 3 defines the potential findings of an investigation. Findings of "Not Sustained" and "Sustained" specifically indicate the investigation did or did not disclose a preponderance of evidence.

CDCR Department Operations Manual Chapter 5 Article 44, Section 54040.12 also requires no standard higher than the preponderance of the evidence to be used when determining whether allegations of sexual abuse or sexual harassment are sustained.

California Penal Code Part 1 of Crimes and Punishments, Chapter 5 Larceny was submitted for review. This addresses punitive award when evidence is convincing that the defendant has been guilty of oppression, fraud, or malice in (C) of section 3294 of the Civil Code.

Specialized PREA Training for Locally Designated Investigators Instructor Text and Power Point indicate that investigators are trained to impose no standard higher than the preponderance of the evidence for administrative investigations. PREA investigators confirmed the use of the preponderance of evidence standard. Investigative file review supported this standard as well.

Corrective Action: none

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

Closure Chrono completed; 3 completed and 1 blank

4. Interviews

PREA Investigator

Inmates

5. Tour of the Facility

Findings:

Subsection (a):

Department Operations Manual Chapter 5, Article 44, Section 54040.12.5 indicates that for following an investigation into allegations of sexual misconduct by staff or sexual violence by inmates, the alleged victim is notified the outcome of the investigation; substantiated, unsubstantiated, or unfounded.

Correctional Training Facility indicated in the Pre-Audit Questionnaire of 18 sexual misconduct or sexual violence investigations and that all received written notification of the investigation outcome. Three completed case closure notices were submitted for review. The date the investigation concluded and the outcome are noted on the chrono and is signed by both the inmate and investigator.

The investigators noted that the Investigative Services Unit provided the 128B form as notification to the inmate. The inmate then signs receipt of the notice. If the inmate is no longer at CTF, the notification is sent to the inmate.

Inmates with closed investigations acknowledged receiving the notification and being required to sign the notification.

File review indicated most of the closed cases had a copy of the 128B in the file. Of those that didn't the inmate was either temporarily out of CTF or the case was recently closed and notification was not yet provided.

Subsection (b):

This subsection is not applicable. Corrections Training Facility conducts their own investigations. Zero investigations were conducted by outside investigative agency.

Subsection (c):

Department Operations Manual Section 54040.12.5 provides the following notification guidance: when the sexual violence or staff sexual misconduct allegation is unsubstantiated or substantiated, the PCM or designee informs the inmate the following:

- * 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.

The closure chrono includes a section for the staff status and includes the four options noted above. In reviewing the six completed chronos, none of the statuses were checked despite two unsubstantiated sexual violence or staff sexual misconduct allegations. This was consistent with investigation file review as the sexual violence and staff sexual misconduct

allegations that were closed were unsubstantiated and the status did not apply.

Subsection (d):

Department Operations Manual Section 54040.12.5 also requires the institution to inform the alleged victim whenever the alleged abuser has been indicted on the alleged sexual violence or convicted of the charge.

The Closure Chrono includes notification to the alleged victim if the alleged abuser has been moved to another housing unit or facility and if the alleged abuser was indicated for the allegations or convicted on the charges. None of the completed closure chronos involved substantiated inmate on inmate abuse.

Subsection (e):

Under the Custody Supervisor Responsibility in Chapter 5 of the Department Operations Manual, it is noted that written notification of the findings of an investigation is provided to the alleged victim. Information to be included is further clarified in the section Reporting to Offenders and includes the status of the alleged abuser as noted above in subsection c and d. Written notification occurs on the closure chrono which were provided for review.

Subsection (f):

Department Operations Manual indicates the agency no longer has an obligation to report or inform the inmate of the changes when the inmate is released from CDCR's custody.

Corrective Action: None

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Title 15 Section 3401.5

CDCR Department Operations Manual Chapter 3

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

Investigation file review and tracking

4. Interviews
5. Tour of the Facility

Findings:

Subsection (a) & (b):

According to CDCR Title 15 Section 3401.5, staff sexual misconduct is defined as any sexual behavior by a department employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, directed toward an inmate or parolee.

CDCR Department Operations Chapter 3 addresses staff disciplinary action. It is the Department's policy to impose disciplinary action in a "fair, objective, and impartial manner". To ensure this occurs, Chapter 3 outlines an Employee Disciplinary Matrix. The Matrix includes potential actions for sexual misconduct involving staff, to include harassment; over-familiarity with an inmate; and sexual misconduct with an inmate. The potential penalties include a range of salary reduction to dismissal; with the base penalty being salary reduction or suspension without pay. The base penalty is applied unless there are mitigating or aggravating factors. The only penalty noted for sexual misconduct with an inmate(s)/parolee(s) is dismissal.

According to the Pre-Audit Questionnaire, in 2020 zero CDCR employees at Correctional Training Facility were disciplined for sexual abuse or sexual harassment. This corresponds with information gleaned from CTF investigation files and investigations tracking.

