

PREA Facility Audit Report: Final

Name of Facility: California State Prison Corcoran

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/21/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Leigha Weber	Date of Signature: 02/21/2022

AUDITOR INFORMATION	
Auditor name:	Weber, Leigha
Email:	Leigha.Weber@wisconsin.gov
Start Date of On-Site Audit:	07/12/2021
End Date of On-Site Audit:	07/15/2021

FACILITY INFORMATION	
Facility name:	California State Prison Corcoran
Facility physical address:	4001 King Avenue, Corcoran, California - 93212
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Tammy Campbell
Email Address:	Tammy.Campbell@cdcr.ca.gov
Telephone Number:	559-707-9904

Warden/Jail Administrator/Sheriff/Director	
Name:	Ken Clark
Email Address:	Ken.Clark@cdcr.ca.gov
Telephone Number:	559-992-8800 X5000

Facility PREA Compliance Manager	
Name:	Tammy Campbell
Email Address:	tammy.campbell@cdcr.ca.gov
Telephone Number:	O: (559) 707-9904

Facility Health Service Administrator On-site	
Name:	Celia Bell
Email Address:	Celia.Bell@cdcr.ca.gov
Telephone Number:	559-992-8800 X6932

Facility Characteristics	
Designed facility capacity:	4477
Current population of facility:	3204
Average daily population for the past 12 months:	3315
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-99
Facility security levels/inmate custody levels:	Levels I (Min) through IV (Max)
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	2106
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	28
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	103

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-07-12
2. End date of the onsite portion of the audit:	2021-07-15

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor spoke to an advocate representing Kings Community Action Organization, the local community-based sexual assault advocacy organization, on 2/3/2021 to discuss the emotional support services offered and provided to inmates following an experience of sexual abuse at California State Prison, Corcoran (COR). In anticipation of the original onsite date, in December 2020, the auditor corresponded with Just Detention International to learn if the advocacy organization was in receipt of any information related to the sexual safety of people confined within COR. A review indicated receipt of approximately 10 letters from inmates in the past year; the contents of which described concerns about report-related retaliation, reporting time limits, difficulty reaching the local sexual assault service provider, and experiences of sexual abuse and sexual harassment.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	5902
15. Average daily population for the past 12 months:	3315
16. Number of inmate/resident/detainee housing units:	37
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	3250
---	------

38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	213
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	26
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	80
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	49
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	49
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	9
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	8
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	8
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>The facility reported having zero inmates who identify as transgender among their population. Once interviews commenced, the audit team learned of at least two people who identify as such; the auditor interviewed both.</p> <p>Inmates are not placed in segregation for risk of sexual victimization at CSP-Corcoran; confirmed and discussed as part of 115.62</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	2106
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	103

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	28
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	29
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>Random inmates were selected across all housing units to ensure geographic diversity. The audit team also made selections of inmates with varying gender identity, race, ethnicity, custody levels, and time in custody where possible. Selections were made by the lead auditor from a list of all inmates provided by the facility one business day in advance of the onsite visit. Interview sample sizes were derived from the PREA Auditor Handbook and in accordance with the total inmate population on the first day of the onsite audit. From the facility roster, the auditor selected the first inmate name from each housing unit (listed by bed number). Of the random inmate selections, all were available, but five refused. The audit team randomly selected alternates to account for the refusals. Inmate interviews were conducted within private offices in each housing unit, which allowed for confidentiality, efficient movement, and cooperation (i.e. to maximize outcomes, auditors needed to balance gang culture and transparency).</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	25
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	6
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	7
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroborated there were no inmates to interview who were or are currently housed in a restricted status due to risk of victimization or report of sexual abuse through interviews with target inmates (those who reported sexual abuse), the facility's warden, PREA compliance manager, and review of non-disciplinary segregation notices.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	On 7/13/2021 and 7/14/2021, 25 inmates were interviewed using four targeted interview protocols (27 total targeted protocols). Targeted inmates were identified from a listing of inmates provided by the facility during the pre-onsite phase of the audit. The auditor selected inmates from each identified target category and made selections that were geographically diverse across as many housing units as possible. The facility indicated they do not house youthful inmates or segregate inmates for high risk of victimization. As such, there were none to be interviewed from these categories. This assertion was verified by policy and probing random staff and inmates during their respective interviews. To supplement these targeted interviews, the auditors interviewed an additional inmate who is blind, deaf, or hard of hearing; five limited English proficient (LEP) inmates; one inmate with a cognitive disability; and four inmates who identify as gay or bisexual. The audit team used the contracted language services vendor, Interpreters Unlimited, to communicate effectively and confidentially with limited English proficient inmates. All inmate interviews were conducted using the Interview Guide for Inmates developed by the Department of Justice. The breakdown of targeted interviews is followed in parentheses by the number of inmates who met the targeted criteria (i.e. universe), followed by the number interviewed in each category above.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>From a total of 2,106 staff members, random staff interviews were selected across all shifts, classifications, work assignments, tenure, and sex to ensure adequate representation. Selections were made by the lead auditor from a list of all staff provided by the facility on 7/8/2021. Random interviews were conducted using the Interview Guide for a Random Sample of Staff developed by the Department of Justice. A total number of 13 random staff interviews were conducted. Staff interviews were conducted in Investigative Services Unit.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>28</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>4</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Specialized staff were identified from a listing provided by the facility during the pre-onsite phase of the audit. The lead auditor randomly, when possible, selected staff from each identified specialized category. Specialized interviews were conducted using the Interview Guide for Specialized Staff developed by the Department of Justice. Twenty-three specialized staff interviews were conducted using 23 interview protocols. In addition, four contractors were interviewed; the same interview protocol was used for each. Due to the health pandemic, volunteers were prohibited from the facility during the 12-month audit period and as of the on-site visit were just beginning re-entry. One volunteer was interviewed.</p> <p>The audit team did not interview security staff who supervise youthful inmates, education and program staff who work with youthful inmates, or non-medical staff who conduct cross-gender strip searches. As documented in the applicable standard discussions below, COR does not house youthful offenders nor does the facility perform non-medical cross-gender strip searches. The breakdown of specialized interviews is followed in parentheses by the number of staff interviewed in each category above.</p>
<p>SITE REVIEW AND DOCUMENTATION SAMPLING</p>	
<p>Site Review</p>	

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

Was the site review an active, inquiring process that included the following:

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>On 7/12/2021 the onsite phase of the audit commenced. The audit team was welcomed in the morning by facility staff. After brief introductions, the auditor facilitated an entrance briefing. In addition to the audit team, this meeting was attended by Warden Clark, PCM Campbell, members of the COR leadership team, and CDCR PREA Compliance Unit support staff. The entrance briefing included a review of the audit process, goals and expectations, and logistics; much of which was discussed during the introductory virtual meeting on 12/15/2020. After being escorted to private work space, which served as a home base to organize, strategize, review, discuss, and analyze, the audit team began the site review of the facility under escort of COR staff.</p> <p>The audit team visited all housing units, which collectively have the capacity to house 5,902 inmates (3,250 was the census on the first day of the onsite audit phase). When applicable, upon entry into each unit, staff made verbal announcements to alert inmates that a member of the opposite gender was present on the floor. Some staff also document such verbal announcements in the shift logbook. Female staff are reminded to make this announcement as each entryway door is affixed with red signs stating, "ATTENTION Staff of the opposite biological sex must announce their presence when entering the housing unit. REQUIRED at the start of each shift and/or when the status quo within the housing unit changes." Audit notices were posted on each unit, as were English and Spanish posters describing the agency's zero tolerance policy and reporting options. Inmates are directed to report using any of the following methods: tell any staff member; call or write to CDCR Office of Internal Affairs; call or write to Office of Inspector General</p>
--	---

PREA Ombudsperson; or ask a family member or friend to notify the facility. For support services inmates may write to or call Kings Community Action Organization. Posters were hung on information boards or near telephones, which general population inmates have the opportunity to use during scheduled times each day. While submitting a grievance is not an advertised way of reporting sexual abuse and sexual harassment, it serves as another form of notifying staff; secured grievance boxes were observed in each unit. Grievances are collected daily and are handled in accordance with the agency's policy, which is described in the standard discussion of 115.52.

Corcoran State Prison accommodates inmates assigned to Level IV security, administrative segregation (ASU), security housing units (SHU), debrief processing units (DPU), and long term restricted housing (LTRH); each of which requires modified movement to manage behavior, safety, and security. Access to reporting information and mechanisms as described above is limited, but available. Meaning, inmates may be afforded modified writing instruments, escorted or monitored telephone use, and/or facilitated grievance submission.

There are approximately five barrack, single-cell, and double-cell housing unit design types within COR. Most housing units are comprised of single- and double-occupancy cells with the exception of Minimum Facility which is comprised of single- and split-level barracks. Housing units are supervised by two to three officers on each shift, in addition to roving security supervisors. An armed security staff member is also positioned in an elevated post within celled buildings. One counselor is also assigned per unit; each is trained in the same manner as security staff. Cells are equipped with a toilet and sink. Cross-gender viewing is not possible unless it is incidental to a routine cell check. Inmates may use showers during open dayroom times or under escort; plain sight view into showering and toileting (i.e. barracks) areas have been obstructed by fixed or mobile partitions that block the view of buttocks, breasts, and genitalia. The audit team observed a few opportunities for cross-gender viewing (i.e. uncovered "traps" which allowed for viewing of genitalia) in a few showering areas; this observation was pointed out to facility staff who responded by modifying the view promptly. Most doors were appropriately secured and/or outfitted with a window for greater visibility; in the instances the audit and facility team came upon an unsecured door it was remedied immediately. Security staff conduct regular housing unit rounds depending upon the shift and population needs; rounds are documented in the shift logbook. In addition, supervisory staff make regular (but unscheduled) unannounced rounds on each housing unit, which was verified by the logbook documentation. Pipe rounds are also required in high security units. Staff supervision is enhanced by security mirrors. Housing units are not equipped with cameras. Outdoor toilets are positioned in each yard and are adequately protected to prevent cross-gender viewing (one outdoor toileting area needed adjustment to the mesh barrier; facility maintenance attended to this item immediately). Individual, secure recreation enclosures for 4A inmates were appropriately lined with mesh to prevent cross-gender viewing of toileting areas.

Facility 3 (i.e. 3A, 3B, 3C) is outfitted with identical space that houses education, laundry, gym, canteen, chapel, clothing exchange, health clinic, counselor office, satellite kitchen/dining, security support, and work change. Audit notices and reporting posters were posted throughout. Storage, offices, and bathrooms

were appropriately locked. Showering space in the gyms have mostly been converted to storage, but privacy screens to prevent cross-gender viewing are available should the need arise. Inmates only have access to support services when security staff and/or assigned civilian staff are present. Additional safety measures include windowed classrooms, mesh doors, removed doors where appropriate, strategically placed shelving, padlocked coolers, unannounced supervisory rounds, radios, alarms, and security mirrors. To enhance security and mitigate opportunities for sexual abuse, the audit team recommended removing unnecessary coverings bathroom windows when observed. The audit team observed an opportunity for cross-gender viewing while inmates are strip searched in Work Change, in addition to supervision and monitoring limitations in Work Change and canteen; each is explored in the discussions of standards 115.15 and 115.13, respectively.

Upon processing through Work Change in their respective facility, inmates are permitted access to educational classrooms and vocational shops. The audit team observed classrooms lined with large windows; locked bathrooms, closets, and tool cribs; mesh doors; security mirrors; and toileting privacy. Audit notices and reporting posters were visible throughout. Classroom sizes have diminished due to the health pandemic and social distancing; one teacher is assigned to each classroom. Security staff conduct regular and unannounced rounds of classrooms, workshops, and bathrooms.

In addition to education and vocation, inmates may also apply for a California Prison Industry Authority (i.e. CALPIA) job assignment. Modular office system manufacturing facilities, institutional laundry, agribusiness enterprises, milk processing, industrial maintenance and repair, and administration operations are inside the perimeter. Each building is well-appointed with mirrors and windowed classrooms that are monitored by security and CALPIA staff. The audit team attempted to observe the video monitoring technology feeds but due to a recent CALPIA managerial staffing change (vacancy) access was not available. Security and supervisory staff are positioned in strategically placed elevated platforms when not conducting rounds or job instruction.

CALPIA operated warehouse and freight distribution center are additional buildings wherein inmates can work, but rest outside of the secure perimeter. Only those cleared as outside minimum custody may be assigned these positions. The warehouse does not have a camera system; as such, inmates are under regular supervision (i.e. staff perform count checks hourly); staff supervision is also supplemented by mirrors and open space that minimizes obstructed views. The audit team recommended paper be removed from windows to allow for greater visibility. Staff bathrooms in each of these buildings were appropriately locked; inmate bathrooms allowed for both supervision and adequate privacy. Audit notices and reporting posters were visible throughout CALPIA operations.

The audit team also toured the facility's fire department which is positioned outside of the perimeter. Security staff members supervise this department and the assigned inmates who have been screened to perform work duties outside of the fence. An opposite gender announcement was made when the audit team entered. A curtain prevents cross-gender viewing in the department's showering area. Reporting and audit postings were

displayed.

Back inside the perimeter, the audit team visited COR's Correctional Treatment Center (CTC), which exists in addition to the facility-based health clinics mentioned above. CTC includes 88 beds for specialty physical care, mental health care, and outpatient care. Units are divided into four sections which are accessed by distinct, secure access points. All inmate movement is monitored by a pass system, security staff, healthcare staff, and mirrors. Professional offices and bathrooms were locked. Exam and triage rooms are private, but have windows to allow for greater security. They are not monitored by cameras and have curtains which protect the privacy of inmates who may be in a state of undress. In-room toilets are only visible to non-medical opposite gender staff when conducting routine security checks; such checks are prefaced by an opposite gender announcement. Observation cells for crisis or suicide intervention are constantly monitored one-on-one by nursing staff member-only. If showering assistance is medically needed, an inmate will be supported by a medical clinician or male officer. A bathing or "tub" room is used with the assistance of nursing staff. In addition to serving inmates assigned to COR, CTC receives inmates from other nearby CDCR facilities for treatment and observation. These "visiting" inmates have limited out-of-cell opportunities. Their movement is restricted to their single occupancy cell and monitored recreation; they have access to telephones and grievance boxes. Audit notices and reporting posters were displayed clearly.

In addition to satellite serveries in each facility, COR operates a central kitchen for the bulk of food preparation. A correctional food services manager oversees meal production for all inmates and staff; this effort is supported by food service managers, supervisors, and instructors. A combination of security and civilian staff manage and monitor inmate workers. Coolers, offices, and storage spaces were mostly locked; the audit team reminded supervisory staff when unlocked doors were discovered. New frost to obstruct cross-gender viewing of inmates using the bathroom was advised. Conversely, the audit team recommended that paint be removed from the window of a storage room to allow for greater visibility. Doors remain open when an area is in use. Staff observe all movement when dry storage is obtained and moved. The inmate bathroom has a windowed door to allow for privacy and security. While strategically placed mirrors supplement staff supervision there may be an opportunity to add more; cameras are not present in the kitchen. Audit notices and reporting posters were visible to the audit team.

The Receiving and Release building serves as the facility's new admission processing center. Buses drop transfers off Monday through Friday; special trips for medical or legal purposes may be authorized on the weekends. The intake process includes a body scan (and, subsequently unclothed body search if the body scan is unsuccessful or concerning), health assessment, identification, property, facility orientation, initial risk screening, and PREA education. Unclothed body searches are not conducted by female staff, by policy, unless circumstances are exigent, nor is the process observed by a video camera. The intake process is overseen by a sergeant and supported by five officers, one nurse, one psychiatric technician, and eight video monitoring cameras. Cameras do not allow for cross-gender viewing. The sergeant is responsible for the initial risk screening and PREA education. Risk screening is conducted in a private office. PREA education

includes showing a zero tolerance video, issuing a handbook, and requesting signature as receipt of acknowledgment. This building has staff offices with large windows, locked storage, four holding "tanks," and three isolation cells. Toilets are positioned in the holding tanks and isolations cells; line of sight is properly obstructed to prevent cross-gender viewing.

Finally, the audit team observed the visitation areas in Minimum Facility and Facility 3, which includes a private area for strip searches conducted by a male staff member. Signs are affixed to entry/exit doors which alert incoming staff that a strip search is in progress. The visiting area is monitored by at least three correctional officers, one sergeant, and seven cameras. Private attorney, advocacy, and non-contact visits may also be held in visitation. Audit notices and reporting posters were accessible in this space which has recently resumed post-pandemic activity.

Throughout, the audit team conducted brief, informal interviews with random staff and inmates during the facility review. Specifically, the auditors inquired about the following: opposite-gender announcing practices; unannounced round documentation; cross-gender viewing protocols; PREA training and education; reporting methods; grievance mechanisms; etc.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes
- No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor selected and reviewed a variety of documents, files, and records summarized in the following table and discussed in detail below. Document sample sizes were derived from direction in the PREA Auditor Handbook.

Type of Record (Universe; Reviewed)

- Personnel (2,106; 26)
- Personnel Training (2,106; 26)
- Inmate Education (3,250; 28)
- Inmate Risk Screening (3,250; 28)
- Sexual Abuse and Sexual Harassment Grievances (11; 3)
- Sexual Abuse and Sexual Harassment Files (30; 15)

Personnel and Training Files

The facility has 2,106 full- and part-time employees who have contact with inmates, in addition to 131 contractors and volunteers who may have contact and are currently authorized to enter the facility. The audit team reviewed 26 personnel records, which included evidence of background checks and discipline. In addition, the audit team reviewed 26 training records (22 employees; 4 contractors/volunteers), which included evidence of PREA-related training (the auditor also reviewed an all staff training roster, which indicated completion of various PREA-related training modules). The file selections, as with the interview selections, span a variety of job functions and post assignments, including supervisory, line staff and those involved in inmate sexual abuse allegations.

Inmate Records

On the first day of the audit, the inmate population totaled 3,250. Twenty-eight risk screening and education records were reviewed by the audit team. Records were selected from the pool of 54 inmates interviewed and included evidence of PREA education, screening, and medical/mental health referrals and documentation, if applicable. The file selections, as with interview selections, span all housing units and interview categories to ensure diversity.

Grievances

COR reported that 11 sexual abuse and sexual harassment grievances were filed in the last 12 months. The audit team reviewed three allegations of sexual misconduct to better understand the facility's response process.