Subsection (c):

The Employee Disciplinary Matrix serves as a foundation and guide when imposing discipline for staff misconduct. According to CDCR Department Operations Manual Chapter 3, when applying the Employee Disciplinary Matrix, "no favor is afforded due to the employee's rank within the department". The matrix is based on the assumption that the misconduct is one single misdeed and it is the employee's first adverse action. As such, mitigating and aggravating factors are considered when determining the level of discipline within the matrix. The mitigating and aggravating factors considered include: if the misconduct was intentional; premeditated; the employee's length of service and experience; if the misconduct was for personal gain; resulted in serious injury; and other related adverse action(s). When imposing a penalty, the hiring authority, in consultation with the Vertical Advocate and SAIG, consider various factors including: the seriousness of the misconduct; harm or potential harm to the public service; the circumstances surrounding the misconduct; the likelihood of recurrence; previous progressive discipline; and other mitigating or aggravating circumstances.

Subsection (d):

CDCR Department Operations Manual Chapter 5 mirrors 28 C.F.R. Part 115 by requiring "all terminations for violations of agency sexual misconduct or harassment policies, or resignation 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". Department Operations Manual specifically identifies contractors and volunteers in the requirement to report to relevant licensing bodies when it is determined the contractor or volunteer engaged in sexual misconduct.

According to the Pre-Audit Questionnaire, zero employees, contractors, or volunteers have been referred to licensing agencies due to sexual misconduct. Based on investigations at CTF, there was not a need for this notification to occur.

Corrective Action: None

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire

2. Policy and Procedures

CDCR Department Operations Manual Chapter 5

CDCR Department Operations Manual Chapter 10

3. Documents

CDCR Special Terms and Conditions Exhibit D

4. Interviews

Warden

5. Tour of the Facility

Findings:

Subsection (a) and (b):

CDCR Department Operations Manual Chapter 10 Section 101090.9 allows the hiring authority to limit or discontinue activities of a volunteer or volunteer group which may impede the security and /or operations of the institution. Department Operations Manual further outlines behaviors which cause a volunteer or program to be discontinued. Included is: evidence of volunteer misconduct such as improper or unacceptable familiarity with inmates or the family and friends of inmates; and behavior which may cause discredit to CDCR or to the services provided by volunteers.

CDCR Department Operations Manual Chapter 5, Article 44, Section 54040.12.4, further indicates that in addition to being prohibited from contact with inmates, relevant licensing bodies will be notified by the hiring authority when a contractor or volunteer has engaged in sexual misconduct.

The Special Terms and Conditions Exhibit D associated with contractor bids agreement section 27 addresses Contractor Employee Misconduct and the requirement for contractors to immediately notify CDCR if there is an allegation of employee misconduct associated with and directly impacting inmate rights. Notification should include contractor investigative reports, written evidence that the contractor has taken remedial action, and in the event of employee misconduct with inmates, remedial action will assure against a repetition of incident or retaliation. CDCR may deny contractor staff access to and the supervision of CDCR inmates. Section 59 addresses Prison Rape Elimination Policy and the CDCR zero tolerance for sexual misconduct, specifically "any contract employee who appears to have engaged in sexual misconduct of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation. Referral shall be made to the District Attorney unless the activity was clearly not criminal. Reportable information shall be sent to relevant licensing bodies".

CTF Warden was interviewed and explained that allegations of sexual misconduct by volunteers and contractors would include the removal of the volunteer or contractor while the allegations were being investigated. He does have the authority to allow remedial measures, however, in the interest of inmate safety and the control of the situation, the volunteer or contractor would be suspended and not allowed contact with inmates.

Corrective Action: None

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Title 15

CDCR Department Operations Manual Chapter 5, Article 44

52080.5.8 Special Consideration of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program

3. Documents
4. Interviews

Warden

Mental Health Staff

5. Tour of the Facility

Findings:

Subsection (a):

CDCR Department Operations Manual Chapter 5, Article 44, Section 54040.15 speaks to the disciplinary process for inmates alleged to have committed sexual violence. The investigative process and the disciplinary process includes referral for criminal prosecution and classification determination if warranted. If the allegations warrant a criminal charge, the process includes completion of the CDCR Form 115, Rules Violation Report. The inmate is entitled to all provisions in CCR Section 3320 regarding the hearing process and CCR Section 3316 Referral for Criminal Prosecution.

CCR Title 15 Section 3320 outlines the disciplinary hearing procedure and time limitations. Section 3320 does not exclude allegations of sexual misconduct.

Title 15 CCR 3316 addresses the process for referrals for criminal prosecution. All criminal misconduct by persons under the jurisdiction of CDCR or occurring on facility property is referred for possible investigation and prosecution when there is evidence substantiating a crime. The referral for criminal prosecution shall not stay the time limits for a disciplinary hearing unless requested by the inmate.

CDCR Operations Manual Chapter 5, Article 44, Section 54040.14 addresses classification process for inmates alleged to have committed sexual violence and placed in ASU. Consideration is given to: completion of the disciplinary process, yard assignment while in ASU, Single or Double cell status, referral for criminal prosecution, and housing.