Investigation Files

During the 12-month review period, there were 22 allegations of sexual abuse and eight allegations of sexual harassment. The audit team reviewed 15 records. Per the auditor handbook, the audit team was required to review 11 records, at minimum. Of these 15 investigations, 12 alleged sexual abuse and three alleged sexual harassment. Zero investigations were substantiated, eight investigations were unsubstantiated, and seven investigations were unfounded. The records spanned perpetrator type (i.e. staff and inmate). As peace officers, COR specialized investigators conduct parallel administrative and criminal investigations; the prosecutor's office did not elect to move forward with any criminal charges.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	12	12	12	12
Staff-on-inmate sexual abuse	10	10	10	10
Total	22	22	22	22

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	3	3	3
Staff-on-inmate sexual harassment	5	5	5	5
Total	8	8	8	8

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	2	8	0	0	0
Total	3	8	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	6	5	0
Staff-on-inmate sexual abuse	2	3	5	0
Total	3	9	10	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	0	0
Staff-on-inmate sexual harassment	0	2	4	0
Total	0	4	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	12
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
--	---

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>3</p>

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>3</p>
<h2>AUDITING ARRANGEMENTS AND COMPENSATION</h2>	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	<p>Wisconsin Department of Corrections</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination.</p> <p>Documents</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR Operations Manual (i.e. DOM), Chapter 5, Article 44 Prison Rape Elimination Act Policy (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44 54040.2 Purpose (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process (revised 5/19/2020) g. Prison Rape Elimination Act Implementation Memo (effective 8/13/2015) h. California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, Section 3401.5 Staff Sexual Misconduct (updated 10/2016) i. PREA Coordinator Duty Statement j. Agency Organization Work Chart (effective 1/7/2019) k. CDCR Statewide PCM List l. PCM Duty Statement Clause email (effective 8/24/2015) <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. PCM <p>Site Review Observations</p> <p>Findings (by provision)</p> <p>115.11 (a). The facility indicated in their response to the PAQ that the agency has a written policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477), states, “CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and of all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.” The agency’s policy, DOM, Chapter 5, Article 44 – Prison Rape Elimination Policy, further outlines how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; and agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p>Of note, as reflected in the DOM’s definition section, the agency does not define staff-on-inmate sexual abuse in the same manner set forth by the National Standards to Prevent, Detect, and Respond to Prison Rape. DOM, Chapter 5, Article 44, 54040.3 Definitions (p. 478) indicates “Staff Sexual Misconduct” includes, “any threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders” and includes any sexual misconduct defined by CCR, Title 15, Section 3401.5 and Penal Code Section 289.6. A review of these respective codes, including cited sub definitions of sexual intercourse, sexual penetration, oral copulation, and sodomy reveal that the following provisions of PREA standard 115.6 may be inferred, but are not expressly included in the agency’s definition of staff sexual misconduct:</p> <p style="padding-left: 40px;"><i>Non-penetrative contact between the penis and vulva or the penis and the anus; contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to a staff member’s official duties; any other 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 has the intent to</i></p>

abuse, arouse, or gratify sexual desire; any attempt, threat, or request by a staff member to engage in the above activities.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (b). The facility indicated in their response to the PAQ that the agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. CDCR has one statewide PREA Coordinator, Shannon Stark, who is responsible for PREA compliance for all state correctional facilities. The PREA Coordinator (Captain rank) responsibilities are defined by a duty statement, which stipulates that the position's primary is to provide "a safe, humane, secure environment, free from sexual misconduct in California State Prisons...(by) ensuring compliance with Public Law 108-79, the Prison Rape Elimination Act (PREA), the Sexual Abuse in Detention Elimination Act (AB 550), the federal PREA Standards and the Departmental policies and procedures." One hundred percent of the PREA Coordinator's time is allocated to obtaining and maintaining compliance with the federal PREA standards, which is reflected in her position description. The PREA Coordinator confirmed her allocation of time during her specialized staff interview.

According to the agency's table of organization, the PREA Coordinator reports directly to the Associate Warden of Female Offenders Program. She directly oversees 35 PREA Compliance Managers in each respective facility and one PREA Compliance Manager tasked with monitoring agency contract facilities (when applicable contracts exist; see 115.12 discussion).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (c). The facility indicated in their response to the PAQ that the facility has a designated PCM who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. COR has designated an associate warden, Tammy Campbell, with this responsibility, which is defined by the agency's PCM duty statement. Ms. Campbell reported during her specialized interview that she has sufficient time and authority to serve as the PCM, in addition to the duties as an associate warden.

At the facility level, the PCM reports directly to the Warden, which was verified through conversations with the Warden. At the agency level, the PCM reports to the PREA Coordinator who indicated during her interview that she communicates with the PCMs on a regular basis via telephone, email, video conference, and site visits. The PCM confirmed these methods of communication.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation

1. **115.11 (a).** Clarify or expand the agency's definition of staff sexual misconduct to include the stated language and, most importantly, applicable body parts of staff-on-inmate sexual abuse as set forth by PREA standard 115.6. For example, the phrase "sexual contact" in the DOM's glossary of terms could be defined in greater detail thereby eliminating any confusion about which body parts or behaviors constitute sexual abuse.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. 10 CDCR Contract Standard Agreement examples
- c. PREA Audit Report (final); Shafter Modified Community Correctional Facility (completed 2/10/2017)
- d. PREA Audit Report (final); Delano Modified Community Correctional Facility (completed 3/2/2017)
- e. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M (date unknown)
- f. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)
- g. Operational Audit Review of the Taft Modified Community Correctional Facility During the Month of March 2019 memo (dated 4/12/2019)

Interviews

- a. Agency Contract Administrator
- b. PREA Coordinator

Findings (by provision)

115.12 (a). The facility indicated in their response to the PAQ that the agency has renewed eight contracts for the confinement of inmates since the last agency PREA audit and that each are required to adopt and comply with PREA standards. This expectation is reflected in CDCR's contractual Exhibit D Special Terms and Conditions which specify that the contractor and its staff are "required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy."

During the pre-onsite phase, CDCR enclosed 10 examples of contracts for the confinement of inmates (i.e. modified community correctional facilities) in the PAQ with the following agencies/governments: (1) City of Delano; (4) The GEO Group, Inc.; (1) City of Shafter; (1) City of Taft; and (1) Corrections Corporation of America. All included the aforementioned Special Terms and Conditions template section which sets forth the compliance expectation.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.12 (b). The facility indicated in their response to the PAQ that the agency is required to monitor the contractor's compliance with PREA standards. Contract agreement Special Terms and Conditions state that adopting and complying with the PREA standards includes "CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards." As evidence of external reviews, the agency provided final USDOJ audit reports of three contracted facilities.

The agency's contract administrator who, organizationally, is a captain within the Contract Beds Unit, reported that his unit conducts monthly onsite inspections. However, aside from regular communication with the respective contractor's leadership, including the PCM, the contract administrator was unable to describe or demonstrate PREA compliance monitoring during the years in which the facility is not subject to a USDOJ PREA audit. The auditor requested follow-up clarification and documentation to better understand compliance monitoring and was provided with an annual security review of a contracted facility. This document was void of any PREA-related benchmarks.

During the interim report writing period, the agency provided the auditor with evidence that all contracts for the confinement of inmates were suspended in May 2021; all inmates were removed from contracted facilities on May 21, 2021. Should the agency renew or enter into a new contract for the confinement of inmates in the future, they shall develop a monitoring mechanism to ensure that facilities contracted for the confinement of inmates are in compliance with PREA. Such review shall take place during years in which the facility is not subject to a USDOJ PREA audit. Per DOJ FAQ dated 7/9/2013, "whatever monitoring method used should provide the agency assurances that the contractor is complying with the PREA standards." Consider updating Exhibit D Special Terms and Conditions to reflect the contract monitoring process.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 1, Article 26, 14090.3 General Information (revised 6/19/2008)
- c. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (revised 5/19/2020)
- f. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Security Rounds (revised 5/19/2020)
- g. FY20-FY21 Standardized Staffing for Operations, Corcoran State Prison (effective 7/27/2020)
- h. The Future of California Corrections (date unknown)
- i. California State Prison Corcoran Staffing Plan Analysis (dated 2021)
- j. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet (dated 1/2/2020)
- k. Statewide population report (queried 10/15/2020)
- l. Monthly report of population (queried 8/2/2012)
- m. Weekly report of population (queried 10/14/2020)
- n. Daily Institution Population report (queried 12/11/2020)
- o. COR housing unit logbook entries (various dates)

Interviews

- a. Warden (acting)
- b. PREA Coordinator
- c. PCM
- d. Intermediate or Higher-Level Facility Staff
- e. Random Staff

Site Review Observations

Findings (by provision)

115.13 (a). The facility indicated in their response to the PAQ that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (p. 486) restates the staffing plan expectation of this provision, including the 11 required elements for consideration.

As stated in the Facility Narrative, COR has a rated capacity of 5,902. The average daily population as reported during the pre-on-site audit phase (per CSP Corcoran Staffing Plan Analysis) is 3,080 inmates. The current approved standardized for FY20-FY21 allows for 1,218 custody positions. According to the auditor's interview with the Warden and PCM, CDCR has adopted a "standardized staffing" model wherein staffing levels and patterns are determined using a matrix which weighs housing unit design, specialized programming, and population needs. The Future of California Corrections states, "standardized staffing replaces the outdated ratio-driven staffing model" and allows facilities to "safely operate" with a population density ranging from 100 to 160 percent. The Warden and PCM affirmed the 11 required elements of this provision are considered on an annual basis when reviewing the staffing plan.

The auditor's review of the staffing plan materials provided by COR revealed the facility is detailed in defining what positions

are required to meet minimum staffing levels on each shift. In addition to the standardized staffing calculations, COR takes the additional measure of preparing a staffing plan analysis, which is distinctly organized by the 11 elements required by this provision. Moreover, COR's most recent staffing plan review which is documented on CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet includes a consideration of the 11 elements.

During the site review, the audit team observed several areas that may benefit from additional supervision (by way of staff or video monitoring). Specifically, there are instances in which one staff member is alone with one inmate in canteen and work change. Due to the isolation in both areas, the auditor recommends adjusting staffing or other correctional practices to mitigate actual risk, the perception of risk, and, when necessary, serve as an investigative tool. One-on-one unclothed body searches are also conducted in work change which contributes to risk for staff and inmate, alike.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b). The facility indicated in their response to the PAQ that each time the staffing plan is not complied with the facility documents and justifies all deviations from the staffing plan. In the past 12 months, COR reported that there have been deviations from the staffing plan due to training, assaults/riots/institutional emergencies, transports (e.g. medical, court), and weather. DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (p. 486) states, "In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan."

While deviations are possible, the Warden and PCM stated that any reduction in staffing realized by the facility is augmented through the use of voluntary or mandatory overtime in order to comply with the approved staffing plan. Facility leadership will also strategically pause certain programs and divert staff to critical areas where and when needed. Whenever the facility deviates or redirects staff they are required, per policy and the employee collective bargaining contract, respectively, to document such adjustment in the Daily Activity Report (DAR) and Telestaff. A watch commander confirmed this practice. Samples of the DAR and applicable staffing deviations were provided in the PAQ and reviewed by the auditor.

In addition, following an incident of sexual abuse, DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (p. 485) states that the IPRC shall "assess the adequacy of staffing levels in (the area of incident) during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and, if the staffing plan was not complied with, this fact shall be documented during this review and addressed in the corrective action plan."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (c). The facility indicated in their response to the PAQ that at least once every year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (p. 486) directs the PCM and Program Support Unit, in consultation with the PREA Coordinator, to "assess, determine, and document" whether adjustments are needed to the aforementioned variables.

Discussions with the PREA Coordinator and PCM confirmed this annual review process. The Warden indicated that there is a process to request augmented staffing resources through headquarters should the sustained need arise. The auditor reviewed COR's FY20-FY21 Standardized Staffing for Operations and supplementary CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet, which provides space to document applicable assessments and determinations of the staffing plan, the facility's use of monitoring technology, and resources to ensure adherence. The plan is signed by the PCM; the PREA Coordinator documented that no further action is needed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (d). The facility indicated in their response to the PAQ that the facility requires intermediate- or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Security Rounds (p. 479) requires that a custody supervisor conduct weekly unscheduled security rounds and document the date, time, and location of such checks using a red pen in the housing unit logbook. Moreover, "staff is prohibited from alerting other staff members that these security rounds are occurring, unless such announcement is related to the legitimate operations functions of the facility."

During the onsite audit phase, the auditor was able to review the logbooks on each housing unit and all other major areas of the facility including those outside of the secure perimeter of the facility. The dates and times of the log entries appeared random suggesting no specific pattern. Interviews with 13 random staff and informal interviews with housing unit staff during the facility review confirmed that unannounced rounds are conducted. All confirmed that they are prohibited by from notifying other staff. Interviews with intermediate and higher-level staff also verified that unannounced rounds are completed per policy on a weekly and monthly basis. Additionally, intermediate and higher-level staff indicated that when entering into a housing unit they initially sign the logbook and then conduct a housing unit round, frequently speaking with inmates.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation

1. **115.13 (a)**. Review staffing patterns and practices to minimize one-on-one unclothed body searches and isolated work assignments.

115.14 Youthful inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

a. Pre-Audit Questionnaire

Interviews

a. PCM

Site Review Observations

Findings (by provision)

115.14 (a-c). The facility indicated in their response to the PAQ that the facility does not house youthful inmates. CDCR Division of Juvenile Justice maintains custody of youthful offenders. Informal interviews with staff in the housing units and with the PCM confirmed that youthful inmates are not housed at COR. Accordingly, no youthful inmates, education and program staff who work with youthful inmates, or staff who supervise youthful inmates were interviewed specific to this PREA standard.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (effective 7/1/2015)
- c. CDCR DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (revised 7/1/2015)
- d. CDCR DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (effective 7/1/2015)
- e. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (revised 5/19/2020)
- f. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Preventative Measures (revised 5/19/2020)
- g. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020)
- h. CDCR DOM, Chapter 5, Article 44, 54040.5 Searches (revised 5/19/2020)
- i. PREA BET Codes
- j. Changes in the Use of the ADANI COMPASS Low Dose Scanner memo (dated 2/8/2019)
- k. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (modified 11/2015)
- l. CDCR In-Service Training, Transgender Inmates Participant Workbook, Version 1.0, BET Code: 11058564 (approved 6/2018)
- m. CDCR In-Service Training, Transgender Inmates, Version 1.0, BET Code: 11058564 (approved 6/2018)
- n. CDCR In-Service Training, Instructor Text, Transgender Inmates, Version 1.0, BET Code: 11058564 (approved 6/2018)
- o. CDCR In-Service Training, Instructor Text, Working Successfully with Transgender, Intersex, and Non-Binary Inmates, Version 2.0, BET Code: 11060835 (approved 12/2019)
- p. Searches and Inmate Property, Instructor Guide (modified 10/2015)
- q. CDCR On-the-Job Training (OJT) Module, Inmate Body Search, Version 1.0, BET Code: 11059429 (approved 12/2018)
- r. Unclothed body search in progress – Posted signs memo (dated 7/23/2021)

Interviews

- a. Random Staff
- b. Random Inmates

Site Review Observations

Findings (by provision)

115.15 (a). The facility indicated in their response to the PAQ that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, COR staff have conducted zero cross-gender or cross-gender body cavity searches.

DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (p. 388) mandates that staff of the opposite biological sex shall not conduct unclothed body inspections or searches of inmates except in an emergency or when performed by a qualified medical professional. If an unclothed cross-gender (i.e. sex) search is required during or in response to an emergency, the search shall be documented using a Notice of Unusual Occurrence (NOU) form, which must be reviewed by a supervisor, routed to the PCM, and retained for audit purposes. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (p. 479) restates this expectation and adds that if the cross-gender search is incidental to a crime the search shall be documented on a Crime Incident Report Form 837.

Thirteen of 13 random staff (non-medical) confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed except under exigent circumstances. One hundred percent (29 random and 25 target) of interviewed inmates stated they have never been subject to an unclothed body search by a non-medical female staff person at COR. Please see provision (d) below for a discussion regarding cross-gender viewing.

On 2/8/2019, Director of Division of Adult Institutions issued a memo which limited the operation of body scanners to staff of the same gender as the inmates being scanned. Consistent with the policy referenced above, if a cross-gender scan is required as a result of an exigent circumstance, the search must be documented in a NOU. The same memo directs each facility to "ensure they have an adequate number of staff on all watches certified to use the...scanner."

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (b). The facility indicated in their response to the PAQ that the facility does not house female inmates and, as such, does not permit cross-gender pat-down searches of female inmates, nor does it restrict female inmates' access to programming or out of cell opportunities in order to comply with this provision. The auditor confirmed through a website review, census report, and discussions with the PCM COR does not house female inmates.

DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (p. 388) expressly states that male staff shall not perform a non-emergency search of a female inmate under any circumstances. This DOM excerpt maintains that searches of female inmates shall only be conducted by female staff unless an exigent circumstance is present. Exigent circumstances are described as scenarios in which an immediate search must be performed in order to avoid "the threat of death, escape, or great bodily injury to staff, inmates, or visitors" and shall only exist until "sufficient numbers of female correctional staff are available to assume critical body search duties." The same policy further describes the steps to perform a search in the least intrusive way. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (p. 479) restates this expectation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (c). The facility indicated in their response to the PAQ that the facility requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. As stated above, COR does not house female inmates and, as such, does not document cross-gender pat searches of female inmates. COR reported that no cross-gender strip searches or cross-gender visual body cavity searches by female staff have been conducted in the preceding 12 months.

DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (p. 388) states if an unclothed cross-gender (i.e. sex) search is required during or in response to an emergency, the search shall be documented using a Notice of Unusual Occurrence (NOU) form, which must be reviewed by a supervisor, routed to the PCM, and retained for audit purposes. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (p. 479) restates this expectation and adds that if the cross-gender search is incidental to a crime the search shall be documented on a Crime Incident Report Form 837. DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (p. 388) follows suit by directing staff to document in the same manner should a cross-gender pat search of female inmate be required during an exigent circumstance.

During the facility review, the auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of male inmates occurred in the past 12 months as no related NOU's were on record. This was also confirmed during interviews with 13 random staff and 54 random and target inmates who all indicated that they were not aware of any female officers conducting cross-gender strip searches.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (d). The facility indicated in their response to the PAQ that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Preventative Measures (p. 479) mandates that inmates are afforded such opportunity as defined by this provision except in exigent circumstances or when such viewing is incidental to routine cell checks. As an assurance, "except in circumstances where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing." An additional measure, cross-gender announcing, is required per the same DOM section referenced above. Specifically, "staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes."

During the onsite audit phase, the auditor viewed the shower areas in the housing units from multiple vantage points, including the floor/dayrooms and elevated officer control stations, to ensure that staff did not have the ability to observe genitalia. The auditor's view of these areas confirmed that staff did not have the ability to see inside the showers which were

outfitted with portable partitions, fixed barriers, or curtains so as to obstruct the view of the shoulder-area and below. There were several showering stalls that were void of a covering over the door trap thereby exposing a person's midsection. The audit team brought this to the attention of facility staff; work orders were immediately initiated to remedy. Shared toileting areas are appropriately private and do not allow for cross-gender viewing. A review of kitchens, industry, programming, recreation yard, and other areas of the facility where inmates would be able to shower, perform bodily functions, and change clothing demonstrated that inmates have a great degree of privacy available to them. The facility responded promptly to feedback that a kitchen bathroom window required additional obscuring; they frosted the glass immediately.

Of the 54 inmates interviewed, 49 stated they have not been observed by a female staff member in a state of undress. Five inmates stated they have been observed while undressed in their cells (during the course of routine cell checks) and three stated they have been observed by a female staff member while subject to unclothed body searches passing through Work Change to/from programming areas. One member of the audit team nearly inadvertently observed an inmate in a state of undress in this area. The auditor spoke to a female correctional officer posted to one work change area. She discussed and demonstrated her process to avoid viewing. While there appears to be proper physical barriers in place to avoid cross-gender viewing inside of work change, there is not a mechanism in place to notify others that an unclothed body search is in progress and passage must wait. To remedy, the facility issued a memo, Unclothed body search in progress – Posted signs, on 7/23/2021 which directs staff assigned to this post to display signage (i.e. Stop Unclothed Body Search in Progress) on doors leading to search areas prior to conducting such search.

Finally, video monitoring is nearly non-existent at COR; as such, there was no electronic means of cross-gender viewing.

During the onsite audit phase, the auditor observed posted red placards at the entryway of each unit directing staff of the opposite biological sex to announce their presence when entering the housing unit. The audit team consistently heard such announcements being made on their behalf if a female staff member was not already present. Informal staff interviews revealed that staff regularly announce by announcing through the intercom system. Thirteen security staff that were randomly interviewed stated that the announcement is consistently completed by either the female staff member or by the officer in the control station on the unit. With the exception of a few outliers, the majority of inmates affirmed this practice is in good working order. The audit team observed cross-gender announcement entries in housing unit logbooks.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (e). The facility indicated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate's genital status. DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (p. 387) prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by 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.

In accordance with the policy, the facility reported that no such search has occurred in the past 12 months. Interviews with 13 random staff also confirmed that agency policy prohibits them from searching a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Additionally, interviews with a staff member that performs screening for risk of sexual victimization and a medical staff member also verified that inmates identifying as transgender or intersex are not searched to solely determine genital status. The audit team interviewed two inmates who identify as transgender; both affirmed that they have never been searched for the purpose of determining their genital status.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15 (f). The facility indicated in their response to the PAQ that 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The facility indicated that all security staff receive training during the academy, in addition to ongoing in-service trainings, on proper pat search procedures. DOM, Chapter 5, Article 44, 5404.4 Education and Prevention, Staff Training (p. 479) requires that staff be trained on the tenets of this provision.

Several training modules were provided as validation of the training curriculum, as were COR staff in-service training rosters for the course titled "Working Successfully with Transgender, Intersex, and Non-Binary Inmates." A review of COR in-service training records for 2020 confirmed that all staff in work status had been trained. The auditor reviewed an in-service training titled, Prison Rape Elimination Act (PREA); an on-the-job training (OJT) module titled, Inmate Body Search; and lesson plan titled, Searches and Inmate Property that were developed by the Office of Training and Professional Development. All of which were found each to be appropriate and consistent with national standards for conducting inmate searches, including cross-gender searches. Staff are also, specifically, trained to conduct searches of transgender and intersex inmates; the content of such training was reviewed in a variety of formats including an instructor lesson plan, participant guide, and participant workbook. Staff are directed to search inmates who identify as transgender in the manner consistent with the primary gender of the facility they are housed in. For example, the training guides indicate that a transgender woman who is housed in a female facility shall be searched only by female staff in a manner consistent with clothed female searches.

Conversely, a transgender woman housed in a male facility may be searched by male or female staff. Her clothed lower body will be searched in a manner consistent with male searches while her upper body will be searched utilizing the back of the hand. Thirteen random interviews with staff indicated that they were all trained within the past 12 months, which mirrored the staff in-service training rosters provided.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR Inmates with disabilities and inmates who are limited English proficient memo (dated 10/6/2017)
- c. CDCR I Speak...Language Identification Guide poster (date unknown)
- d. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation (revised 5/19/2020)
- f. COR Primary Language – Spanish report (queried 10/15/2020)
- g. COR Disability Inmate Roster report (queried 10/16/2020)
- h. CDCR Notification of Interpretation and Translation Services memo (dated 6/15/2009)
- i. Interpreters Unlimited, Agreement #C5610079

Interviews

- a. Random staff
- b. Inmates who are Limited English Proficient
- c. Inmates who are Blind, Deaf, or Hard of Hearing

Site Review Observations

- a. PREA signage throughout the facility (English and Spanish)
- b. Test telephone call to Interpreters Unlimited

Findings (by provision)

115.16 (a). The facility indicated in their response to the PAQ that they agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. DOM, Chapter 5, Article 44 Education and Prevention, Offender Education (p. 479) states that "appropriate provisions shall be made to ensure effective communication for offenders...with low literacy levels, and those with disabilities...Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases." A memo issued on 10/6/2017 adds that "CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act."

CDCR maintains a contract with Interpreters Unlimited for communication, including American Sign Language, assistance. Interpreter services are available 24 hours a day, seven days a week. COR shared a copy of I Speak...Language Identification Guide, which includes direction to the facility's LEP/ADA Coordinator for additional assistance. During the facility review, the audit team observed these postings, but on many the contact information displayed an outdated contract and contact information. After talking to the facility's ADA/LEP coordinator, this posting was remedied immediately. Note, the contract for language services changed two weeks prior to the on-site visit. The facility's ADA/LEP coordinator stated that although the facility is not a designated sign language interpreting institution, the facility may also use Video Remote System to communicate with those needing such accommodation. They may also use audio and video, large print, and special education resources in an effort to communicate more effectively.

During the onsite audit phase interviews were conducted with six inmates with varying degrees of hearing, physical, and cognitive impairments. Each indicated that they are provided with access to facility services and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.16 (b). The facility indicated in their response to the PAQ that they agency has established procedures to provide those with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to

prevent, detect, and respond to sexual abuse or sexual harassment. DOM, Chapter 5, Article 44 Education and Prevention, Offender Education (p. 479) states that "appropriate provisions shall be made to ensure effective communication for offenders not fluent in English...Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases." A memo titled Notification of Interpretation and Translation Services issued on 6/15/2009 reminds all staff of the agency's commitment to "take reasonable steps to facilitate effective communication with LEP inmates." The memo further directs facilities to designate a local LEP coordinator and implement language-based solutions including contracted translation services, identifying "competent" bilingual local and neighboring staff to interpret/translate, and accessing/collecting translated forms.

As stated above, CDCR maintains a contract with Interpreters Unlimited for foreign language assistance. Interpreter services are available 24 hours a day, seven days a week. Additionally, the facility has a list of approved staff who are bilingual certified to provide translation services. COR shared a copy of I Speak...Language Identification Guide, which includes dozens of printed languages to help staff identify an inmate's language needs. This posting includes direction to the facility's LEP/ADA Coordinator for additional assistance. During the facility review, the audit team observed these postings.

During the onsite audit phase interviews were conducted with six inmates with limited English language skills. With the assistance of Interpreters Unlimited, each indicated that they are provided with access to facility services and are provided with material regarding their rights to be free from sexual abuse and sexual harassment, as well as information on how to report sexual abuse and sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.16 (c). The agency indicated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants 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, or the investigation of the inmate's allegations. The facility engages interpretation services to avoid using inmates in this capacity, but should they need to the facility indicated they would document such assistance. COR has not used an inmate in this capacity in the past 12 months. DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 483) restates this provision.

Six inmates with limited English proficiency were interviewed with the assistance of the contracted language line COR. Additionally, six inmates with hearing, physical, and cognitive limitations were interviewed. Each indicated that they had no difficulty reading or understanding the PREA information (e.g., handouts, video, and posters) made available at the facility and knew how to access interpretation services via staff. Each was also able to clearly articulate how they could report sexual abuse or sexual harassment and were aware of their rights pursuant to the Prison Rape Elimination Act.

The auditor's interview with the PCM verified the information provided during the pre-onsite audit phase; there have not been any instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used. COR provided a list of staff and qualified contractors who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. If necessary, the agency maintains a contract with Interpreters Unlimited to assist with their language translation needs if no qualified staff or contractor is available. Interviews with 13 random staff confirmed that they were not aware of any instance where an inmate interpreter was used to report an allegation of sexual abuse or sexual harassment.

During the site review of COR, the auditor observed PREA posters displayed throughout the facility in Spanish, as well as English. Information pertaining to PREA is also provided to inmates in Spanish and English during the intake process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation

1. **115.16 (b).** Update posted interpretation contact information on I Speak posters to reflect the most current provider.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status (updated 1/2009)
- c. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown)
- d. CCR, Title 15, Section 33030.16 Employee Disciplinary Matrix Penalty Levels (date unknown)
- e. CCR, Title 15, Section 33030.19 Employee Disciplinary Matrix (date unknown)
- f. CDCR DOM, Chapter 3, Article 6, 31060.3 Power of Appointment (revised 7/1/2015)
- g. CDCR DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (revised 6/28/2017)
- h. CDCR DOM, Chapter 3, Article 7 Personal Identification Cards (revised 4/18/2020)
- i. CDCR DOM, Chapter 10, Article 9, 101090.6.2 Volunteer Application Packet and Files (7/23/2018)
- j. CDCR 2025 Employment Reference Questionnaire (dated 7/1988)
- k. CDCR 2164 Live Scan Response (revised 3/2019)
- l. CDCR 1951 Supplemental Application for All CDCR Employees; completed and blank (revised 7/2018)
- m. CDCR 1902 Personal History Statement; completed (revised 1/2019)
- n. CA Department of Human Resources, STD. 678 Examination/Employment Application (revised 12/2017)
- o. Personnel Information Bulletin; Revision to the Supplemental Application for All CDCR Employees, CDCR Form 1951 (dated 9/16/2016)
- p. Completion of Background Checks Under the Prison Rape Elimination Policy memo (dated 7/14/2017)
- q. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)
- r. Hiring and promotion decisions memo (dated 10/6/2017)
- s. Duty to Report – Prison Rape Elimination Act memo (dated 5/15/2020)
- t. Personnel Identification Card Issuance (dated 2/26/2016)

Interviews

- a. Administrative (Human Resources) Staff
- b. Random Staff

Findings (by provision)

115.17 (a, b, f). The facility indicated in their response to the PAQ that the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of a contractor who may have contact with inmates who may have engaged in any of the conduct detailed in this provision. The agency also considers any incidents of sexual harassment when making such decisions. DOM, Chapter 3, Article 6, 31060.3 Power of Appointment (p. 160) maintains that the agency shall not hire or promote anyone who may have contact with inmates, who:

- a. *has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;*
- b. *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*
- c. *has been civilly or administratively adjudicated to have engaged in the activity described immediately above.*

The same policy also mandates that the hiring authority “consider substantiated incidents of sexual harassment in all hiring decisions.”

The agency’s Supplemental Application for All CDCR Employees (CDCR 1951) prompts new, transfer, and promotional applicants to respond to items a.-c. above, in addition to the question, “Have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution?” A notation on this form directs the hiring authority to consult with the PREA Coordinator via email to address any affirmative responses. A Personnel Information Bulletin circulated on 9/16/2016 directs all institutional personnel officers (IPO), personnel liaisons, and human resource personnel services to collect CDCR 1951 from all internal and external candidates seeking employment. Note, per the PREA Coordinator, the Office of Peace Officer Selection (OPOS) does not collect CDCR 1951 from entry level applicants. Rather, OPOS collects CDCR 1902 Personal History Statement wherein peace officer applicants are required to respond to the four questions above. The auditor reviewed personnel records of 11 new or promotional hires within the last 12 months and affirmed this practice.

COR’s human resource functions are bifurcated. Institutional Personnel Officers (IPO) for CDCR and California Correctional Health Care Services (CCHCS) indicated that while CCHCS is responsible for hiring all medical personnel the expectations set forth by DOM, Chapter, 3, Article 6, 31060.3 Power of Appointment applies to all hires. They confirmed that the application, interview, and review process is the same for new applicants and promotional hires.

A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.

115.17 (c). The facility indicated in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. COR reported 352 individuals hired in the past 12 months who may have contact with inmates had a criminal background record check completed.

DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (pp. 171-172) details the agency’s criminal background check expectation. The required pre-employment process includes using data from the following sources: Live Scan; Criminal Identification & Information State Summary Criminal History (CI&I SSCH); CDCR 1951 Supplemental Application for All CDCR Employees or CDCR 1902 Personal History Statement. Per COR’s IPO, the Live Scan Service (i.e. DOJ and FBI) will confidentially alert CDCR human resources staff of “hits” (i.e. law enforcement contact) twenty-four hours a day, seven days a week. Moreover, the requirement of all employees and individuals (to include contractors and volunteers) entering a CDCR facility to carry an identification card per DOM, Chapter 3, Article 7 Personal Identification Cards (pp. 172-173) provides an additional layer of protection as such card may only be issued following the required background checks.

COR also requires all prospective employees or contractors to disclose any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. CDC 2025 Employment Reference Questionnaire will subsequently be circulated to former employers to ascertain whether the applicant has a prior history of substantiated sexual abuse while employed. In response to PREA audit findings a memo dated 7/14/2017, titled Completion of Background Checks Under the Prison Rape Elimination Policy, instructs CDCR Office of Peace Officer Selection, Background Investigative Unit investigators to make an attempt to contact all previous institutional (defined as a federal or state prison, county jail, policy lockup, community confinement facility, juvenile facility, or other correctional institutions) employers using the updated CDC 2025.

The auditor reviewed 26 randomly selected personnel records, including that of contractors, and accompanying forms that document the application process, including the previous employer inquiry process and criminal background checks. The IPO affirmed that when a prospective employee or contractor reports having been employed by another agency facility and requests employment at COR, contact is made with the prior facility to inquire about past discipline via the CDC 2025, which is sent and returned completed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (d). The facility indicated in their response to the PAQ that agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with inmates. CDCR Contractor Special Terms and Conditions, section Security Clearance/Fingerprinting (p. 1) “reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information, prior to award and at any time during the term of the Agreement.” Contractors are directed not to assign any contracted employee who may have contact with inmates to a CDCR facility if any of the provisions of 115.17(a, b) are applicable. Special Terms and Conditions instructs the contractor to conduct a criminal background check for each contract employee who will have contact with inmates. They are required to provide a written certification of the check and that the contracted employee has not engaged in sexual abuse in a confinement facility or been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community. Moreover, the contractor is required to submit to gate clearance to enter each facility. Facility personnel runs a California Law Enforcement Telecommunications System (CLETS) check prior to entry. COR’s volunteer

coordinator shared that gate clearance, which includes a CLETS check, in addition to live scanning, is completed for all prospective contractors.

In the past 12 months, COR reported having 13 contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates. The auditor verified that all had a criminal background check conducted.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (e). The facility indicated in their response to the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (pp. 171-172) requires that each prospective employee submit to fingerprinting (i.e. Live Scan). A CDCR memorandum regarding standard 115.17(e) dated 10/6/2017 further states that a criminal record check is a requirement for employment and includes consent to be fingerprinted and request for and review of the CI&I SSCH. Applicants for all employment shall be live scanned at the earliest possible time if an appointment is expected. Live Scan notification is ongoing, thus exceeding the requirement of this subsection of Standard 115.17. The auditor's interview with human resources also confirmed the use of the Live Scan system.

In addition, CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status states that if an employee is arrested or convicted of any violations of law, the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (g). The facility indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

CDCR 1951 Supplemental Application for All CDCR Employees (CDCR 1951) states all applicants must list their history of conduct and that "failure to disclose your arrests will be grounds for denial of your application and/or termination of your employment." By signing the supplemental application all prospective employees "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." Human resources confirmed that all background checks completed by the Office of Peace Officer Selection, Background Investigative Unit are reviewed for misrepresentation or falsification, omission or concealment of material fact and are grounds for non-employment or termination. Employees are also required to notify their hiring authority and Employee Relations Officer of any contact with law enforcement. This expectation is codified in CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status states that if an employee is arrested or convicted of any violations of law, the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. A memo issued by the Division of Adult Institutions Director on 5/15/2020 further detailed that all staff have a continuing affirmative duty to promptly notify the institution head if any of the conditions of this standard apply. As described in this memo, the agency is seeking an edit to California Code of Regulations to expressly state this duty.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.17 (h). An interview with the facility's IPO confirmed that the facility regularly receives inquiries from other confinement facilities related to a current or former employee's history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are directed to the Employee Relations Officer for review and response in accordance with agency policy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. Design Change Request Form example (dated 5/3/2017)
- c. CDCR Design and Construction Policy Guidelines Manual (dated 1/2014; prefaced by Notice of Change Supplement dated 8/14/2017)
- d. Video monitoring technology project manual specifications (date unknown)

Interviews

- a. Warden
- b. PCM

Site Review Observations

Findings (by provision)

115.18 (a). The facility indicated in their response to the PAQ that the facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. However, upon discussion with the Agency Head (designee), Warden, and PCM, in addition to the site review, no substantial expansions or modifications have been made at COR. A review of the facility's last PREA audit revealed the assessment prompted several minor physical plant upgrades to prevent cross-gender viewing in bathroom and showering areas. Should the facility require substantial modification, the agency has a process in place which is guided by CDCR Design and Construction Policy Guidelines Manual. Specifically, the manual indicates, "when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse." The agency head designee indicated that the agency works consistently to consider safety and privacy needs of inmates, while ensuring direct lines of sight and using tools, like mirrors, windows, and cameras, to assist with supervision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.18 (b). The facility indicated in their response to the PAQ that the facility has 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. However, upon discussion with Warden, and PCM, in addition to the site review, COR has not received substantial video monitoring technology installations or updates. That said, they are in the planning phase of a substantial technology installation wherein over 1,000 cameras will be added to the facility where, currently, virtually none exist. As guided by the CDCR Design and Construction Policy Guidelines Manual, the agency has a process in place to plan for such projects. Specifically, the manual indicates, "when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse." Such updates must also conform to the agency's standardized video surveillance specifications. The agency head designee reported that it's an ongoing priority of the agency to request and obtain additional resources from the state legislature to fund camera projects especially in areas of passage and congregation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation, Evidence (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate and Victim Support Person for Medical Examination (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination (revised 5/19/2020)
- f. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020)
- g. CCHCS Volume 1, Governance and Administration, Chapter 10, 1.10 Copayment Program Policy (revised 12/2015)
- h. Custody Supervisor Information pocket card (date unknown)
- i. PREA Information pocket card (date unknown)
- j. Evidence protocol and forensic medical examinations memo (date 10/6/2017)
- k. CDCR Initial Contact Guide (PREA) (date unknown)
- l. CDCR Custody Supervisor Checklist (PREA) (date unknown)
- m. CDCR Watch Commander Notification Checklist (PREA) (date unknown)
- n. CDCR Transportation Guide (PREA) (date unknown)
- o. Sexual Assault Kit Processing memo (10/17/2018)
- p. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 (approved 7/2017)
- q. U.S. DOJ, Office on Violence Against Women, A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition (revised 4/2013)
- r. CALCASA/JDI California Advancing PREA: A Guide to Working with Rape Crisis Centers (date unknown)
- s. Memorandum of Understanding between California Department of Corrections and Rehabilitation and County of Kings (executed 9/22/2016)
- t. Statewide Rape Crisis Center contact listing
- u. Statewide PREA/SA Hotline list
- v. Help is Available posters; English, Spanish, Hmong
- w. Standard Agreement, Kings Community Action Organization (executed 8/6/2019)

Interviews

- a. Sexual Abuse Investigator
- b. Administrative (Human Resources) staff
- c. Kings Community Action Organization Representative
- d. Inmates who Reported Sexual Abuse
- e. SANE

f. Random Staff

Site Review Observations

a. Location of Investigation Files

b. Evidence Kits

Findings (by provision)

115.21 (a). The facility indicated in their response to the PAQ that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. When conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol. CDCR Correctional staff/Peace Officers are under the California Penal Code (PC) and are authorized and trained to conduct both administrative and criminal investigations. Locally Designated Investigators (LDI) make up the facility's Investigative Services Unit (ISU). These investigators, in addition to other designated institutional staff, receive specialized training to conduct criminal and administrative investigations of sexual abuse and sexual harassment. Memorandum of Understanding between California Department of Corrections and Rehabilitation and County of Kings describes the responsibilities of and relationship between facility-based investigators and Kings County District Attorney in the event filing criminal charges is appropriate. DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation, Evidence (pp. 481-482) describes standard evidence collection and preservation procedures following an incident of sexual abuse. Policy directs the respective custody supervisor and watch commander to employ incident checklists to guide their response, including evidence processing. In applicable sections, the DOM further describes a myriad of evidence preservation and collection expectations for first responders, transportation, and medical and mental health staff.