In 2020, according to the Pre-Audit Questionnaire, no inmate at CTF was found guilty of committing inmate on inmate sexual violence through the administrative or criminal investigation process. According to the PREA Investigations Log, in 2020 eight investigations of inmate-on-inmate sexual violence were unsubstantiated and in 2021 two allegations of inmate-on-inmate sexual violence were unsubstantiated.

Subsection (b):

According to the CTF Warden, disciplinary sanctions include loss of credit through the rules disciplinary process, potential housing unit change to a high security prison, and criminal charges. The sanctions are proportionate to the nature of the offense committed and disciplinary history of the inmate.

Subsection (c):

According to Title 15 section 3317, the disciplinary process includes a mental health assessment when a mental illness or developmental disability, cognitive or adaptive functioning deficits may have contributed to the behavior. The assessment is considered by the hearing officer when determining whether an inmate should be disciplined and the appropriate method of

discipline.

The CTF Warden confirmed that the mental health status of the inmate is considered when determining sanctions for sexual violence.

Subsection (d):

Title 15 section 3317.1 allows for a recommendation of an alternative resolution to the discipline if there is indication the inmate's behavior was strongly influenced by mental illness, disability/cognitive or adaptive functioning deficits.

A copy of 52080.5.8 Special Consideration of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program was submitted for review. This document confirms that inmates alleged to have committed a rules violation receive a mental health assessment if they are participating in specific programs, engaged in indecent exposure or sexual disorderly conduct, or displayed certain behaviors at the time of the offense. The document further confirms that during the disciplinary process, the misconduct may be addressed in an alternative manner or disposed of if information indicates mental illness, developmental disability, cognitive or adaptive functioning deficits contributed to the behavior. The alternative may include counseling.

CDCR Department Operations Manual Chapter 5, Article 44, Section 54040.11 indicates that an inmate who previously perpetrated sexual abuse either in an institution setting or community is referred to mental health. This was confirmed by mental health practitioners at CTF. Inmates who are alleged to have committed sexual violence are referred to Mental Health. CTF does not offer specific sex offender treatment.

Subsection (e):

Policy specifies that inmate disciplinary action for sexual contact with staff will occur only if the contact was against staff will. Title 15 section 3323 Disciplinary Credit Forfeiture Schedule includes "Rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will".

Subsection (f):

CDCR Department Operations Manual Chapter 5, Article 44, Section 54040.15.1 addresses false allegations. Only after the investigation is completed and it is determined the allegations were either not made in good faith or the inmate knowingly made a false report, then the inmate may be subject to disciplinary action. Section 54040.15.1 furthers that an allegation determined to be unsubstantiated or unfounded based on a lack of evidence does not necessarily constitute false reporting.

Subsection (g):

According to the Pre-Audit Questionnaire, CDCR prohibits all sexual activity between inmates. Title 15 section 3007 states "Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adult".

Corrective Action: None

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

Chapter 3 Health Care Transfer Process

Program Guide Overview Mental Health Services Delivery

3. Documents

PREA Screen; blank

Mental Health Referral Chrono CDCR-128MH5

Screen shots of Mental health documentation

Memorandum dated December 5, 2017; Medical and Mental Health screenings; history of sexual abuse

Prison Rape Elimination Act Authorization for Release of Information CDCR 7552

Informed Consent For Mental Health Care

4. Interviews

Medical and Mental Health Staff

Staff who complete screening

Inmates

5. Tour of the Facility

Findings:

Subsection (a) (b) (c):

Department Operations Manual Chapter 5, Article 44, Section entitled Referral for Mental Health Screening indicates that if during the initial intake screen or at any other times during confinement, an inmate reports having experienced sexual victimization or previously perpetrated sexual abuse, the inmate is referred to mental health. Staff who complete PREA Screens confirmed this occurs. When an inmate indicates prior sexual victimization or having perpetrated sexual abuse, a referral is made to Mental Health by completing the CDCR-128 MH5. The referral is submitted by email in addition to a hard copy be sent immediately to Mental Health.

Inmates who reported sexual abuse or sexual harassment at CTF all reported seeing psychology (Mental Health) in response to the allegation.

The Program Guide Overview Mental Health Services Delivery System indicates an inmate may be referred for mental health services at any time and particularly identifies an inmate who has been identified as a possible victim per the Prison Rape Elimination Act and an inmate who demonstrates sexually inappropriate behaviors as per the Exhibitionism policy. An urgent referral is to be seen within 24 hours and a routine referral should be seen within five working days.

Mental Health staff reported that inmates are typically seen within four hours when the referral is based on prior sexual victimization or perpetration of a sexual offense.

Chapter 3 Health Care Transfer Process was submitted for review and provides a standard process for the transfer of inmate patients to outside hospitals or medical facilities and institutions. According to policy, the Unit Health Record and transfer envelope accompanies each inmate-patient. Confidential Medical / Mental Health Information Transfer is included to

communicate health care information to allow for continuity of care.

According to the Pre-Audit Questionnaire, in 2020, zero inmates were referred to mental health due to a report of prior victimization during a PREA Screening. All of the inmates who reported previously perpetrating sexual abuse during a PREA Screening were referred to mental health. It should be noted that intake was limited during this time.