During the onsite audit phase, the audit team interviewed 13 random staff, each of whom expressed awareness of and articulated the agency's policy for obtaining usable physical evidence. Security supervisors understood the requirement to transport the alleged victim to Keweah Health Urgent Care in if the abuse occurred within the last 72 hours. They also knew who (i.e. ISU) is designated as the primary investigator at the facility for allegations of sexual abuse and sexual harassment. During the course of these interviews, the auditor observed that many staff carried their pocket guide for first responder steps as a reference though most did not need to reference this guide to accurately discuss their role following an allegation of sexual abuse; they were successful in reciting their responsibilities from memory. These steps included instructions on who to notify within the facility and what active steps to take in response to an allegation of sexual abuse. The auditor observed that the guide instructs staff to separate the alleged victim and abuser, take the alleged victim inmate to medical for evaluation, and seek assistance to secure the scene.

During the site review, the auditor was observed evidence kits in ISU and Transportation. The kits are accompanied by step-by-step instructions attached to the box directing users on how to collect physical evidence such as clothing; how to instruct the alleged victim and suspect; how to secure the scene; who to notify; and where to place the evidence in order to maintain a chain of custody. Evidence collection kits are made available to first responders, medical staff, and investigative staff to aid their efforts in collecting and preserving timely usable evidence. Once a kit is returned to the institution from a SANE examination and DOJ, they are stored in the ISU Evidence Room.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (b). The facility indicated in their response to the PAQ that the facility does not house juveniles or youthful offenders, but that the evidence collection protocol and training curriculums, which were adapted from DOJ's Office of Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, is developmentally appropriate for youth. The auditor was able to verify through facility records and staff interviews that there were no youth housed at COR during the 12-month review period.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (c). The facility indicated in their response to the PAQ that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility; COR does not perform such examinations. Examinations conducted at an outside facility (i.e. Keweah Health Urgent Care) are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, zero inmates have been transported, or required, a forensic medical examination. However, the facility did consult with a SANE in advance of transport on at least one occasion; based upon the circumstances, the facility was advised not to transport. When the need arises for care in this context, the facility indicated that all efforts to provide a SANE would be documented. In the case above, the effort was documented in the investigative record.

DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination (pp. 482-483) states that the victim shall be transported to the designated hospital, or on-site location, where SART contract staff will complete the forensic examination. Policy delineates between sexual abuse discovered less than 72 hours and more than 72 hours post-incident; each carries a forensic medical examination expectation or consultation. In addition, as directed by policy, COR offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. CCHCS, Volume 1,

Chapter 10, 1.10 Copayment Program Policy (p. 1) states that “medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the patient’s ability to pay.” Treatment related to sexual abuse or sexual assault is listed as a condition wherein a copayment shall not be charged.

During the post-onsite audit phase, the auditor conducted an interview with a SANE contractor who conducts medical forensic examinations at Keweah Health Urgent Care. The representative indicated that the hospital has treated inmates from COR. The SANE/SAFE staff is on call and will respond to victims as soon as possible if they are not currently at the hospital. If the SANE is unable to present to the medical center there are qualified examiners that may act in this capacity or the victim is transported to another healthcare facility. COR healthcare professionals affirmed victims would not be charged for the hospital visit or a SANE/SAFE exam.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (d, e, h). The facility indicated in their response to the PAQ that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means; such efforts are documented. While an outside advocate is always available on-call thereby eliminating a great majority of the need for the facility to provide an alternate qualified staff member in the event an advocate is unavailable, the facility does maintain a process for the exception. Support services include supporting the victim through the forensic medical examination process and investigatory interviews and providing emotional support, crisis intervention, information, and referrals. DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 481) indicates that the watch commander or designee is responsible for immediately notifying the local Rape Crisis Center in the event of a SANE examination. The response guide, Watch Commander Notification Checklist, details this action. Thereafter, per policy, the facility shall make available an advocate during investigatory interviews and for emotional support services. Posters were observed throughout the facility, in addition to information contained in the inmate handbook, which direct victims to the local advocacy organization, via a phone number and address, for support services.

COR entered into a Standard Agreement with Kings Community Action Organization, which describes the roles and responsibilities of each party following an incident of inmate sexual abuse. Upon request, the agreement stipulates that the advocacy organization will support the victim through forensic medical examinations; during investigatory interviews; provide emotional support and crisis intervention. A copy of this agreement was provided to the auditor during the pre-onsite audit phase.

Specialized staff were interviewed and also corroborated this existing agreement. During the pre-onsite audit phase, the auditor conducted an interview with a representative from Kings Community Action Organization who indicated that a victim advocate is available to meet with the inmate victim during a SANE exam upon request. The advocate affirmed they have responded to Keweah Health Urgent Care for a COR inmate and affirmed the organization has provided ongoing, telephone-based and face-to-face advocacy and counseling services for those confined to COR. While the service provider has not accompanied a COR victim during an investigatory interview, as confirmed by the PCM, the advocate stated that staff employed by their agency are qualified to serve in this role and have received education concerning sexual assault and forensic examination issues in general. In practice, the service provider is staffed to respond to the hospital 24 hours a day and seven days a week; there is not practical need for the facility to make a qualified agency staff member available. However, DOM, Chapter 5, Article 44, 54040.3 Definitions states that a “victim advocate” includes a designated employee in the absence of an outside rape crisis center representative. Employees acting in this capacity shall be either certified by a rape crisis center as trained in counseling; a mental health or nursing clinician; and/or received advanced training as defined by California Evidence Code 1035.2.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (f). As stated, CDCR/COR officials (i.e. Investigative Services Unit or Office of Internal Affairs) are responsible for administrative and criminal investigations. As such, this provision is not applicable.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.21 (g). Auditor is not required to audit this provision of the standard.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation through 54040.12.5 Reporting to Offenders (revised 5/19/2020)
- c. CDCR DOM, Chapter 4, Article 14, 31140.1 through 31140.2 Internal Affairs Investigations Policy and Purpose (effective 1/2007)
- d. COR PREA Tracking Log
- e. Policies to ensure referrals of allegations for investigations memo (10/6/2017)
- f. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2019 (signed 6/24/2020)
- g. CDCR Public Website

Interviews

- a. Warden

Findings (by provision)

115.22 (a, b). The facility indicated in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.12 Investigation states “all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing” (p. 483). The same policy section further describes the investigative process of staff on offender allegations and offender on offender allegations. The hiring authority is responsible for assigning an initial inquiry and/or investigation to a facility-based locally designated investigator (LDI); staff on offender allegations with sufficient information warrants a referral to Office of Internal Affairs (OIA). Investigators possess legal authority to conduct criminal investigations and will collaborate with the local district attorney to make a determination on prosecution. In the designated 12-month audit period, as evidenced by a review of COR’s Investigation Services Unit (ISU) log, COR received and responded to 22 allegations of sexual abuse and eight allegations of sexual harassment. Eight of these cases were referred for prosecution.

The agency head (designee) indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. She stated LDI’s receive specialized training and, as such, conduct an initial inquiry. Following the initial inquiry, the LDI will be instructed by the hiring authority to complete the investigation or refer to OIA. At minimum, an administrative investigation is completed. If a criminal investigation is appropriate, OIA or ISU will notify the local district attorney. A discussion with the several members of the facility’s ISU confirmed this practice. COR has a court liaison who works in collaboration with the district attorney’s office to prepare applicable cases for prosecution.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.22 (c). DOM, Chapter 5, Article 44 Prison Rape Elimination Policy (pp. 477-486) is posted on CDCR’s website and includes the section 54040.12 Investigation (p. 483) which describes the investigative responsibility of the agency. The responsibilities outlined in the policy include the following: LDI/ISU initial inquiry; referral to OIA when warranted (for staff on offender allegations); collecting physical and testimonial evidence; a description of reasoning behind credibility assessments; gathering investigative facts and findings; and notifying the alleged victim of the outcome. The DOM also describes the scope of administrative and criminal investigations.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.22 (d). The auditor is not required to audit this provision of the standard.

115.22 (e). The auditor is not required to audit this provision of the standard.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020)
- d. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (approved 9/2015)
- e. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (modified 11/2015)
- f. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11054378 (date unknown)
- g. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378, Knowledge Checks
- h. CDCR Basic Correctional Officer Academy (BCOA), Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11055014 (date unknown)
- i. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 2/2020)
- j. CDCR On-the-Job Training (OJT) Module, Inmate/Staff Interaction, Version 1.1, BET Code: 11053491 (approved 4/2016)
- k. CDCR Office of Training and Professional Development, Instructor Guide, Inmate/Staff Relations, Version 1.2, BET Code: 11055030 (approved 12/2012)
- l. CDCR Office of Training and Professional Development, Inmate/Staff Relations, Version 1.2, BET Code: 11055030 (approved 12/2012)
- m. Mandated On-the-Job Training for All Staff memo (dated 9/3/2020)
- n. Course enrollment report (queried 6/19/2020)
- o. Learning Management System course acknowledgment screenshot

Interviews

- a. PCM
- b. Training Coordinator
- c. Random Staff

Site Review Observations

- a. PREA posters
- b. First responder pocket cards

Findings (by provision)

115.31 (a). The facility indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) states that all employees, volunteers, and contractors shall receive instruction on the provisions enumerated above. The same policy (p. 479) states

that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training.

The auditor reviewed PREA-related instructor guides, lesson plans, and modules for in-service, BCOA, on-the-job training, and Office of Training and Professional Development instruction, which are utilized to educate all new staff that will have contact with inmates on how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training resources detail each of the sub-topics listed within this provision.

Random and specialized staff who were interviewed reported they received training consistent with each of the ten elements listed above. Staff members were able to articulate training content; knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy; an understanding that all staff and inmates have a right to be free from retaliation for reporting sexual abuse and sexual harassment; familiarity with their reporting responsibilities. Nineteen of 20 randomly selected training records indicated staff have been trained in the above provisions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (b). The facility indicated in their response to the PAQ that training is gender neutral and applicable to both male and female facilities. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) directs training to be gender specific based on the offender population at the assigned institution. This mandate is further emphasized by California Penal Code Section 3430 which requires gender responsive training for staff.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (c). The facility indicated in their response to the PAQ that, in between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) states that all employees, volunteers, and contractors shall receive instruction on the provisions enumerated above. The same policy (p. 479) states that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training. Specifically, employees participate in annual web-based in-service training and biennial on-the-job refresher training.

During the onsite audit phase, the auditor confirmed through 13 random staff interviews that each completed a combination of classroom and web-based training prior to having contact with inmates. These trainings include the elements described in provision (a). Less senior security staff reported receiving classroom instruction during CDCR's training academy. Moreover, staff are provided with first responder pocket cards, which serve as an at-a-glance response guide for staff following an incident or allegation of sexual abuse. The auditor was able to view these PREA pocket resources card during the on-site audit phase when interacting with numerous staff, as well as during random staff interviews.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.31 (d). The facility indicated in their response to the PAQ that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) indicates that training participation shall be documented on CDCR 844 Training Participation Sign-in Sheet. In-service training is conducted on facility grounds and is led by trained facilitators. Following classroom instruction, CDCR 844 is completed on paper and retained in the staff member's training file. On-the-job training is conducted via the agency's online learning management system. The auditor reviewed the electronic acknowledgement at the close of online training modules within the agency's learning management system. Training may only be considered complete after the participant finishes a series of knowledge check questions and marks the self-certification bubble to "acknowledge that (they) have read and understand the policies and procedures as defined in the training." COR's in-service training manager is responsible for monitoring staff training and affirmed this process. He has access to query reports so as to manage participation and completion.

The auditor reviewed staff training records that were provided in the PAQ. These records all reflect that all staff have completed Prison Rape Elimination Act (PREA) 2020 – ILC – OJT – 11053499." During the onsite audit phase, the auditor requested to review 20 additional randomly selected staff training records which were provided by the training coordinator. All but one showed receipt and understanding of all PREA training. The review of the 19 randomly selected staff training records indicated that the refresher training was completed by all during the 12-month review period.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020)
- c. CDCR DOM, Chapter 3, Article 18, 32010.8.3 Record Keeping Form (revised 12/4/2018)
- d. CDCR DOM, Chapter 10, Article 9, Volunteers (revised 7/23/2018)
- e. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (modified 11/2015)
- f. CDCR 2301, PREA Policy Information for Volunteers and Contractors signature pages (revised 5/2020)
- g. Volunteer and contractor training memo (dated 10/6/2017)
- h. CDCR Form 2301-PREA Policy Information for Volunteers and Contractors memo (dated 5/27/2020)

Interviews

- a. Contractors
- b. PCM
- c. Volunteer Coordinator

Findings (by provision)

115.32 (a). The facility indicated in their response to the PAQ that all volunteers and contractors (specifically, 131 volunteers and contractors at COR) who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. DOM, Chapter 5, Article 44, 54040.4 Education and Training, Staff Training (p. 479) states that contractors and volunteers shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. Training will be conducted during orientation and annual training. The auditor reviewed CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), the same curriculum provided to employees, and found the content consistent with the expectation of this provision.

During the onsite audit phase, one religious volunteer and four contractors (programming and medical) were interviewed. All five individuals confirmed that they had received training on their responsibilities under the agency's zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. These individuals were selected for an interview based on their schedule and availability while at the facility in relationship to the schedule of the auditors. Of note, COR was just beginning to permit volunteers re-entry into the facility as part of COVID-19 recovery; previously, volunteers had not been cleared to enter COR since March 2020 (i.e. pre-pandemic). However, the auditor interviewed COR's volunteer coordinator who stated that volunteers receive the same training module as employees. She sends monthly reminders to all volunteers that they are required to participate in such online training annually. The auditor reviewed five random, completed CDCR 2301, PREA Policy Information for Volunteers and Contractors signature pages, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.32 (b). The facility indicated in their response to the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Further, all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. A supplementary memo to the DOM policy statement regarding volunteer and contractor training was issued on 10/6/2017 in which the length and type of training is more clearly defined. All volunteers and contractors receive one hour of mandatory inmate/staff interaction training while those with frequent or less supervised inmate contact receive more extensive training. Training, at minimum, discusses how to maintain professional distance while maintaining effective communication with inmates; determine the fine line between establishing rapport with inmates; identify consequences of denying inmates' rights; and identify and react appropriately to manipulation by an inmate. All volunteers and contractors are also subject to annual in-service PREA training. Further, all volunteers and

contractors are initially required to sign CDCR 2301 which includes an overview of PREA, zero tolerance, professional behavior, preventative measures, and detection.

The auditor also reviewed five random, completed CDCR 2301, PREA Policy Information for Volunteers and Contractors forms and signature pages, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment. One volunteer and four contractors stated during their interviews that they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.32 (c). The facility indicated in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) describes that receipt of training shall be documented on the CDCR 844 Training Participation Sign-in Sheet, which is restated in DOM, Chapter 3, Article 18, 32010.8.3 Record Keeping Form. CDCR 844 follows participation in the given in-service training whereas CDCR 2301 PREA Policy Information for Volunteers and Contractors is the initial informational PREA resource prospective volunteers and contractors receive. The statement on this form for which the volunteer or contractor is required to sign reads "I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment."

As stated, the auditor reviewed five random, completed CDCR 2301 PREA Policy Information for Volunteers and Contractors forms and signature pages, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment. All four contractors stated during their interviews that they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020)
- c. PREA Information for Orientation Handbook; English and Spanish versions (date unknown)
- d. CDCR Sexual Violence Awareness; English and Spanish versions (date unknown)
- e. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 5/2017)
- f. CDC-128B Orientation Handbook General Chrono; completed (date unknown)
- g. CDC-128B Receipt of Inmate PREA Education (revised 1/1995)
- h. Shine the light on Sexual Abuse poster; English and Spanish (date unknown)
- i. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish (date unknown)
- j. PREA brochures, posters, and booklets order form; blank (date unknown)
- k. Prison Rape Elimination, Written Materials Distribution memo (dated 11/4/2015)

Interviews

- a. PCM
- b. Intake Staff
- c. Random Staff
- d. Random and Targeted Inmates

Site Review Observations

- a. Sexual Abuse and Sexual Harassment Reporting Posters
- b. PREA Audit Postings
- c. Inmate Orientation (R&R)

Findings (by provision)

115.33 (a, b). The facility indicated in their response to the PAQ that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 100 percent of newly admitted inmates (i.e. 2,371) were given this information at intake. The agency also indicated in their response to the PAQ that in the past 12 months 2,299 (113%) inmates received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (p. 479) states that verbal and written information shall be provided to offenders which will address prevention/intervention; reporting; treatment and counseling. The same policy requires that initial orientation is "provided in reception centers via either written or multi-media presentation on a weekly basis in both English and Spanish."

A review of PREA Information for Orientation Handbook, Sexual Violence Awareness brochure; Sexual Abuse/Assault Prevention & Intervention booklet, which are distributed to new and transfer inmates, each contain the agency's zero tolerance policy and reporting options. These handouts also provide information on the federal law, inmates' right to be free from sexual abuse and sexual harassment in confinement, dynamics of sexual abuse, protective measures, retaliation, medical care, investigative process, cross-gender announcing, transgender accommodations, advocacy, and the facility's PCM.

During the onsite audit phase, the auditor observed this process in R&R, including the display of a PREA education video (i.e. Just Detention International's video PREA: What You Need to Know), which may be shown with or without subtitles in English, Spanish, and Hmong immediately upon their arrival to COR. Intake staff distribute this material, answer questions,

and facilitate receipt of information documentation. In addition to observation, the auditor confirmed the intake and comprehensive education process during a pre-onsite interview with the facility's intake sergeant and then again during the site review. Moreover, 38 of 55 inmates remembered receiving comprehensive information at intake. While the remainder did not remember receiving this information during intake (which could be attributed to their intake date), they described how to access this information.

The auditor randomly selected 28 inmate records to review for evidence of education acknowledgment while on-site. Of the 28 records, 11 acknowledgments (CDC-128B Orientation Handbook chrono) were present. Upon inquiry, facility and agency staff shared that a pre-audit in the summer of 2020 revealed an inmate education gap. Specifically, inmates were not consistently receiving education or acknowledging receipt of such material. All arrivals after the summer of 2020, as evidenced by education records, indicate each incoming inmate received comprehensive education consistent with agency policy.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (c). The facility indicated in the PAQ that all inmates received education as of 10/16/2020. Moreover, agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. The facility reported that comprehensive education is repeated upon each intra-agency transfer. Both facility staff and the PCM stated during interviews that all CDCR facilities have adopted the agency's DOM, Chapter 5, Article 55, 5404.4 Education and Prevention policy. Specifically, section Offender Education (p. 479) of this policy states that the brochure entitled Sexual Violence Awareness and booklet entitled Sexual Abuse/Assault – Prevention and Intervention "shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook." The facility's intake sergeant and audit team's observation of the R&R process corroborated practice is consistent with policy; all inmates processed through COR R&R receive comprehensive PREA education. As observed on all education materials, the agency has adopted a universal means of reporting sexual abuse, sexual harassment, and report-related retaliation.

Although the PAQ states that all inmates were educated as of October 2020 there is evidence to the contrary. Nineteen of 28 randomly selected inmate records were void of education acknowledgments. Sixteen of 54 random and target inmates could not recall receiving education. Upon discussion with the facility's PREA sergeant, the auditor learned that the education process was refocused in October 2020. The facility has never retroactively provided education to inmates admitted to COR prior to the implementation of PREA education at intake. From October 2020, each new admission received comprehensive education, which is consistent with records the auditor reviewed.

In addition, while the facility currently has a clear inmate education process in place and has demonstrated policy practice for inmates entering the facility in a traditional manner, education procedures do not extend to inmates "visiting" from neighboring facilities and receiving treatment in COR's Correctional Treatment Center (CTC) (to include outpatient health unit and mental health crisis beds). Per CTC's supervising security staff, visiting inmates may reside in CTC for a short- and long-term periods with the goal of stabilization. Three of 28 randomly selected records illustrated that those from neighboring institutions, but residing in a mental health crisis bed at COR did not receive intake or comprehensive education. Facility and agency staff expressed concern that the methods by which to deliver meaningful education to inmates experiencing a mental health crisis are limited. As directed by standard 115.16 (a) and 115.33 (d), the facility is obligated to take appropriate steps to ensure that inmates with a psychiatric condition may benefit from the agency's/facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. More broadly, regardless of condition or disability, while their supervising location may not be COR, COR is their current location and, as such, is responsible for providing them with PREA education.

As part of corrective action to remedy non-compliance, the facility shall provide intake and comprehensive education to all inmates, including those who were admitted to the facility prior to October 2020 and those who bypass the R&R building (i.e. those transferred directly to CTC or segregated status). Facilitators shall gather acknowledgment of education.

Following a period of corrective action, the facility successfully demonstrated substantial compliance with this provision. COR's healthcare lieutenant, captain, and associate warden circulated a memo, Post Order Addendum, directed towards each CTC shift sergeant which requires the aforementioned post to assume responsibility for providing PREA education to direct CTC admissions. The auditor and PCM Campbell agreed the facility would forward such acknowledgments for visiting inmates once per month for four months in order to satisfy this corrective action item. Between 11/9/2021 and 2/7/2022, the facility's ISU sergeant forwarded CDC-128B chronos demonstrating receipt of education for 65 inmates who were admitted directly into CTC during the months of October, November, December, and January.

115.33 (d). The facility indicated in the PAQ that PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. DOM, Chapter 5, Article 44, Education and Prevention, Offender Education (p. 479) requires such accommodation. The auditor observed that COR has PREA information posters displayed throughout the facility printed in Spanish and English

languages. If an inmate arrived at the facility and had any disabilities or limited English proficiency limitations, the facility is prepared to assign a bi-lingual staff member or engage interpretation services to ensure understanding. COR has a contract with a translation service, Interpreters Unlimited, to assist non-English speaking or non-reading inmates understand the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The agency's PREA video is translated into Spanish and Hmong, in addition to subtitles.

Please see the discussion of 115.33 (c) regarding inmates with acute psychiatric conditions residing in COR's CTC.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.33 (e). The facility indicated in their response to the PAQ that the agency maintains documentation of inmate participation in PREA education. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (p. 479) states that receipt of education shall be documented on CDC Form 128-B General Chrono, which shall be forwarded to Inmate Records for scanning into the Electronic Records Management System. Refusal to sign the acknowledgment shall be noted by staff on the CDC 128B. The auditor randomly selected 28 inmate records to review; 19 records did not include receipt of education documentation as required by this provision or agency policy. Please see discussion of 115.33 (a).

As part of corrective action to remedy non-compliance, the facility shall provide intake and comprehensive education to all inmates, including those who were admitted to the facility prior to October 2020. Facilitators shall gather acknowledgment of education.

Following a period of corrective action, the facility successfully demonstrated substantial compliance with this provision. The auditor and PCM Campbell agreed the facility would provide education to all inmates during their annual classification committee pre-hearing and document receipt on the corresponding 128B chrono. To demonstrate institutionalization, the facility forwarded evidence of education for all inmates who participated in a pre-hearing for a four month period. Between 11/9/2021 and 2/7/2022, the facility's ISU sergeant forwarded CDC-128B chronos demonstrating receipt of education for 91 inmates.

115.33 (f). The facility indicated in their response to the PAQ that the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The auditor observed and reviewed that PREA information at COR is continuously made available to inmates in several ways:

Shine the light on Sexual Abuse posters. English and Spanish versions restating the agency's zero tolerance position and describing internal and external reporting options.

Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish. Describe reporting options; specifically, Office of the Inspector General (OIG) notification, which may be made anonymously. Indicates OIG is also an avenue to contest the results of a PREA investigation.

The auditor had an opportunity to view all of the above resources and activities during the on-site audit phase and had multiple discussions with both staff and inmates in regard to these resources. Inmates were readily able to articulate how they could locate or reference a means to report incidents of sexual abuse or harassment. While inmates identified where to access reporting information, the auditor observed that in many housing units posters were not near telephones, which could be a barrier for inmates wishing to use the hotline privately.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially compliant with this standard. Please reference the discussion above for additional details.

Recommendation

1. **115.33 (f).** Position posted reporting information near telephones for easier and more private access.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (revised 5/19/2020)
- d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text, Version 1.0, BIC ID:11055853 (approved 7/2017)
- e. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators Participant Workbook, Version 1.0, BIC ID:11055853 (approved 7/2017)
- f. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 (approved 7/2017)
- g. CA Penal Code, Part 4, Title 4, Chapter 1, Article 2 13516(c) (effective 3/21/1986)
- h. LDI listing by facility
- i. Basic Investigator Course enrollment log (queried 6/18/2020)

Interviews

- a. PCM
- b. Sexual Abuse Investigator

Findings (by provision)

115.34 (a). The facility indicated in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (p. 479) states that "all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). Facility-based staff are, specifically, deemed "locally designated investigators" after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct per DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) (p. 478). COR has 15 LDIs who have received specialized investigator training as evidenced by training records and discussions with the facility's Investigative Services Unit (ISU) sergeant.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.34 (b). By way of curriculum review (i.e. instructor text and participant materials), the auditor confirmed the comprehensive training utilized to train staff to investigate allegations of sexual abuse contain the elements required by this provision, which include: interviewing sexual abuse victims; proper use of Miranda warnings; the Garrity rule; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The approved curriculum is an eight-hour classroom-based course which targets ISU and Office of Internal Affairs investigators. Instructors must have a minimum of three years full-time institutional experience and must have completed a basic training course in the techniques of training.

The auditor spoke to members of COR's ISU. They described the preparatory, specialized training they received in advance of conducting sexual abuse and sexual harassment investigations; topics included policy, first responder procedure, trauma/victimization, communication, processing crime scenes, interviewing techniques, mental health referrals, documentation, Miranda, advocacy, and SANE.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.34 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. Specifically, 15 staff members at COR are trained to conduct sexual abuse investigations. Training completion is tracked via the agency's learning management system; a list of participants may be queried by course title and retained accordingly. The auditor reviewed such documentation demonstrating training.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.34 (d). The auditor is not required to audit this provision of the standard.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020)
- c. CDCR DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements (revised 12/4/2018)
- d. Prison Rape Elimination Act – Specialized Training for Medical and Mental Health Staff memo (dated 8/9/2017)
- e. CDCR On-the-Job Training, Prison Rape Elimination Act Policy, Specialized Training for Medical and Mental Health Staff, version 1.0, BET: 11057450 (approved 8/2017)
- f. Course enrollment report (queried 8/16/2021)

Interviews

- a. Medical/Mental Health Staff

Findings (by provision)

115.35 (a). The facility indicated in their response to the PAQ that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Specifically, COR has 502 medical and mental health care practitioners who fall into this category. Reportedly, 64% have received training required by this provision.

Specialized training of medical and mental health staff was precipitated not by policy, but by a memo issued on 8/9/2017 which directs CDCR Division of Health Care Services and CCHCS medical and mental health staff practitioners who have contact with inmates to complete a Learning Management System (LMS) module within 60 days of the memo's issue. DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements (p. 211) states, "It is a condition of employment that all employees complete the training required for their job classification/position. Employees who fail to meet these training requirements may have their merit salary award denied or be subject to other administrative sanctions."

The auditor reviewed the training content and found the elements required for specialized training were present. While on-site the auditor requested training records for six medical and mental health care practitioners; two received training, one did not, one was no longer employed by the agency, and two were on extended leave. In an effort to better understand the universe and corroborate compliance, the auditor requested a specialized training report of all facility practitioners during the post-onsite phase. The report revealed that of 492 medical and mental health professionals, 193 or 60% received required training. Facility staff indicated this training difficulty is a remnant of the COVID-19 health pandemic. Whereas training has historically been conducted in a classroom setting, the agency transitioned to online forums during the pandemic. Presumably, independent online training requires increased motivation and supervisory regulation.

While not all practitioners participated in required specialized training, interviews with both medical and mental health staff indicated that they were able to articulate their knowledge and responsibilities of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Staff indicated that they have received both online and classroom instruction on their responsibilities.

A final analysis of the evidence indicates the facility is not in substantial compliance with this provision.

During the corrective action period, the facility successfully demonstrated substantial compliance with this provision. A negative training report was procured which illustrated 99.24% of healthcare staff participated in the required specialized training.

115.35 (b). The facility indicated in their response to the PAQ that agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at the local community hospital, Keweah Health Urgent Care. Following the onsite audit, the auditor conducted a telephone interview with the forensic nurse contractor who stated that the hospital is responsible for conducting all forensic medical examinations for COR.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.35 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that medical

and mental health practitioners have completed the required training. During the pre-on-site audit phase, COR reported that 64% of 502 medical and mental health care providers (employees and contractors) that provide services to inmates received agency training of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. COR tracks participation electronically via the LMS; the auditor reviewed a training report reflecting the participation of 60% of 492 medical and mental health professionals.

A final analysis of the evidence indicates the facility is not in substantial compliance with this provision.

During the corrective action period, the facility successfully demonstrated substantial compliance with this provision. A negative training report was procured which illustrated 99.24% of healthcare staff participated in the required specialized training.

115.35 (d). During the pre-on-site audit phase and the on-site audit phase, the auditor cross-referenced a random sample of specialized medical and mental health care practitioner training records with the respective employees' (or contractors') introductory and refresher training record, as required per 115.31; all received training in accordance with this provision. Interviews with contracted medical and mental health staff affirmed their receipt of the training standards directed by 115.31.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially compliant with this standard. Please reference the discussion above for additional details.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 46, 54046.5 Initial Screening (effective 4/13/2009)
- c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (revised 5/19/2020)
- e. CCR, Title 15, Section 3269 Inmate Housing Assignments
- f. Prison Rape Elimination Act Risk Screening memo (dated 8/28/2017)
- g. PREA Screening Instructions (date unknown)
- h. PREA Screening; blank
- i. Reception Center – Prison Rape Elimination Act (PREA) Reassessment; blank
- j. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities memo (dated 9/29/2017)
- k. Prison Rape Elimination Act Risk Screening memo (dated 8/28/2017)
- l. Proof of Practice Regarding: Prison Rape Elimination Policy (dated 7/1/2015)
- m. Prison Rape Elimination Act – Reassessments at Reception Centers (dated 3/13/2019)
- n. Prison Rape Elimination Act Risk Rescreening – Correctional Counselor Responsibilities memo (dated 9/29/2017)
- o. Changes to the Prison Rape Elimination Act Screening Form – Standard 115.41 Compliance (dated 7/23/2020)
- p. CDCR 128-MH5 Mental Health Referral Chrono
- q. Classification Review example (dated 5/3/2017)
- r. PREA 30 Day Reassessment Report sample (dated 12/1/2019)
- s. COR at-risk screening report (date queried unknown)

Interviews

- a. Staff Responsible for Screening
- b. Random Inmates
- c. Correctional Counselors
- d. PREA Coordinator
- e. PCM

Site Review Observations

- a. Screening Process

Findings (by provision)

115.41 (a). The facility indicated in their responses to the PAQ that the agency has a policy (i.e. DOM, Chapter 5, Article 44, 54040.6 Offender Housing) that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates. However, the auditor did not find that this policy section directs the aforementioned screening process, nor could the auditor locate a relevant section with the DOM to describe a sexual abuse risk screening mandate. Note, a policy is not required for compliance with this standard.

A memo entitled Prison Rape Elimination Act Risk Screening from the Division of Adult Institution Director on 8/28/2017 indicated that the agency was found non-compliant with this standard and, in response, is implementing a revised risk

screening tool and process during intake. Specifically, “the custody supervisor conducting the Initial Housing Review in Receiving and Release (R&R) shall also be responsible for completing a PREA screening form for every inmate.” The memo further describes the screening process, including documentation, communication of those determined “at risk,” housing assignments, and rescreening. Facilities were directed to implement the revised process on 8/28/2017; all screeners were to be trained within 60 days. PREA Screening Instructions provide detailed guidance to conduct the initial risk screening.

The auditor discussed the risk screening process with the facility’s primary risk screener (i.e. intake sergeant) during a pre-on-site interview. He stated an initial risk screening is completed with each inmate upon arrival at COR. While most inmates are admitted during second and third watch (i.e. 600-2200) there are instances in which people are processed on the weekends. In those instances, the watch commander will conduct the risk screening. When an inmate is transported off-site for one night or more (i.e. for a medical appointment, court appearance, etc.) and returns to COR another risk screening will be conducted. During the site review, the auditor observed the risk screening process in Receiving and Release, which was led by the aforementioned sergeant. His conversations with inmates, as guided by the PREA Screening tool, are held individually in a private office and completed on the computer.

A review of the facility’s CTC and subsequent conversations with a unit supervisor revealed that there are instances in which “visiting” inmates (i.e. assigned to other CDCR facilities) receive treatment and care at COR. Staff stated that “visiting” inmates may reside in an inpatient status for several days up to months. These inmates bypass R&R (e.g. the building and intake process). As such, they are not screened for risk of abusiveness or victimization. In practice, “visiting” inmates are single-celled and granted very little movement opportunities. Three of 28 randomly selected records illustrated that those from neighboring institutions, but residing in a mental health crisis bed at COR were not screened for risk. Facility and agency staff expressed concern that accurate screening is compromised by the respective inmates’ mental health condition. As directed by standard 115.16 (a) and 115.33 (d), the facility is obligated to take appropriate steps to ensure that inmates with a psychiatric condition may benefit from the agency’s/facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. More broadly, regardless of condition or disability, while their supervising location may not be COR, COR is their current location and, as such, is responsible for providing them with PREA education.

Of 54 inmate interviews, 17 inmates remembered being asked the applicable screening questions; several more recalled being asked these questions during their annual review. The auditor randomly selected 28 inmate records to corroborate the facility’s intake screening process. Twenty-three had a risk screening completed at COR on record; five records did not contain evidence of risk screening (three were related to the CTC visitor issue described above).

As part of corrective action to remedy non-compliance, the facility ensure all inmates, specifically those who bypass the R&R building (i.e. transferred directly to CTC or restricted status), are screened for risk of abusiveness and victimization within 72 hours of admission and, again, within 30 days.

Following a period of corrective action, the facility successfully demonstrated substantial compliance with this provision. COR’s healthcare lieutenant, captain, and associate warden circulated a memo, Post Order Addendum, directed towards each CTC shift sergeant which requires the aforementioned post to assume responsibility for conducting risk screening with direct CTC admissions. The auditor and PCM Campbell agreed the facility would forward evidence of screening for visiting inmates once per month for four months in order to satisfy this corrective action item. Between 11/9/2021 and 2/7/2022, the facility’s ISU sergeant forwarded completed screenings for 65 inmates who were admitted directly into CTC during the months of October, November, December, and January.

115.41 (b). The facility indicated in their responses to the PAQ that the agency has a policy that requires inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. In the past 12 months, 2,299 inmates reportedly entered the facility and remained there for 72 hours or more. Of these inmates, the facility stated all were screened for risk within 72 hours of admission.

During the pre-on-site phase, the agency/facility directed the auditor to review DOM, Chapter 5, Article 46, 54046.5 Initial Screening (p. 481) as evidence of policy compliance. This section directs facilities to screen for an appropriate housing assignment upon arrival; it does not comment on the timeliness of such screening, nor could the auditor find such direction in an alternate policy or procedure. However, the memo titled Prison Rape Elimination Act Risk Screening from the agency’s Division of Adult Institutions Director on 8/28/2017 directs custody supervisors to conduct risk screening during the intake process. COR’s intake sergeant stated the intake process is typically completed within several hours of arrival.

The auditor randomly selected 28 inmate records to review for timeliness. The facility provided records which demonstrated that all but nine inmates were screened within 72 hours of admission. Four of these nine outliers were screened, but not in the required timeframe as they were admitted into the facility prior to the screening expectation. Five inmates were not screened; three of whom were admitted directly into CTC. An interview with the facility’s primary risk screener indicated that screenings are conducted within 72 hours of admission and, more likely than not, within hours of arrival.

The same discussion regarding “visiting” inmates in 115.41 (a) applies to this provision.

Following a period of corrective action, the facility successfully demonstrated substantial compliance with this provision.

Please reference the discussion above for additional details regarding action steps to remedy.

115.41 (c). The facility indicated in their response to the PAQ that risk assessments are conducted using an objective screening instrument. A review of the PREA Screening reveals 15 questions or screening measures. Four of the 15 questions depend upon the inmate's self-assessment and response (i.e. "Have you experienced sexual victimization in a correctional setting that you have not previously reported?"; "Have you experienced sexual victimization in a non-correctional setting?"; "Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming?"; "Inmate currently considers themselves vulnerable to sexual victimization?"). The remaining questions require a review of the respective inmate's record. None of the questions appear to elicit the screener's subjective assessment or response.

The evidence indicates that the PREA Screening is standardized, consistently administered to all inmates, structured using a weighting and scoring mechanism, guided by a supplemental user guide, and culminates in an overall determination of sexual risk. Eleven of the 15 questions are objective, meaning they are worded in a way which does not allow the person responsible for risk screening to impart their feelings or opinions. Four of the 15 questions as described above are appropriately subjective and are in compliance with the variables required per 115.41(d).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (d). The agency's PREA Screening tool is comprised of 15 questions; all of which meet the prescribed criteria for this provision. Specifically, the PREA Screening includes the questions, "Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years?"; "Have you experienced sexual victimization in a correctional setting that you have not previously reported?"; "Have you experienced sexual victimization in a non-correctional setting?"; "Mental, Physical, or Developmental Disability?"; "Age? (21 and under or 65 and over)"; "Physical build? Male 5'2 or less in height and/or weighs less than 120 lbs. Female: 5' or less in height and/or weighs less than 90 lbs."; "Any prior or current convictions for sex offenses against as adult or child?"; "Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming?"; "First Incarceration in state prison?"; "Exclusively non-violent criminal history (convictions only)?"; "Inmate currently considers themselves vulnerable to sexual victimization?"; "History of Sexual Violence in a correctional setting?"; "Prior convictions for sex offense in a non-correctional setting?"; "Conviction for non-sexual violent offenses in a non-correctional setting, within 5 years?"; "Guilty finding for non-sexual violent offense in a correctional settings; meeting the criteria defined as Division A-1, A-2 or B offense within 5 years?" The PREA Screening does not include extraneous or additional questions that do not serve to assess nine of the 10 prescribed risk-related criteria required by this provision. The facility does not assess for the final consideration (i.e. 115.41(d)(10)), "Whether the inmate is detained solely for civil immigration purposes" as the agency does not confine inmates for this reason exclusively.