In review of the PREA Screening tool, inmates are asked if they experienced sexual victimization in a correctional setting and non-correctional setting. PREA Screening also asks inmates if they have had a prior conviction for a sexual offense in a non-correctional setting and history of sexual violence in a correctional setting.

A sample Mental Health Referral Chrono CDCR 128-MHS was submitted for review. The Mental Health Chrono includes a choice to check "Routine (Within 5 working days)", "Urgent (Within 24 hours)", or "Emergency (Contact Mental Health Services Immediately)". The sample Mental Health Chrono indicates in "Other/Additional" that the referral was for an inmate suspected of a PREA allegation. The type of referral checked was "Emergency".

Screen shots submitted via the Pre-Audit Questionnaire indicate that mental health documentation occurs in Health Care Application and all appointments are maintained electronically through the SOMS application.

Subsection (d):

Department Operations Manual Chapter 5, Article 44, section 54040.3 defines "Need to Know" Basis as "When the information is relevant and necessary in the ordinary performance of that employee or contractor's official duties".

A memo was issued on December 5, 2017 requiring medical and mental health information related to sexual abuse victimization or abusiveness that occurred in an institutional setting as strictly limited to medical and mental health practitioners via the Electronic Unit Health Record).

Staff interviewed consistently reported that PREA information is shared on a need to know basis.

Subsection (e):

Prior to receiving mental health service, inmates review and sign an Informed Consent for Mental Health Care CCR MH-7448. A blank form was submitted for review. This form includes a section which states that information shared in treatment is confidential and will be discussed only with the treatment team except under the noted situations, which includes if the inmate engages in acts of sexual misconduct or has been sexually assaulted by other inmates or staff.

Additionally, inmates who have been the victim of sexual violence or misconduct in an institutional setting are asked to complete and sign the Prison Rape Elimination Act Authorization For Release of Information CDCR 7552 to provide authorization to report the incident to law enforcement, prosecutor or other appropriate agency. This form includes the inmate's rights and how the information will be further released.

Mental Health staff provide inmates with information regarding limits of confidentiality. One Mental Health staff indicated that inmates participating in mental health programming review limits of confidentiality and have reviewed and signed paperwork. General Population inmates not participating in mental health programming typically do not sign paperwork but counselors will review rights and limits to confidentiality. The Corrections Counselor confirmed the use of the CDCR 7552 with inmates who report victimization.

Corrective Action: None

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire

2. Policy and Procedures

CDCR Department Operations Manual Chapter 5

Chapter 4 Access to Primary Care

4.12.1 Emergency Medical Response System Policy

Health Care Services Chapter 16,1.16.2 Prison Rape Elimination Act Procedure

Health Care Services Chapter 10,1.10 Copayment Program Policy

3. Documents

Program Guide Overview Mental Health Deliver System

Screen shot of Health Care Application

Screen shot of SOMS Application - Offender Appointments

Custody Supervisor Checklist

4. Interviews

Medical Staff

Mental Health Staff

Random Staff

Inmates who reported

5. Tour of the Facility

Findings:

Subsection (a):

Mental Health services for victims of sexual abuse is addressed in Department Operations Manual Chapter 5 and references the Mental Health Services Delivery System (MHSDS) Program Guide. THE MHSDS Program Guide states that a referral to Mental Health should be made when an inmate has been identified as a possible victim of sexual violence or staff sexual misconduct according to PREA standards. When a referral is made, staff indicate if the referral is emergent, urgent, or routine, meaning the inmate is seen by a mental health provider immediately, within 24 hours or within 5 working days.

Interviews with Mental Health staff confirmed that PREA referrals are seen within 24 hours of referral. Inmates who reported sexual abuse and sexual harassment reported having a referral to see Mental Health.

Medical Health Care is addressed in Chapter 16,1.16.2 Prison Rape Elimination Act Procedure which outlines the responsibilities of health care staff and the procedure they must follow when responding to a victim or suspect of sexual assault. The initial encounter specifically requires medical staff to provide necessary and immediate emergency medical attention. Medical response is also addressed in Chapter 4 Access to Primary Care. Inmates may request services. Requests are collected daily and inmate patients see a health care provider either the same day or the following business day based on the medical need. Emergency medical needs are addressed in Health Care Services Chapter 12, 4.12.1 Emergency Medical Response System Policy. Emergency medical response is provided 24 hours per day. Inmate Patients may request emergency medical attention from any CDCR employee. At least one RN is available on site to address emergency health care. The health care staff interviewed reported that victims of sexual abuse receive immediate medical care.

Screen shots of the SOMS application Offender Appointments confirm that medical and mental health appointment are logged. Additionally, medical and mental health staff maintain documents and data in the Health Care Application.

Subsection (b):

Custody staff were aware of their first responder responsibilities and consistently reported they would ensure inmate safety by separating the alleged victim and abuser, contacting medical and notifying a supervisor. The Custody Supervisor Checklist also reminds custody staff to ensure medical assessment has been initiated and within four hours of return from offsite emergency medical attention, the inmate patient is seen by medical for a Suicide Risk Evaluation.