An interview with a risk screener affirmed that the required considerations are made. The screener successfully recited each of the questions asked on the PREA Screening, which encompass the above criteria.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (e). The PREA Screening includes an assessment of the criteria required by this provision and described in the discussion of 115.41(d). Each of these questions attempts to elicit information about an inmate's prior history of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Responses are recorded as part of the screening and used to determine each inmate's risk of being sexually abusive. The facility risk screener indicated that such considerations are made as he was able to recite these specific questions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (f). The facility indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months, 2,023 inmates have reportedly entered the facility and remained there for 30 days or more. Of these inmates, the facility stated all were rescreened for risk within 30 days of admission.

Contrary to the facility's PAQ disclosure, the auditor could not identify policy language within the DOM that supports this provision. However, note, a policy is not required for this provision.

A memo titled, Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities, dated 9/29/2017 states that in preparation for an inmate's Initial Unit Classification Committee meeting correctional counselors are responsible for identifying new information which is related to an inmate's risk of victimization or abusiveness. This information shall be documented in SOMS as a classification note (i.e. chrono). If the updated information changes the inmate's "at risk" designation, the supervising correctional counselor is responsible for rescreening and further documenting in SOMS. All of this subsequent information is reviewed by the UCC chairperson, in consultation with the inmate, so as to identify and consider additional vulnerabilities.

During inmate interviews, seven inmates recalled being consulted about their degree of risk though most could not recall if they were asked within 30 days of arrival or during their annual classification hearing. Interviews with several correctional counselors revealed a divergent rescreening process. Meaning, there is a degree of variation in the depth of review conducted by correctional counselors. Initial Unit Classification Committee is to be held within 14 days of facility arrival.

The auditor randomly selected 28 inmate records to review for evidence of rescreening within 30 days. The facility provided records which demonstrated that 16 inmates were screened again within 30 days of admission. Five inmates were not rescreened due to their admission date (i.e. 2017 or earlier); one was rescreened just outside of 30 days from admission; three were not rescreened; and three bypassed R&R for medical treatment.

The same discussion regarding "visiting" inmates in 115.41 (a, b) applies to this provision. See above.

Following a period of corrective action, the facility successfully demonstrated substantial compliance with this provision. Please reference the discussion above for additional details regarding action steps to remedy.

115.41 (g). The facility indicated in their response to the PAQ that the agency has a policy requiring an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (p. 480) restates this expectation and, further, states that any staff member with concern an inmate may be subject to sexual victimization shall immediately notify a custody supervisor who will refer for a mental health screening. There is no indication that this mental health screening is equivalent or similar to the PREA Screening. The memo referenced above (i.e. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities) indicates that reassessment is a required part of the annual classification committee process. The auditor could not identify policy or procedural documentation to describe when the reassessment process is triggered, who is responsible, and how this information is communicated so as to comply with 115.42. Correctional counselor stated, in practice, they rescreen for risk within 30 days of an inmate's arrival, as needed based upon the receipt of relevant information, and during their annual review. Random, general population inmates who have been at the facility for a longer duration affirmed that the risk screening is conducted by their counselor during their annual review.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (h). The facility indicated in their response to the PAQ that the agency has a policy which prohibits disciplining inmates for refusing the answer screening questions related to whether or not they have a mental, physical, or developmental disability; whether or not they are or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not they have previously experienced sexual victimization; or their own perception of vulnerability.

DOM, Chapter 5, Article 44, 54040.6 Offender Housing (p. 479) states that inmates shall not be disciplined for refusing the answer, or for not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. An interview with a risk screener affirmed that inmates are not disciplined for refusing to answer.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.41 (i). The agency's PREA Screening Instructions state risk-related identification (i.e. "at risk as a victim" or "at risk as an abuser") is not confidential but rather sensitive information and shall only be shared with staff who have a need to know. The risk screening is completed within the agency's intranet; the populated form is uploaded to the respective inmate's electronic medical record. A secondary copy is not saved within the intranet. Only staff with proper computer program access permissions may access the electronic medical record. Staff must have a defined role in the assessment process to be granted access to the assessment system. Access may be queried.

Interviews with the PREA Coordinator and PCM affirmed that access is controlled by role or classification; access to the automated system is governed by the user's login and computing permissions. The administrator of the automated system is the only person who can add or modify a user's access. As part of the site review, the auditor observed the initial and rescreening risk screening locations. Both are conducted in private office spaces.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

Corrective Action

Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially compliant with this standard. Please reference the discussion above for additional details.

Recommendation

1. **115.41 (a, b, f, g).** Amend DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement to expressly state a sexual abuse risk screening is required within 72 hours of intake; within 30 days of intake; and, again, when warranted due to

a referral, request, incident of sexual abuse, or receipt of additional information that bears upon risk using the agency's established process. Disseminate policy and train risk screeners to comply with procedure uniformly. Consider adapting the Reception Center – Prison Rape Elimination Act (PREA) Reassessment form for agency-wide use.

2. **115.41 (d)**. This provision asks the agency/facility to consider whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. The agency/facility successfully obtains an objective assessment from the inmate regarding the latter ("is"), but the former (i.e. "is perceived to be") is a subjective measurement and should be determined by the screener, not the inmate, as the intention of this item is to ascertain how others perceive the inmate's sexual orientation, gender identity, and/or gender expression, which may translate to sexual vulnerability. A PREA Standards In Focus authored by the PREA Resource Center further discusses this item.

3. **115.41 (h)**. In an effort to build rapport and alleviate fear of retaliation, consider prompting screeners (via a notice on the screening or screening instructions) to notify inmates that they will not be disciplined for refusing to answer, in part or full, screening questions.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 12, 62080.14 Transgender or Intersex Inmates (revised 5/15/2018)
- e. CCR, Title 15, Article 1.6 Inmate Housing
- f. CCR, Title 15, Section 3377 Facility Security Levels
- g. Use of screening information memo (dated 10/6/2017)
- h. PREA Screening Instructions (date unknown)
- i. Instructions for Completion of the PREA Screening Tool (date unknown)
- j. CDCR 115.42 Compliance memo
- k. Changes to Prison Rape Elimination Act Screening Form – Mental Health Referral Process memo (10/28/2018)
- l. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities memo (dated 9/29/2017)
- m. Classification Committee Chrono; samples
- n. CDCR 128-B Transgender Bi-Annual Assessment – PREA (date unknown)
- o. Transgender Inmates by Annual Review Month report (queried 6/17/2020)
- p. Transgender Biannual Reassessment for Safety in Placement and Programming memo (dated 8/25/2017)
- q. CCHS, Volume 4, Chapter 26, 4.26 Gender Dysphoria Management Policy (revised 6/2015)
- r. CCHS/DHCS Care Guide: Gender Dysphoria (dated 5/2015)

Interviews

- a. Staff Responsible for Screening
- b. Classification/Housing Assignment Staff
- c. PCM

Findings (by provision)

115.42 (a, b). The facility indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Per a memo from the Division of Adult Institutions Director on 9/29/2017, in an effort to immediately come into compliance with 115.41 and 115.42, all facilities were to ensure each inmate was screened for risk during their next annual classification review. Following this “catch up” period, initial risk screening is conducted during Receiving & Release by the custody supervisor and again within 14 days of arrival by the appropriate correctional counselor in anticipation of the Initial Unit Classification Committee. Results of the risk screening may categorize inmates as having no risk, risk of victimization, or risk of abusiveness. In the event an inmate is determined to be at risk, they must be designated as such in the inmate precaution section of SOMS so that the potential vulnerability is known when making housing assignments. PREA Screening Instructions detail this electronic entry process. If either precaution exists, the custody supervisor is required to review the potential cellmate’s precaution screen(s) and case factors to ensure potential victims and potential abusers are not housed together in a cell.

DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) indicates that when the custody

supervisor who is tasked with the initial risk screening learns an inmate has previously experienced sexual victimization, alternate housing options shall be discussed with the respective inmate. In accordance with the agency's single cell policy, per 54040.6 Offender Housing (p. 479), the PREA Screening Form, including questions that attempt to discern sexual violence and victimization, shall be completed as part of the review and evaluation process. CCR, Title 15, Section 3269 also notes a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner.

In addition to housing and bed notifications, per DOM, Chapter 6, Article 5, 62010.8.3 Initial Classification Committee (p. 560) the Unit Classification Committee is tasked with initiating an educational, vocational training, or work program and privilege group designation. Considerations of variables impacting an inmate's actual or perceived safety and placement decisions are to be recorded in the classification chrono; as are the follow-up actions taken by the committee chairperson. This process is to be repeated before each annual classification review.

One of the facility's risk screeners indicated that the scores generated from the PREA Screening are used to inform placement decisions. Specifically, placement on and movement off of units are recommended by officers and approved by security supervisor who receive risk-based alerts about the compatibility of inmates. A correctional counselor shared that an inmate's risk score is considered for certain job assignments, but he was unable to describe with any detail how the risk screening information is used to make safe work, education, and program assignments. The facility's PCM stated that risk screening information is predominately used to make safe housing placements, but that additional security measures are taken to ensure proper supervision within programming, work, and education placements.

The facility's maintenance supervisor stated that inmates are assigned to work crews via inmate assignments or by referral. He stated that there are instances in which one inmate may be working independently with one staff member (i.e. paint and carpentry shops). This work arrangement was observed in other programming areas of the facility (i.e. clothing exchange, canteen) but appears to be mitigated with additional rounds, mirrors, and screening for appropriate placement.

During interviews and conversations with random and specialized staff, there appears to be a clear understanding that housing, work, education, or program assignments shall not be made without approval from the correctional counselor or program/work supervisor who have access to viewing the confidential and restricted information, including potential risk of abusiveness or victimization, in SOMS.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision. However, the one-on-one work arrangement, albeit infrequent, coupled with the supervisor's unawareness of an inmate's potential vulnerability shall be evaluated by the facility so that safeguards may be put in place to minimize opportunities for abuse.

115.42 (c). The facility indicated in their response to the PAQ that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. According to DOM, Chapter 6, Article 12, 62080.14 Transgender Inmates (p. 582), a classification committee shall review case factors for transgender and intersex inmates so as to determine institutional placement and housing assignment. In an effort to deliver appropriate medical care and mental health treatment, transgender and intersex inmates shall be housed at one of 14 institutions to the "maximum extent practical." If placement in such facility is difficult, a multidisciplinary team is to convene to determine the most appropriate facility and level of care consistent with the inmate's case factors.

Corcoran State Prison is not a designated facility for transgender inmates. While the facility indicated they did not currently house any known transgender inmates, the audit team unexpectedly interviewed two. The auditor requested both be rescreened for risk and assessed for placement. The facility forwarded documentation to confirm. The agency's PREA Coordinator and facility's PCM both confirmed that CDCR has 14 designated facilities for transgender and intersex inmates which are equipped to better meet their individual needs. If, however, an inmate who identified as transgender or who had an intersex condition was housed at COR, the facility's PCM stated the facility would make health, safety, and security accommodations.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (d). According to DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 485), transgender and intersex inmates shall be reassessed every six months to review any threats to safety experienced by the inmate. The reassessment process mirrors the annual classification review process, but is held biannually. Identified inmates are to be asked about threats to their safety during the pre-committee interview. The correctional counselor is also responsible for reviewing the inmate's case factors in SOMS and the electronic medical record to glean additional, relevant information. Following the review, the correctional counselor shall document actions on CDCR 128-B Transgender Biannual Assessment – PREA chrono. Threats to the inmate's safety must be communicated immediately to a custody supervisor. If the inmate shares information related to sexual abuse or sexual harassment, the correctional counselor is directed to document and notify the facility's LDI in accordance with agency policy. Finally, the PCM is responsible for overseeing this process is completed in timely manner, maintaining a tracking log, and ensuring the PREA

Coordinator receives receipt of completed assessments within five days of the review.

As stated above, COR is not a designated hub for transgender and intersex inmates. The PCM confirmed there is a process in place to review their placement biannually, but this process has not been necessary at COR. Following a needs assessment, one of the two inmates who identifies as transgender (see 115.42 (c)) was transferred to a more appropriate facility; the other remains at COR and will be reassessed in accordance with this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (e). According to DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 485) the reassessment process is triggered by headquarters who is responsible for sending each respective facility a listing of known transgender inmates, including deadlines by which to reassess. The reassessment may either be conducted during the inmate's regularly scheduled classification pre-hearing or a supplementary assessment must be scheduled. The assigned caseworker shall conduct a face-to-face interview and assess for safety, review case factors, and consider any other additional information that may bear upon programming or placement. The compilation of this assessment shall be documented on CDC 128-B Transgender Biannual Assessment-PREA chrono. Safety concerns must immediately be communicated to a custody supervisor. The PCM is responsible for overseeing this process, including notifying headquarters when the assessment(s) is complete.

An interview with the PCM corroborated that the facility's practice aligns with agency policy. She indicated that COR gives serious consideration to transgender or intersex inmate's own views about their safety within the institution. This assertion was verified by review of assessment documentation for two transgender inmates who were made known to the facility as a result of audit interviews.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (f). A review of the facility's physical plant and showering accommodations confirmed a discussion with the facility's PCM who stated that transgender inmates have an opportunity to shower separately and privately by space. Modesty curtains are in place in all showering areas. Showering separately by time requires permission of unit staff.

The audit team interviewed two transgender inmates; each indicated they may shower separately and privately.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.42 (g). The agency's PREA Coordinator affirmed that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring lesbian, gay, bisexual, transgender, or intersex inmates be placed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. She stated that inmates who identify as such they are spread throughout the agency in accordance with their security and programming needs. While inmates who identify as transgender or who have an intersex condition may be placed in a designated facility, they are housed throughout the facility in all housing types and not in a dedicated unit. She explained that transgender and intersex inmates are not housed in one of the designated facilities solely on the basis of their gender identity or medical diagnosis, but due to potential housing, medical, and/or property needs.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation

1. 115.42 (a, b). One-on-one work arrangements, albeit infrequent, coupled with the programming/maintenance supervisors' unawareness of an inmate's potential sexual vulnerability shall be evaluated by the facility so that safeguards may be put into place to minimize opportunities for abuse.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020)
- c. CCR, Title 15, Section 3335 Administrative Segregation (updated 10/2016)
- d. CDCR Custody Supervisor Checklist (PREA) (date unknown)
- e. Administrative Segregation Placement Notice chrono

Interviews

- a. Warden
- b. Staff Who Supervise Inmates in Segregated Housing

Findings (by provision)

115.43 (a). The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of 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. Of those inmates identified as being at risk of sexual victimization, zero were held in involuntarily segregated housing in the past 12 months for 24 hours or less awaiting an assessment.

According to DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (p. 480) responses to the risk screening shall not prompt automatic placement of the inmate into administrative segregation. DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480) further states that inmates "at a high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available means of separation from likely abusers." If the facility cannot contact the assessment immediately, the facility may hold the inmate in segregated housing for less than 24 hours while completing the assessment. In the event segregated housing is appropriate, the inmate shall be issued an Administrative Segregation Placement Notice, which must state that the reason for segregation is related to a pending housing assessment in response to their high risk for sexual victimization. Thereafter, the inmate's placement will be reviewed by Institution Classification Committee. The inmate's retention in segregation should not ordinarily exceed 30 days. If placement exceeds 30 days, it must be reviewed at the same interval regularly. DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (p. 485) allows for a similar process for those experiencing ongoing safety concerns.

A review of the Custody Supervisor Checklist (PREA) revealed that as part of the first response the shift supervisor must determine the most appropriate level of housing. This item is followed by a reminder that the CDC Form Administrative Segregation Placement Notice shall be completed if this placement is necessary. In the past 12 months, COR reports that there have been zero inmates who are at risk of victimization who have been involuntarily segregated for any time period. As such, there is no documentation to demonstrate the basis of the facility's concern for the inmate's safety and the reason(s) why an alternative means of separation could not be arranged.

In response to this item, the Warden indicated policy prohibits placing those at risk in a segregated status unless there are no other safer means. Rather, they consider what other housing unit(s) are most appropriate to ensure safety. Segregation is permissible pending an assessment of more appropriate housing options. Options at COR are to assign an inmate to a single status or protective custody; move closer to an officer's station; relocate to a smaller housing unit; or transfer to another facility entirely. The facility makes every effort to talk to inmates to get their feedback about their housing preferences, where appropriate. If segregation is the only option an alleged victim would be placed there for as little time as possible until an alternative means of separation from the abuser could be identified. A staff member who supervises inmates in segregated housing affirmed that inmates are not placed in segregated housing for the sole reason of being at risk of victimization. The facility may elect to place inmates at imminent risk in a non-disciplinary segregated (NDS) status if no other options exist. In these cases, inmates will spend the minimum time necessary in this status. Committee will review their placement every 30 days while a threat assessment is conducted and actions are taken to mitigate the risk. During this time, inmates on an NDS status maintain education, property, yard time, access to providers, and programming; full restriction is not acceptable. The Warden, PCM, and staff member who supervises inmates in segregated housing report that zero

inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization. This was further corroborated through inmate interviews during the site review.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (b). According to CCR, Title 15, Section 3335 Administrative Segregation (p. 180) if an inmate's presence in general population threatens their safety or that of others (including following an incident of sexual abuse) and the most appropriate placement is non-disciplinary segregation, "the inmate will be afforded all programs, privileges, and education."

The facility did not have any completed forms to review as no inmates at high risk of victimization have been placed in a segregated status in the last 12 months.

An interview with a security staff member who supervises inmates in segregation revealed that inmates are not placed in segregated housing due to risk of sexual victimization. If an inmate expresses imminent risk they may be placed in NDS, but only after alternate housing options are explored. In this status, their access to programs, privileges, education, and work may be modified, but effort will be made to ensure continuity. Because the inmate is on an NDS status for his protection he will not be permitted to congregate for traditional activities (i.e. worship, school, work); however, teachers will, for instance visit and deliver educational packets. NDS placement prompts monthly committee review for appropriateness; their review is documented and includes a description of what opportunities are refused, denied, or accepted. The goal is to transition the inmate to an alternate, non-segregated status wherein movement opportunities are restored. COR also has a host of other protective status for those at imminent risk (to include a special needs yard placement, protective housing unit). The Warden, PCM, and staff member who supervises inmates in segregated housing report that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (c). The facility indicated in their response to the PAQ that of those inmates identified as being at risk of sexual victimization, zero were involuntarily segregated for longer than 30 days while awaiting alternative placement. Zero inmates have been involuntarily segregated for any period of time. According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (p480) an inmate's "retention in segregation should not ordinarily exceed 30 days. If retention continues beyond 30 days, staff shall comply with policies governing segregated housing assignments.