Subsection (c):

Department Operations Manual Chapter 5 section 54040.10 requires that during medical treatment, consideration must be given to Sexually Transmitted Disease Conversion, Hepatitis B and/or C, HIV testing, and pregnancy options if appropriate. Health Care Services Chapter 16, 1.16.2 also addresses follow up testing for pregnancy, sexually transmitted diseases, and HIV. Additionally, if the inmate receives care at a county sexual assault response team facility for a forensic evaluation, the inmate is offered these tests as appropriate. This was confirmed practice was confirmed by health care staff.

Subsection (d):

Health Care Services Chapter 10, 1.10 Copayment Program Policy exempts copayments for treatment related to sexual abuse or sexual assault.

Corrective Action: None

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

CDCR Department Operations Manual Chapter 5, Article 44

CDCR California Correctional Health Care Service Health Care Department Operations Manual 4.1.6 Prison Rape Elimination Act

California Correctional Health Care Services Volume 1, Chapter 16, 1.16.1 Prison Rape Elimination Act Policy

3. Documents

4. Interviews

Health Services Staff

Mental Health Services Staff

Community Medical Staff

5. Tour of the Facility

Findings:

Subsection (a):

Inmates who have experienced sexual abuse in a confined setting are referred for mental health evaluation and treatment. Department Operations Manual Chapter 5, Article 44, Section 54040.10 outlines Mental Health Responsibilities. All victims of sexual violence or staff sexual misconduct are referred for an emergent Suicide Risk Assessment. Victims are seen by mental health staff within four hours of the referral. Additionally all victims of sexual violence or staff sexual misconduct are referred for a routine mental health evaluation. This section of policy does not qualify eligibility based on the location of the victimization. Section 54040.12.2 addresses treatment if the incident is reported more than 72 hours after it occurred. Medical Staff are required to conduct an examination of the victim and alleged suspect and then refer both the victim and suspect to Mental Health for evaluation and counseling. CDCR CCHCS Operations Manual 4.1.6 addresses health care response to a PREA incident and clarifies that it is applicable to all CCHCS patients, including those who reported assaults more than 72 hours after the time the assault occurred. Policy also addresses incidents which occurred inside and outside the institutional setting.

Subsection (b):

CDCR CCHCS Operations Manual 4.1.6 and CCHCS Chapter 16, 1.16.2 addresses health care response to a PREA incident. This policy includes medically necessary emergency and follow up treatment to include care plans including referrals for pregnancy care, sexually transmitted infections/diseases, and HIV.

The Mental Health Services Delivery System Program Guide Overview addresses pre-release planning. Pre-release planning occurs with the Correctional Counselor to ensure the inmate's successful transition to the Parole Outpatient Clinic or other services in the community.

CTF relies on Natividad Health Center for emergency medical and sexual assault forensic examinations. This was confirmed by CTF staff and an interview with an examiner from Natividad Health Center.

Subsection (c):

Staff interviews indicate services are consistent with the community level of care. Staff discussed inmates having the ability to refuse programming or examinations, however; staff provide inmates with comprehensive information to inform their decision. Forensic medical examinations and emergency medical care are provided at Natividad, serving the community at

large.

Subsection (d) & (e):

CTF is a male only facility. However, CDCR policy in Department Operations Manual Chapter 5, Article 44, Section 54040.8.3 Health Care Department Operations Manual 4.1.6, and Health Care Services Chapter 16,1.16.2 address testing for pregnancy. If pregnancy results, victims receive timely and comprehensive information and access to all lawful pregnancy related services

Subsection (f):

CDCR policy in Department Operations Manual Chapter 5, Article 44, Section 54040.8.3, Health Care Department Operations Manual 4.1.6, and Health Care Services Chapter 16,1.16.2 addresses testing and treatment for sexually transmitted diseases.

According to the sexual assault forensic examiner, victims of sexual abuse are tested and treated for sexually transmitted infections as appropriate.

Subsection (g):

The Health Care Department Operations PREA Policy's procedure includes a statement which mirrors 115.83 (g).

According to the Natividad provider, sexual assault services are provided at no cost to the victim.

Subsection (h):

Mental Health referrals are completed whenever an allegation of sexual abuse or staff sexual misconduct is learned by staff. Those who conduct screening immediately refer the inmate to mental health. For allegations which occur on site, custody supervisors and medical staff follow with a mental health referral. For incidents which occur at CTF, the Custody Supervisor completes a referral to mental health for evaluation and treatment. The Mental Health Services Delivery System Program Guide Overview, specifically identifies inmates having demonstrated sexually inappropriate behavior per the Exhibitionism policy as a mandatory referral. Mental Health referrals are made as Emergent, Urgent, or Routine. Although policy identifies routine referrals, interviews with staff indicate PREA referrals are treated as emergent. A routine referral is seen within five working days. Mental Health staff confirmed receipt of referrals for alleged abusers.

Correction Action: None

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

PREA Log 2020 and 2021

Institution PREA Review Committee form; blank; 5 completed

Investigation file review

4. Interviews

Warden

PREA Compliance Manager

5. Tour of the Facility

Investigation file review

Findings:

Subsection (a):

Department Operations Manual Chapter 5, Article 44 section 54040.17 addresses the Institution PREA Review Committee. Each Hiring Authority is required to conduct an incident review of every sexual violence and staff sexual misconduct allegations which are substantiated and unsubstantiated.

According to the PAQ, there were 26 sexual abuse allegations in 2020. According to the PREA log, there were 20 sexual abuse allegations in 2020. A review of the 2021 PREA log indicated 10 sexual abuse allegations. In 2020, 28 incidents of sexual violence, harassment, and staff sexual misconduct were investigated at CTF. All 28 investigations were reviewed by the Institution PREA Review Committee (IPRC), including the two unfounded investigations and the on going investigations. In 2021, the sexual harassment incidents were not reviewed, except for one.

Subsection (b):

Section 54040.17 requires the incident to be reviewed within 60 days of the date of discovery. In reviewing the PREA logs from 2020 and 2021, 28% of the investigations did not follow CDCR policy of review within 60 days of the date of discovery.

In a review of sexual abuse/staff sexual misconduct investigations completed within the past year (July 1, 2020-June 30, 2021) all of the IPRC reviews were completed prior to or within 30 days from the conclusion of the investigation. Almost half of the reviews were completed prior to the close of the investigation.

Subsection (c):

Section 54040.17 outlines the composition of the IPRC to include: Hiring Authority or designee as the chairperson; PREA Compliance Manager; One other manager; In-Service Training Manager; Health Care Clinician; Mental Health Clinician; Incident Commander or Investigative Services Unit Supervisor. In a review of IPRC documentation consistently demonstrated the above staff were present for the IPRC. The Warden serves as the Chairperson of the IPRC. He also confirmed the PCM, Chief Deputy, In Service Training Manager, Medical and Mental Health executive staff serve on the review committee.

Subsection (d):

Department Operations Manual Section 54040.17 mirrors the language in 115.86 (d) for considerations. To ensure comprehensive review, the Institution PREA Review Committee form includes the considerations from 115.86 (d).

Additionally, an interview with the Warden and PREA Compliance Manager confirm what the team considers during the review. The Warden indicated the IPRC looks at the totality of the circumstances. Specifically, the team determines if policy and best practice recommendations were followed, was inmate risk known, and steps to prevent future incidents. The PCM confirmed the participants and considerations reviewed. The PCM also indicated the team looks for trends and other issues that led to the incident.

Additionally, Department Operations Manual addresses the requirement to prepare a report of the committee's findings. The documentation is completed by the PCM at CTF using the Institution PREA Review Committee form. Blank and completed forms were submitted in the Pre-Audit Questionnaire and were reviewed on site during the investigations file review.

Subsection (e):

Department Operations Manual also requires documentation of an Action Plan or reasons for not doing so. The submitted Institution PREA Review Committee forms did not note any Action Plans being implemented. Rather than an explanation, the N/A box was checked.

Recommendation: 115.86 (b). It is recommended that CDCR consider amending Department Operations Manual Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee and Institutional PREA Review Committee (IPRC) to reflect the standard in which incident reviews "shall ordinarily occur within 30 days of the conclusion of the investigation". The reviews shall include substantiated and unsubstantiated investigations. However, at a minimum, ensure current policy is consistently followed and consider a follow up review when the case is closed to ensure comprehensive review of all factors discovered throughout the investigation.

Corrective Action: None

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

Survey of Sexual Victimization form; blank

CDCR PREA Annual Report - Calendar Year 2019

CDCR PREA Annual Report - Calendar Year 2018

CDCR PREA Incident Log; blank

4. Interviews

PREA Compliance Manager

PREA Investigator

5. Tour of the Facility

Findings:

Subsection (a) & (c):

Department Operations Manual Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring addresses the collection of sexual violence and staff sexual misconduct data. The PCM compiles data monthly on the Yearly Tracking Report and forwards the information to the PREA Coordinator. The PCM confirmed her role in data collection as noted in 54040.20. By policy, and confirmed by file review, the Locally Designated Investigator completes the Survey of Sexual Violence - Incident Adult (SSV-IA) for every allegation within 2 business days of the allegation being received. The SSV-IA is forwarded to the PCM and the PREA Coordinator.

Subsection (b):

Department Operations Manual Chapter 5, Article 44, 54040.20 also requires CDCR to aggregate incident-based data at least annually. This data is compiled in the CDCR PREA Annual Report. The CDCR Annual Report for 2019 was submitted for review.

Subsection (d):

Department Operations Manual Chapter 5, Article 44, 54040.20 requires CDCR to review and collect data as needed from all available documents such as incident reports, investigation files, and PREA Incident Reviews. The information is collected at CDCR headquarters using the CDCR PREA Incident Log. This is an excel spreadsheet of data collected from various sources including the investigations, SSV-IA, and the Yearly Tracking Report.

Subsection (e):

Department Operations Manual also requires CDCR to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates. The Pre-Audit Questionnaire indicates that this is completed. According to the CDCR Contract Monitor, contracted facilities are required to maintain compliance with the PREA regulations as noted in the Department Operations Manual. PREA allegations are reported to CDCR and Locally Designated Investigators from area institutions assist with investigations.