The Warden indicated during an interview with the auditor that inmates at high risk of victimization are only placed in segregated housing until an alternative means of separation from likely abusers can be arranged. He stated that inmates are kept in such status for the least amount of time as possible. He indicated that while this option exists, the facility and agency do not use this method as a means of keeping alleged victims or those at imminent risk safe. A staff member who supervises inmates in segregated housing stated that the facility makes every effort to explore alternate housing options until the risk can be mitigated before placing an inmate at risk in segregation. If no other placement is appropriate, segregated status will be reviewed for regularly. Thereafter, committee would identify another alternative placement. The Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (d). As stated above, the facility has not identified a need to separate inmates at high risk of sexual victimization by placing them in involuntary segregated housing in the last 12 months. As such, the facility indicated in their response to the PAQ that there have been no cases in which to record a statement of the basis for the facility's concern for the inmate's safety and the reason(s) why alternative means of separation could not be arranged.

According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), if an involuntary segregated housing assignment is made in accordance with the above provisions, a restrictive housing supervisor shall clearly document on an Administrative Segregation Placement Notice chrono the basis for the staff member's concern for inmate safety; the other alternative means of separation that were explored; and the reason why no alternative means of separation can be arranged.

As stated, the Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.43 (e). The facility indicated in their response to the PAQ that no inmates were held in involuntary segregated housing pursuant to this standard. The facility further responded that if an involuntary segregated housing assignment was made, the

facility would review the inmate's separation every 30 days to determine if a continuing need exists.

DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), indicates the Institution Classification Committee shall convene every 30 days to review and determine whether there is a continuing need for separation from the general population.

A staff member who supervises inmates in segregation stated that Institution Classification Committee reviews placement on a monthly basis. The Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status or AC during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.51 Inmate reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (revised 5/19/2020)
- d. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown)
- e. CCR, Title 15, Section 3138 Indigent Inmates (date unknown)
- f. CCR, Title 15, Section 3141 Confidential Correspondence (date unknown)
- g. CDCR Sexual Violence Awareness; English and Spanish versions (date unknown)
- h. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 5/2017)
- i. CDC-128B Receipt of Inmate PREA Education (revised 1/1995)
- j. Shine the light on Sexual Abuse poster; English and Spanish (date unknown)
- k. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish (date unknown)
- l. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M (date unknown)
- m. CDCR, Instructor Text, T4T – PREA Training (date unknown)
- n. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 2/2020)
- o. Mailroom and rape crisis center correspondence instructions email; PREA Confidential Correspondence With Rape Crisis Centers attachment (dated 6/27/2021)

Interviews

- a. Random Staff
- b. Random Inmates
- c. PCM

Site Review Observations

- a. Informal Interviews
- b. Posted Information

Findings (by provision)

115.51 (a). The facility indicated in their response to the PAQ that the agency has established multiple internal methods for inmates to privately report sexual abuse; sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. According to DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) inmates may report the conduct above or violations of agency sexual abuse policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, through a third party, to the OIG Ombudsman for Sexual Abuse in Detention Elimination. The same policy, section Education and Prevention, Offender Education (p. 479) states the facility shall display posters which include reporting hotline numbers.

Sexual Violence Awareness and Sexual Abuse/Assault Prevention & Intervention (2017 edition) are written resources that are distributed to inmates upon intake. Both detail reporting options which include those outlined in policy above, in addition to the address and phone numbers for the agency's Office of Internal Affairs. Upon distribution of each brochure inmates are asked to acknowledge receipt via CDC-128B Receipt of Inmate PREA Education.

During the site review, the audit team observed Shine the light on Sexual Abuse and Prison Rape Elimination Act Office of

the Inspector General posters hung throughout the facility, including on inmate housing units, which display the sexual abuse and sexual harassment zero tolerance policy and reporting options. The reporting options mirrored those listed above. The auditor tested this phone line and received the appropriate prompts to leave a voice message, but was required to enter an inmate PIN to proceed.

Informal conversations with inmates during the site review and formal random and target inmate interviews indicated that all but three inmates could recite at least one way to report sexual abuse or sexual harassment. Of 13 random staff members interviewed all were able to recite appropriate reporting options. A conversation with the PREA Coordinator revealed that the agency is currently working with their telephone provider to eliminate the required entry of an inmate PIN when making a call to OIG and OIA (currently, toll-free and not recorded). She emphasized that this identifying information is not shared with investigators, but for the sake of a reporter's perception, better practice is to remove this required entry.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.51 (b). The facility indicated in their response to the PAQ that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. As described above and according to DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) inmates may report to the Ombudsman for Sexual Abuse in Detention Elimination in the Office of the Inspector General (OIG). CCR, Title 15, Section 3138 Indigent Inmates may receive up to five postage paid envelopes per week.

The brochures, Sexual Violence Awareness and Sexual Abuse/Assault Prevention & Intervention (2017 edition) further state that letters to OIG will be processed as legal mail and reporters can request to remain anonymous, but they refrain from detailing the process of ensuring an outgoing letter is processed as such and/or the process of requesting anonymity.

Interviews with mailroom staff affirmed indigent inmates may receive paper and postage paid envelopes free of charge. Thereafter, inmates may send an unlimited number of letters at their own expense. Privileged correspondence, including mail addressed to the OIG, need not include the inmate's name or CDCR number provided it is marked "confidential."

An interview with the PCM confirmed that in order to report externally inmates may write a letter to OIG. Not only may they write to OIG, but they may do so anonymously (i.e. they are not required to record their name on the outgoing envelope or enclosed correspondence). Inmates may also report anonymously via a third party. Of 54 random and target inmates interviewed, there was variation in understanding anonymous reporting options. Approximately half of inmates stated they can report anonymously; none were able to recite to whom or the process for remaining anonymous. They overwhelmingly stated they would consult written materials (i.e. posters, handbooks) to learn of their options.

The agency does not house inmates solely for immigration purposes and, as such, does not have a policy or provide inmates detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision. However, while the structure is in place to report anonymously, 26 of 54 inmates were unaware of the way in which to do so. Zero inmates stated that reporting anonymously to, specifically, the OIG address is an avenue.

115.51 (c). The facility indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports. According to CCR, Title 15, Section 3401.5 Staff Sexual Misconduct and DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) staff are responsible for reporting immediately and confidentially reporting to an appropriate supervisor (i.e. hiring authority, unit supervisor, or highest ranking official on duty) any information that indicates an inmate has experienced sexual abuse or sexual harassment. Thereafter, staff members shall document on CDCR Form 837 Crime Incident Report.

All random staff interviewed stated inmates can report in any of the ways described above, including anonymously. All also stated that they would complete an incident report immediately upon accepting a report from an inmate, regardless of the report method. Six of 54 inmates stated they could not or were not aware of written or verbal reporting options; the overwhelming majority affirmed that they can report in any of the accepted ways with the exception of reporting anonymously as described above.

A review of CDCR's public website revealed a list of ways in which sexual abuse or sexual harassment may be reported. Specifically, community-based reporters may disclose an experience of sexual abuse or sexual harassment on behalf of an inmate to OIG, OIA, or the respective facility. The displayed information includes a listing of mailing addresses and telephone numbers.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.51 (d). The facility indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting immediately and confidentially to any supervisor. Staff are informed of this opportunity via training materials and DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480).

The auditor reviewed Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M and training materials, which affirm this reporting option.

During the site review, the audit team observed posters hung throughout the facility. Not only are inmate reporting options including displayed, but so is staff reporting information, which includes the methods described above. Staff training modules circulated in 2018 and 2020 include information on staff reporting methods, as does the information posted to the public website, which staff have access to.

Thirteen of 13 random staff stated they can report privately. They, further, described multiple methods including notifying a security supervisor and contacting OIG.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendations

1. **115.51 (a).** To enhance the agency's reporting culture, eliminate the requirement that a reporter enter their respective PIN number when dialing OIG or OIA.
2. **115.51 (b).** Ensure incoming and existing inmates receive information about how to report sexual abuse and sexual harassment anonymously. Consider updating the inmate handbook(s) and displayed posters to clearly state the process of "request(ing) to remain anonymous" when contacting OIG.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CCR Title 15, Article 8 Inmate Sexual Safety
- c. CDCR, DOM, Chapter 5, Article 44, 54040.7.1 Notification via Inmate Appeals or Form 22 Process (revised 5/19/2020)
- d. CDCR, DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020)
- e. CDCR, DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender (revised 5/19/2020)
- f. CDCR, DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegation (revised 5/19/2020)
- g. CDCR COR Inmate Orientation Manual (revised 7/2019)
- h. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 5/2017)

Interviews

- a. Warden
- b. Sexual Abuse Investigator
- c. Grievance Staff

Findings (by provision)

115.52 (a). The facility indicated in their response to the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. DOM, Chapter 5, Article 44, 54040.7.1 Notification via Inmate Appeals or Form 22 Process (p. 480) states that any staff member receiving a grievance documented on an applicable appeal form shall immediately notify the warden, unit supervisor, or highest-ranking official on duty per CCR, Title 15. According to CCR, Title 15, Article 8 Appeals (p. 76) grievances in whole or in part containing allegations, including imminent risk, of sexual violence or staff sexual misconduct shall be processed as an emergency appeal, which is immediately forwarded to the Hiring Authority and processed at the second level of review. The second level of review shall be conducted by the Chief Deputy Warden or equivalent.

The auditor reviewed COR's Inmate Orientation Manual (pp. 7-10) and learned that inmates are informed about how to submit a grievance and file an appeal, if necessary. During the audit period, 11 complaints alleging staff sexual harassment were received via the appeal process. The auditor reviewed this documentation and spoke to the facility's senior grievance staff member who described the review, follow-up, and documentation process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (b). The facility indicated in their response to the PAQ that the agency has a policy or procedure allowing an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident allegedly occurred. The facility also reported that agency policy requires an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, following an incident of sexual abuse. The agency's appeals policy, CCR, Title 15, Article 8 (pp. 84-85), states that there should be no time limit for allegations of staff sexual misconduct or inmate-on-inmate sexual violence. COR's Inmate Orientation Manual (pp. 7-8) encourages inmates to attempt to resolve the issue with appropriate staff before filing an appeal. This is consistent with information from specialized staff. Staff confirmed during interviews that no time limits are imposed for allegations of sexual abuse and no requirements are imposed regarding using an informal grievance process prior to making an allegation of sexual abuse.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (c). The facility indicated in their response to the PAQ that the agency's policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the person who is the subject of the complaint and, further, grievances of this nature will not be referred to the staff member who is the subject of the complaint. CCR, Title 15, Article 8 (p. 82) states that appeal responses shall not be reviewed and approved by a staff person who participated in the event or decision being

appealed.

In addition, inmates are able to report sexual abuse utilizing multiple available methods outside of the grievance process; moreover, these methods (including verbal and written reports to any staff member; written and telephone reports to OIG or OIA; and reports to family or friends) as described in inmate education materials allow for reporting without involving a staff member who is the subject of a complaint. The Sexual Abuse/Assault Prevention and Intervention pamphlet that is provided to all inmates upon reception, informs inmates that appeals relating to the reporting of employee sexual misconduct will go directly to the Warden for immediate review and action.

Specialized staff were asked during onsite interviews about procedures in place for inmates to submit grievances to staff members who may be named in a complaint. Information provided by staff was consistent with policy; in practice, inmates are able to submit grievances or appeals via a locked box, thereby bypassing the staff member who may be involved in or named as the subject of the grievance. The auditor reviewed three examples of an inmate grievances. It was confirmed by cross-reference of follow-up documentation that it was responded to by a staff member who was not the subject of the complaint.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (d). The facility indicated in their response to the PAQ that the agency's policy requires a decision on a grievance alleging sexual abuse within 90 days. When an extension is required the agency notifies the inmate in writing, includes notice of the date by which a decision will be made, and takes no longer than an additional 70 days to make an appropriate decision. CCR, Title 15, Article 8 Appeals (p. 84) states that grievances in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal and subject to second level of review. Following a risk assessment, which must be completed within 48 hours, a second level response is required within five working days. Immediate corrective action shall be taken if the inmate is deemed at substantial risk of imminent abuse. Exceptions to this time limit are provide in unique, well-defined circumstances; in these events, the inmate shall be provided with an explanation of the reasons for the delay and the estimated completion date. When an exception exists and an extension is warranted, second and third level reviews may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the facility. The inmate may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level. COR had six sexual abuse-related grievances filed in the 12-month review period. All were disposed of within 90 days; none required an extension. A discussion with the facility's grievance coordinator affirmed this process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (e). The facility indicated in their response to the PAQ that agency policy allows third parties to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Moreover, if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse the agency documents the inmate's decision to decline. Per DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee (p. 480), inmates are able to report sexual abuse with the assistance of third parties. Further, when a third party report is received, a supervisor must privately discuss the complaint and assess immediate housing needs with the alleged victim. Thereafter, the report is forwarded to the Hiring Authority for review and action by an LDI. Inquiry and/or investigative information gathered by the LDI must be documented on a Confidential Memorandum. Reviews of investigative files show that reports from third parties are accepted and investigated. According to the PAQ, zero third party complaints were filed on behalf of alleged victims; accordingly, zero inmates elected to move forward with a request for administrative remedy filed by a third party.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (f). The facility indicated in their response to the PAQ that the agency has a policy and established procedures, which include an initial response within 48 hours, for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency conforms to the procedures outlined in CCR, Title 15, Article 8 Appeals (pp. 84-85) which states that all grievances alleging sexual violence of staff sexual misconduct are processed as emergency appeals, which triggers an assessment to determine risk. Imminent risk requires immediate corrective action. The risk assessment must be documented within 48 hours of receipt of imminent risk. A final decision, including a description of actions taken in response, is required within 5 calendar days. COR reported that there were six grievances or appeals citing substantial risk of imminent sexual abuse received in the 12-month review period (the same six sexual abuse-related grievances cited in the provision above). Each respective complaint was elevated to an "emergency" as directed by policy and handled accordingly. The auditor spoke to the facility's grievance coordinator who successfully demonstrated understanding of this process.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.52 (g). The facility indicated in their response to the PAQ that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate

filed the grievance in bad faith. DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegations (p. 485) indicates the reporter may be subject to disciplinary action if it is determined the allegation was not made in good faith or upon reasonable belief that the alleged conduct occurred. A charge of “making a false report of a crime” is applicable only if evidence indicates the inmate “knowingly” made a false report. Further, unsubstantiated or unfounded dispositions are not equivalent to false reporting. COR has not processed any grievances in the last 12 month which suggest a report was made in bad faith nor have they issued any discipline related to a false report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate for Emotional Support Services (revised 5/19/2020)
- c. CDCR Sexual Violence Awareness; English and Spanish versions (date unknown)
- d. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 5/2017)
- e. PREA Information for Orientation Handbook; English and Spanish versions (date unknown)
- f. Attachment C, Victims of Sex Crimes form (date unknown)
- g. Attachment C-1, CDCR Prison Rape Elimination Policy, Victim Restricted Information Deletion form (date unknown)
- h. CALCASA/JDI California Advancing PREA: A Guide to Working with Rape Crisis Centers (date unknown)
- i. Memorandum of Understanding between California Department of Corrections and Rehabilitation and County of Kings (executed 9/22/2016)
- j. Standard Agreement, Kings Community Action Organization (executed 8/6/2019)
- k. Mailroom and rape crisis center correspondence instructions email; PREA Confidential Correspondence With Rape Crisis Centers attachment (dated 6/27/2021)

Interviews

- a. Random Inmates

Site Review Observations

- a. Posted Support Services Information

Findings (by provision)

115.53 (a). The facility indicated in their response to the PAQ that they provide inmates with access to outside victim advocates for emotional support services related to sexual abuse; provide inmates with access to such services by giving inmates mailing addresses and telephone numbers for victim advocacy or rape crisis organizations; and provide inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The agency does not house inmates solely for civil immigration purposes and, as such, does not provide information for immigrant services agencies.

DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocates for Emotional Support Services (p. 482) restates this service provision and, specifically, indicates this contact information is available to inmates in the following written resources: Sexual Violence Awareness, Sexual Abuse/Assault – Prevention and Intervention, and facility-specific orientation handbook. The auditor observed the telephone number and mailing address for Kings Community Action Organization (KCAO) in each of these resources, in addition to posters displayed throughout the facility in inmate common areas. Just Detention International's (JDI) mailing address is printed alongside.

The auditor tested this phone line and received the appropriate prompts to leave a voice message, but was required to enter an inmate PIN to proceed. A conversation with the PREA Coordinator revealed that the agency is currently working with their telephone provider to eliminate or standardize the required entry of an inmate PIN when making a call to the local sexual assault service provider (currently, toll-free and not recorded). Interviews with mailroom staff affirmed indigent inmates may receive paper and postage paid envelopes free of charge. Thereafter, inmates may send an unlimited number of letters at their own expense. Correspondence, including mail addressed to KCAO will be handled in accordance with Standard Agreement, Kings Community Action Organization (i.e. MOU) Section 1. 7. b. and the agency's privileged mailing procedures.

Thirty-three of 54 inmates stated they believe external support services exist; none could identify the advocacy organization. The remainder indicated they were unaware such services existed. As stated in the discussion of 115.33, 19 of 28 randomly selected inmate records were void of education acknowledgments. Sixteen of 54 random and target inmates could not recall receiving education. However, three inmates who previously reported sexual abuse at COR were familiar with support

services.

A pre-on-site interview with an advocate from KCAO revealed that they provide phone, in-person, and written support services to inmates confined at COR; in-person support services are facilitated by the facility's PCM. He indicated the sessions are conducted in a private setting with appropriate security. He has never felt rushed through a conversation or meeting with an inmate and is given space to meet for an undefined number of times provided the content is on task. When correspondence is exchanged both parties will write "Confidential" on the envelope. The agency is able to provide support to non-English speaking inmates via a language line or multi-lingual advocates. Finally, the MOU developed and signed by the facility and sexual assault service provider on 8/6/2019 states that the KCAO will provide confidential support services to the victim either by telephone, mail, or in person. The auditor also spoke to a representative from JDI who indicated that they are an ongoing supportive resource for inmates confined to COR. They have received approximately 10 letters from COR in the past year, which is reportedly the average volume per CDCR facility. The PREA Coordinator stated she holds quarterly meetings with JDI to discuss access to services; moreover, the organization has her direct contact information so as to communicate emerging issues in the meantime.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.53 (b). The facility indicated in their response to the PAQ that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. While some assumed their communication with an advocate would remain confidential, none of the random or targeted inmates were able to affirm that they are informed of the above provisions before accessing support services. The auditor could not find evidence of the expectation defined by this provision in policy. An updated version of the facility orientation handbook language states, "Written correspondence between a Sexual Assault Counselor from the rape crisis center and an inmate victim is confidential pursuant to CAL. EVID. CODE (section) 1035.4. The outside envelope must state, "Evid. Code 1035.4 Confidential/Privileged Communication." The agency's PREA Compliance Unit circulated notification to mailroom staff via each facility's PCM on 6/27/2021 reminding them that envelopes marked with "Evid. Code 1035.4 Privileged Communication" shall not be read by staff and shall only be opened in the presence of the addressee. The emailed notification further listed each community-based sexual assault service provider with whom confidential correspondence may be exchanged. This listing omits Just Detention International, which is listed in printed inmate education materials as a source of support.