Since May 2021, there are no inmates housed in a contracted facility.

Subsection (f):

The agency reported in the Pre-Audit Questionnaire that they provided the Department of Justice (DOJ) with data from the previous calendar. This is consistent with Department Operations Manual 54040.20 which states the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30.

Corrective Action: None

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

Screen shot of CDCR public website

Review of CDCR public website

PREA Annual Reports 2015, 2016, 2017, 2018, 2019, 2020

4. Interviews

Agency Head

PREA Coordinator

PREA Compliance Manager

5. Tour of the Facility

Findings:

Subsection (a):

Department Operations Manual Chapter 5, Article 44 Department PREA Coordinator mirrors standard 115.88 in that the agency shall review data collected according to 115.87 to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practice, and training. This is done with the help of the PCM who completes a data collection tool to summarize information gathered through the Institutional PREA Committee. Based on this information, an annual report is compiled of the findings and corrective action for each facility, and the Department as a whole.

Interviews with the agency head, PREA Coordinator, and PREA Compliance Manager confirm compliance with the policy and subsection (a) of the standard. The PCM compiles monthly data and forwards the report annually to headquarters. Data is gleaned from a number of sources and are specific to incidents at CTF. The information, along with that from the other institutions is compiled into an annual report. Problem areas are identified and corrective action is taken.

Subsection (b):

Department Operations Manual Chapter 5 Article 44, Section 54040.20 requires the annual report to include a comparison of the current year's data and corrective actions with those from previous years. In a review of the PREA Annual Reports 2015-2020, as posted on the CDCR website, reports contained the agency's progress in addressing sexual abuse with comparative data and corrective action.

Subsection (c):

Department Operations Manual Chapter 5 Article 44, Section 54040.20 requires the report to be approved by the CDCR Secretary and made available on the public website. The Agency Head confirmed the Secretary reviews the annual reports. PREA Annual Reports 2015-2020 are posted on the CDCR public website. All of the reports contain the signature of the CDCR Secretary.

Subsection (d):

According to the PREA Coordinator, redactions are not needed to the PREA Annual Report as no personal identifying information is included. The reviewed PREA Annual Reports did not contain redactions or personal identifying information.

Corrective Action: None

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

3. Documents

CDCR public website

PREA Annual Reports, 2015, 2016, 2017, 2018, 2019, 2020

4. Interviews

PREA Coordinator

5. Tour of the Facility

Findings:

Subsection (a):

PREA records retention is addressed in Department Operations manual Chapter 5, Article 44 and requires all PREA records such as incident reports, investigation documents, offender information, counseling evaluations to be retained according to CDCR records retention schedule. Department Operations manual Chapter 5, Article 4454040.21 further requires CDCR to ensure collected PREA data is securely stored. According to the PREA Coordinator, information specific to 115.87 is stored on encrypted devices with access only by the PREA teams. Information, such as logs, do not contain personal identifying information.

Subsection (b):

Department Operations Manual Chapter 5, Article 44, 54040.21 contains language mirroring standard 115.89 (b) and identifying the CDCR website as the format in which reports are made available. A review of the CDCR website confirmed this information is readily available.

Subsection (c):

Department Operations manual Chapter 5, Article 44 Section 54040.21 also ensures all personal identifiers are removed. The PREA coordinator confirmed that reports do not contain personal identifying information. A review of the PREA Annual Reports located on the public website confirmed the reports contained no personal identifying information.

Subsection (d):

Department Operations manual Chapter 5, Article 44 Section 54040.21 requires PREA data to be maintained for 10 years after the data is collected. PREA Annual Reports are available on the CDCR public website beginning with the 2015 report.

Corrective Action: None

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures
3. Documents

PREA Audit Schedule

Review Public Website

4. Interviews
5. Tour of the Facility

Findings:

Subsection (a):

In a review of the audit tracking and the CDCR public website, it is confirmed that CDCR ensures each facility it operates is audited at least once during a three year audit cycle.

Subsection (b):

This audit falls in Audit Cycle 3, Year 2. According to the audit schedules for year 2 and year 3 and a review of the CDCR public website, one-third of CDCR institutions either have been or are scheduled to be audited each year.

Subsection (h):

During the onsite phase, the audit team had access to all areas of the tour. A comprehensive tour was complete of areas inside and outside of the fence. CTF staff were accomodating of all requests.

Subsection (i):

Do to pandemic concerns, the intial date of the onsite tour was postponed. During that time between the original date of the onsite and actual date of the onsite phase, documentation was requested to be sent monthly if applicable. For instance, any deviations from the staffing plana, logs documenting unannounced rounds, list of new hires and contractors, and documentation of completed PREA training. This documentationw as not sent monthly, however, while on site, auditors received copies of the documentation or reviewed the documentation on site.

Subsection (m):

Auditors were provided private space to interview staff and inmates. Given that CTF is comprised of three facilities, interviews of staff and inmates were conducted at the facility in which they were assigned. Auditors were provided private space to interview staff and inmates, utilizing classrooms and office space.

Subsection (n):

Inmates were allowed to send confidential correspondence to the auditor. Four letters were received during the pre-audit phase and one letter was received during post-audit. Letters were noted as "Legal Mail".

Corrective Action: None

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Policy and Procedures
3. Documents

CDCR Public Website

4. Interviews
5. Tour of the Facility

Findings:

Subsection (f):

In review of the CDCR Public Website, PREA Audit reports are available for audits completed in 2016 through 2021.

Corrective Action: None

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

115.16 (b) Inmates with disabilities and inmates who are limited English proficient

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c) Inmates with disabilities and inmates who are limited English proficient

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? yes

115.17 (a) Hiring and promotion decisions

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? yes

115.17 (b) Hiring and promotion decisions

Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? yes

Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? yes

115.17 (c) Hiring and promotion decisions

Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? yes

Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? yes

115.17 (d) Hiring and promotion decisions

Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? yes

115.17 (e) Hiring and promotion decisions

Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? yes

115.17 (f) Hiring and promotion decisions

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? yes

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? yes

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? yes

115.17 (g) Hiring and promotion decisions

Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? yes

115.17 (h) Hiring and promotion decisions

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) yes

115.18 (a) Upgrades to facilities and technologies

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) yes

115.18 (b) Upgrades to facilities and technologies

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) 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.) na

Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c) Employee training

Have all current employees who may have contact with inmates received such training?	yes
Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.31 (d) Employee training

Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	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)?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	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?	no

115.41 (e)**Screening for risk of victimization and abusiveness**

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)**Screening for risk of victimization and abusiveness**

Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d) Use of screening information

Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? yes

115.42 (e) Use of screening information

Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? yes

115.42 (f) Use of screening information

Are transgender and intersex inmates given the opportunity to shower separately from other inmates? yes

115.42 (g) Use of screening information

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) yes

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) yes

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) yes

115.43 (a) Protective Custody

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

If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? yes

115.43 (b) Protective Custody

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

115.43 (c) Protective Custody

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d) Protective Custody

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

115.43 (e) Protective Custody

In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----

115.51 (a) Inmate reporting

Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
		Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
		Does that private entity or office allow the inmate to remain anonymous upon request?	yes
		Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
		Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
		Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
		Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)**Exhaustion of administrative remedies**

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)

yes

If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

no

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.)	yes
	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?	no
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	no
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 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?	no
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).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
		Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c) Disciplinary sanctions for staff

Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? yes

115.76 (d) Disciplinary sanctions for staff

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? yes

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? yes

115.77 (a) Corrective action for contractors and volunteers

Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? yes

Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? yes

Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? yes

115.77 (b) Corrective action for contractors and volunteers

In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? yes

115.78 (a) Disciplinary sanctions for inmates

Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? yes

115.78 (b) Disciplinary sanctions for inmates

Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? yes

115.78 (c) Disciplinary sanctions for inmates

When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? yes

115.78 (d) Disciplinary sanctions for inmates

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

115.78 (e) Disciplinary sanctions for inmates

Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? yes

115.78 (f) Disciplinary sanctions for inmates

For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? yes

115.78 (g) Disciplinary sanctions for inmates

If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) yes

115.81 (a) Medical and mental health screenings; history of sexual abuse

If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). yes

115.81 (b) Medical and mental health screenings; history of sexual abuse

If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) yes

115.81 (c) Medical and mental health screenings; history of sexual abuse

If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). yes

115.81 (d) Medical and mental health screenings; history of sexual abuse

Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? yes

115.81 (e) Medical and mental health screenings; history of sexual abuse

Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? yes

115.82 (a) Access to emergency medical and mental health services

Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? yes

115.82 (b) Access to emergency medical and mental health services

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

Do security staff first responders immediately notify the appropriate medical and mental health practitioners? yes

115.82 (c) Access to emergency medical and mental health services

Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? yes

115.82 (d) Access to emergency medical and mental health services

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes

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

Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? yes

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

Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? yes

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

Does the facility provide such victims with medical and mental health services consistent with the community level of care? yes

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

Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) na

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

If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) na

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

Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? yes

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

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes

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

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) yes

115.86 (a) Sexual abuse incident reviews

Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? yes

115.86 (b) Sexual abuse incident reviews

Does such review ordinarily occur within 30 days of the conclusion of the investigation? no

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)(l)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? yes

115.86 (e) Sexual abuse incident reviews

Does the facility implement the recommendations for improvement, or document its reasons for not doing so? yes

115.87 (a) Data collection

Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? yes

115.87 (b) Data collection

Does the agency aggregate the incident-based sexual abuse data at least annually? yes

115.87 (c) Data collection

Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? yes

115.87 (d) Data collection

Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? yes

115.87 (e) Data collection

Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) yes

115.87 (f) Data collection

Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) yes

115.88 (a)	Data review for corrective action	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
		Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
		Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b) Frequency and scope of audits

Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) no

If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) yes

If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) no

115.401 (h) Frequency and scope of audits

Did the auditor have access to, and the ability to observe, all areas of the audited facility? yes

115.401 (i) Frequency and scope of audits

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? yes

115.401 (m) Frequency and scope of audits

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? yes

115.401 (n) Frequency and scope of audits

Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? yes

115.403 (f) Audit contents and findings

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) yes