A similar notification regarding the extent to which communication will be monitored was not printed for telephone or in-person advocacy contact, nor could the auditor locate a statement of mandatory reporting rules within any printed materials.

The facility provided blank forms which give for victims of sexual crimes the option to exercise or waive their right for their name to become a matter of public record following a disclosure of sexual abuse as required by California penal code. The auditor, however, was unable to connect this legal request for confidentiality to this provision.

During the corrective action period, the facility successfully demonstrated substantial compliance with this provision. CDCR headquarters and the auditor worked collaboratively to update PREA education template language to ensure all inmates are informed prior to giving them access to external support services (i.e. Kings Community Action Organization and JDI) the extent to which their communication (via mail, telephone, and in person) will be monitored, in addition to mandatory reporting laws governing privacy, confidentiality, and/or privilege. On 11/9/2021 the auditor received confirmation that the updated language was adopted and printed in all new orientation handbooks; the handbook was circulated effective immediately.

115.53 (c). The facility indicated in their response to the PAQ that the facility maintains a MOU (i.e. Letter of Agreement) with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The auditor reviewed such agreement signed by COR and Kings Community Action Organization on 8/6/2019. Within, the agreement describes the respective responsibilities of COR and KCAO as it relates to facilitating and providing support services for inmates following an experience of sexual abuse in confinement.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

Following a period of corrective action, a final analysis of the evidence indicates the facility is substantially compliant with this standard. Please reference the discussion above for additional details.

Recommendations

1. **115.53 (a).** To enhance the trust in the external support services, eliminate or standardize the requirement that the person seeking support enter their respective PIN when dialing the local sexual assault service provider.

While inmates who reported sexual abuse were knowledgeable about support services and the auditor observed that this information is accessible to all, consider incorporating a discussion of such services during intake education per 115.33 to enhance awareness among the general population.

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020)
- c. CDCR public website screenshots
- d. PREA Information for Orientation Handbook; English and Spanish versions (date unknown)

Site Review Observations

- a. Posted information

Findings (by provision)

115.54 (a). The facility indicated in their response to the PAQ that the agency and facility provide a method, and publicly distribute reporting information on CDCR's website, to receive third-party reports of inmate sexual abuse or sexual harassment. The auditor observed this information is posted publicly by navigating to CDCR, Locations, Adult Institutions, Prison Rape Elimination Act (PREA). There readers will learn that, specifically, third parties may contact the facility directly, the regional Office of Internal Affairs, or Office of the Inspector General. In addition to posting methods on the public website, the facility circulates such information in the inmate orientation handbook by stating, "you may tell a family member or friends, who can report on your behalf." This information is was visible in COR visiting areas. DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender (p. 481) emphasizes that third party reports may be received on behalf of an inmate and goes on to describe the process of elevating the report for investigation. Interviews with random and target inmates affirm that they are aware they may report to a person external to the agency.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 4040.7 Detection, Notification, and Reporting (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.7.2 Notification to Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020)
- f. CDCR DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020)
- g. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (revised 5/19/2020)
- h. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (revised 5/19/2020)
- i. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (revised 5/19/2020)
- j. CCHCS Volume 1, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure (revised 10/2016)
- k. CDCR 7448 Informed Consent for Mental Health Care
- l. Mandatory Reporting of Patient Sexual Abuse or Misconduct (Senate Bill 425) memo (dated 1/3/2020)
- m. CDCR Institutions and Camps Manual, Chapter 1, Policy 1435, Reporting Suspected Child Abuse or Neglect (effective 3/11/2015)
- n. California Department of Social Services, Report of Suspected Dependent Adult/Elder Abuse form (dated 11/2018)
- o. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (approved 9/2015)
- p. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 2/2020)
- q. Mailroom and rape crisis center correspondence instructions email (dated 6/27/2021)

Interviews

- a. Warden
- b. PREA Coordinator
- c. Medical and Mental Health Staff
- d. Random Staff

Findings (by provision)

115.61 (a). The agency indicated in their response to the PAQ that all staff must report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are also required to immediately report according to policy any retaliation against inmates or staff who reported such an incident. Finally, staff must immediately report according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

According to DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) all staff have a responsibility to immediately and confidentially report any information that indicates an inmate is being, or has been, the victim of sexual abuse or sexual harassment. Staff shall report to "the appropriate supervisor" and are further instructed to assist the inmate, refer them to medical/mental health, and document on a CDCR 837 Crime Incident Report. Further, DOM, Chapter 3, Article 22, 33030.3 Code of Conduct (p. 246) indicates that staff are obligated to "report misconduct or any unethical or illegal activity..." This expectation, in effect, makes staff responsible for reporting each element of this provision.

The agency's in-service and on-the-job training modules restate the reporting requirement as defined in policy; while neither expressly detail the reporting requirements of this provision (i.e. the duty to report any suspicion of confinement-based sexual abuse or harassment, report-related retaliation, and/or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation) each does review the agency's code of conduct, which broadly requires the aforementioned.

Random staff interviews demonstrated that staff are familiar with reporting requirements should an inmate disclose an experience of sexual abuse or sexual harassment. With prompting, staff are further knowledgeable about their duty to report retaliation and violations of job responsibilities that may have contributed to an incident. Each described a clear understanding of the reporting process, including documentation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (b). The facility indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. DOM, Chapter 5, Article 44, 54040.8 Response (p. 481) reminds staff that incident-based information is confidential and shall only be disclosed on a "need to know" basis or in accordance with law. The agency defines "need to know" in the DOM as "when the information is relevant and necessary in the ordinary performance of that employee or contractor's official duties."

Thirteen of 13 random staff interviewed reported they would immediately contact a security supervisor; they would refrain from sharing the information other than with staff who have a need to know.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (c). CCHCS Volume 1, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure (p. 1) directs medical and mental health staff to notify the patient (inmate) of the healthcare staff member's duty to report all allegations of sexual abuse and sexual harassment, and the limitations of confidentiality, at the initiation of services. California State law (i.e. Senate Bill 425) further requires the agency to report allegations of sexual abuse involving a healthcare professional to the appropriate licensing agency within 15 days of receiving the allegation. An agency memo dated 1/3/2020 instructs CCHCS staff to notify the facility's PCM of such conduct so that the reporting obligation may be met.

The auditor interviewed a medical clinician and mental health practitioner, both of whom indicated that they disclose the limits of confidentiality, including the disclosure of sexual abuse, at the start of services. They affirmed that they are required to immediately report in accordance with agency and CCHCS policy. Each stated the reporting responsibilities and confidentiality requirements of health information pursuant to this standard and policy.

Clinical staff are responsible for reviewing CDCR 7448 Informed Consent for Mental Health Care form with their respective patient (inmate) and obtaining signature with affirms understanding. This form states in part that information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations: 1) I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff 2) An assessment and report is required by legal proceedings such as, but not limited to, Board of Parole hearings, mentally Disordered offender Evaluations, Sexually Violent predator Evaluations, 3) My clinician suspects child, elder, or dependent adult abuse (sexual, physical, and/or financial).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (d). As discussed in 115.14, COR does not house youthful inmates. COR reported there have been zero youthful inmates at the facility in the past 12 months. The auditor spoke to the Warden, PREA Coordinator, and PCM to confirm no youthful inmates are housed at the facility.

CDCR Division of Juvenile Justice (DJJ) maintains custody of youthful inmates. CDCR Institutions and Camps Manual, Chapter 1, Policy 1435, Reporting Suspected Child Abuse or Neglect (p. 2) indicates that any DJJ employee or contractor who suspects or knows that a child has been abused, injured, or neglected is responsible for reporting to the applicable child protective agency.

Upon review of California Penal Code, Section 11165.7, California mandatory reporting laws pertaining to child, elder, and vulnerable adult abuse and neglect are applicable to, in part, healthcare professionals, social workers, teachers, clergy, and peace officers. Mandated reporters are expected to complete Report of Suspected Dependent Adult/Elder Abuse; a description of reporting instructions are enclosed in this form.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.61 (e). DOM, Chapter 5, Article 44 states in various sections that staff are responsible for accepting reports in a multitude of formats from any source and, thereafter, notify a security supervisor for investigation referral. During the onsite review, the audit team examined five allegations which were promptly referred to ISU and investigated. An interview with the

Warden confirmed this practice.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation

1. **115.61(a)**. Consider updating the agency's PREA policy to expressly state staff are responsible for reporting the following: the duty to report any suspicion of confinement-based sexual abuse or harassment, report-related retaliation, and/or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Update training materials to capture each reporting requirement.

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (revised 5/19/2020)

Interviews

- a. Agency Head (designee)
- b. Warden
- c. Random staff

Findings (by provision)

115.62 (a). The facility indicated in their response to the PAQ that when the agency or facility learns an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. COR reported that there have been zero instances of substantial imminent risk in the past 12 months. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) directs the all staff to protect offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.

The Agency Head (designee) stated all staff are responsible for immediately intervening when they receive information that an inmate may be at imminent risk. They are required to notify a supervisor. A qualified person will assess their circumstances, privately discuss the inmate's perceived level of safety, and discuss alternate housing options that have the least impact the inmate's current programming. This assessment also includes considering and adjusting the alleged perpetrator's housing location or temporarily allowing the person at imminent risk to reside in a single cell while the safest location is identified. Customarily, the inmate at imminent risk will be offered a referral to mental health to ensure they have space to process their experience. The Warden repeated these action steps. He stated that the inmate will immediately be separated from the threat. Thereafter, staff will interview the person at imminent risk and attempt to gather as many details as possible so as to determine a course of action. A case-by-case determination will be made to determine the best course of action to maximize safety. He added that if the aggressor is known that person may be placed in administrative segregation while an investigation commences. Action would be taken so as not to place a victim (or those at imminent risk) in segregated housing based on a threat or risk of victimization. If a segregated status was the safest, most appropriate location, the inmate would maintain all of his privileges to the extent safely possible.

Interviews with 13 random staff verified those at imminent risk would be separated from the threat immediately by housing unit. Staff further articulated that they would act immediately; ask preliminary questions to better understand the risk; monitor; act immediately as safety is paramount; notify a supervisor; and keep the person at imminent risk separate from the threat until a placement decision could be made.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (revised 5/19/2020)
- c. Facility-to-facility email notification correspondences (various dates)

Interviews

- a. Agency Head (designee)
- b. Warden

Findings (by provision)

115.63 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. In the past 12 months, COR has made four notifications of alleged sexual abuse to other locations.

DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) restates this expectation. Policy further indicates that the notification between hiring authority or agency head shall be made via telephone contact or electronic mail. Such notification shall be accompanied by a written summary of the alleged victim's statements.

The auditor reviewed four notifications made by COR to other facilities/agencies within CDCR. Each notification was sent via email from ISU (with a copy to COR's warden) to the head of the receiving facility and included a detailed description of the allegation to include the date the allegation was received; the date and location of the alleged incident; the alleged perpetrator; the alleged victim; method and summary of initial report; and follow-up actions taken, including to whom and when the notification was made.

The facility's Warden affirmed the practice outlined by DOM; specifically, the warden will send a notification of alleged abuse to the warden where the alleged incident occurred. The warden will subsequently notify the PCM and an investigation will proceed. The agency's head (designee) added that notification must occur within 72 hours of receiving the allegation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.63 (b). The facility indicated in their response to the PAQ that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) restates this expectation and further directs such notification to be documented via an emailed summary. As stated, the auditor reviewed four notifications from COR to other confinement facilities. All notifications were provided within 72 hours.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.63 (c). The facility indicated in their response to the PAQ that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) directs the reporting CDCR facility to document via an emailed summary and, further, complete the SSV-IA form. The auditor reviewed four notifications from COR to other confinement facilities. All were documented in nearly identical summary format.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.63 (d). The facility indicated in their response to the PAQ that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, COR has received 17 notifications from other confinement facilities.

According to DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) upon receiving of an allegation from another facility that an inmate was sexually abused while confined at that location, the facility manager/designee at the receiving facility shall document the receipt of the allegation in summary format and email such notification to the head of the confinement facility where the alleged abuse occurred. After receiving such notification, the respective hiring authority is responsible for assigning the investigation and ensuring it's managed in accordance with DOM,

Chapter 5, Article 44, 54040.12 Investigation.

The auditor reviewed three of notifications received from other confinement facilities and confirmed appropriate follow-up, up to and including investigation, was completed.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.8 Initial Contact (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040 Prison Rape Elimination Act (PREA) Supplemental Operations Manual (approved 7/23/2019)
- e. CDCR Initial Contact Guide (PREA) (date unknown)
- f. CDCR Custody Supervisor Checklist (PREA) (date unknown)
- g. CDCR Watch Commander Notification Checklist (PREA) (date unknown)
- h. CDCR Transportation Guide (PREA) (date unknown)
- i. CDCR Avenal State Prison, Operational Procedure #47, Crime Scene Preservation and Preservation of Physical Evidence (dated 6/2019)
- j. First responder pocket cards

Interviews

- a. Random Staff

Findings (by provision)

115.64 (a). The facility indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence. In the past 12 months, the facility indicated in the PAQ that they received one allegation of sexual abuse. Per the facility's responses to the PAQ, a security staff member was the first to respond to the report and activate the first responder duties required by this provision. Moreover, the report was received in time to collect physical evidence and preserve the crime scene.

DOM, Chapter 5, Article 44, 54040.8 Initial Contact (p. 481) directs all employees to take the alleged victim to a private secure location and follow the response steps described in the Initial Contact Guide (PREA), which includes notifying a security supervisor and requesting the alleged victim not take any actions that may destroy physical evidence. The custody supervisor, as described in DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 481) is responsible for taking the remaining first responder steps as outlined by this provision. Supervisory responsibilities are enumerated in the agency's Custody Supervisor Checklist (PREA) and Watch Commander Notification Checklist (PREA). Each form describes first responder duties for initial responders and supervisory staff in a clear and concise, but thorough, manner. These steps are also detailed on pocket cards that staff were found in possession of staff during random and specialized interviews. Finally, evidence preservation and retention guidelines found in DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation (p. 481) and Evidence (pp. 481-482) are well defined and listed in the supplementary guide, Operational Procedure #47, Crime Scene Preservation and Preservation of Physical Evidence.

Thirteen of 13 security staff members interviewed successfully articulated all of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence. All stated, at minimum, they have or would notify a custody supervisor and separate the alleged victim from the alleged abuser. In addition to their basic responsibilities, others added that they would document the report and follow-up actions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.64 (b). The facility indicated in their response to the PAQ the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. The one allegation that an inmate was sexually abused at COR in the last 12 months was not first reported to non-security staff.

DOM, Chapter 5, Article 44, 54040.8 Initial Contact (p. 481) directs all employees to take the alleged victim to a private secure location and follow the response steps described in the Initial Contact Guide (PREA), which includes notifying a security supervisor and requesting the alleged victim not take any actions that may destroy physical evidence. Interviews with non-security staff members indicate all are well-versed in their first responder duties.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040 Prison Rape Elimination Act (PREA) Supplemental Operations Manual (dated 12/2016)
- d. CDCR Initial Contact Guide (PREA) (date unknown)
- e. CDCR Custody Supervisor Checklist (PREA) (date unknown)
- f. CDCR Watch Commander Notification Checklist (PREA) (date unknown)
- g. CDCR Transportation Guide (PREA) (date unknown)
- h. First responder pocket cards

Interviews

- a. Warden

Findings (by provision)

115.65 (a). The facility indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. DOM, Chapter 5, Article 44, 54040.8 Response (pp. 481-483) describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers. In 2016, COR approved a DOM supplement which details the facility's coordinated response plan. First responder pocket cards, initial contact guides, custody supervisor checklists, and watch commander notification checklists serves to structure staff response. An interview with the Warden affirmed that the above response plan is in place following an incident of sexual abuse and that staff receive training regarding their responsibilities.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. Agreement Between The State of California and California Correctional Peace Officers Association (CCPOA) Covering Bargaining Unit 6 Corrections (effective 7/3/2020)

Interviews

- a. Agency Head (designee)

Findings (by provision)

115.66 (a). The agency indicated in their response to the PAQ that the agency or facility has entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. The auditor reviewed CDCR Collective Bargaining Agreement (CBA), which is effective 7/3/2020 – 7/2/2022, and verified that it does not contain language limiting the agency’s ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In addition to a host of scope and scheduling latitudes, CBA section 4.01 (p. 27) states that the agency has the authority “to hire, transfer, promote and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees; to alter, discontinue or vary past practices and otherwise to take such measures as the employer may determine to be necessary for the orderly, efficient and economical operation of CDCR.” CBA Section 9.09 (p. 52-53) details employee rights pending a personnel investigation. Finally, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy governs. An interview with the Agency Head (designee) agreed that the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted.

115.65 (b). The auditor is not required to audit this provision of the standard.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CCR, Title 15, Section 3335 Administrative Segregation
- c. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct
- d. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (revised 5/19/2020)
- f. CDCR 2304 Protection Against Retaliation (PAR) – Inmate; blank and completed samples (revised 2/2018)
- g. CDCR 2305 Protection Against Retaliation (PAR) – Staff; blank and completed samples (revised 2/2018)
- h. Institutional PREA Review Committee form (date unknown)

Interviews

- a. Agency Head (designee)
- b. Warden
- c. Staff Charged with Retaliation Monitoring

Findings (by provision)

115.67 (a). The facility indicated in their response to the PAQ that the agency has 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. At COR, the PCM delegates the responsibility for retaliation monitoring to ISU.

The agency's zero tolerance statement as recorded in DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477) states that "retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution." The policy statement goes on to describe types/examples of retaliation. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (p. 271) repeats that retaliatory actions against inmate or staff reporters shall not be tolerated" and met with the consequences stated above. According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484), the PCM is required to monitor staff and inmate reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member and, additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer/contractor reports, or if any person fear retaliation for cooperating with an investigation. Retaliation monitors are instructed to act promptly to remedy retaliation and document such efforts on CDCR 2304 or 2305 Protection Against Retaliation (PAR) form series.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (b). DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484) directs the facility to employ multiple protection measures, including housing or program changes, for those who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. This mandate is reiterated in the agency's PREA policy statement.

An interview with the Agency Head (designee) affirmed that the agency protects reporters from retaliation by implementing a zero tolerance policy for such conduct. She stated the PCM will assign reporting responsibilities to a supervisor; if/when protection is warranted, the facility will employ a variety of safety solutions such as housing changes, removal of the alleged abuser, and offering support in the form of a mental health referral. COR's Warden indicated the facility will act promptly to investigate retaliation related to reporting via the PAR process, which is facilitated by ISU. All supervisors and managers, however, are responsible for protecting reporters from retaliation. The goal of the PAR process is to remedy retaliation, ensure safety and, if applicable, protect the integrity of the investigation. In addition to investigating potential retaliation, the facility will protect the alleged victim from real or perceived retaliation by separating from the suspect and offer supportive resources. Staff and inmates who engage in retaliation are subject to progressive discipline and consequences, respectively.

The auditor reviewed 12 completed PAR forms. Reporters and alleged victims did not express concerns or fears of retaliation. Retaliation monitoring continued for a full 90 days (except in unfounded cases), but no follow-up actions to remedy retaliation were necessary.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (c). The facility indicated in their response to the PAQ that the agency/facility monitors the conduct or treatment of inmates or staff who report sexual abuse and of inmate who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. When revealed, the facility acts promptly to remedy any such retaliation. Retaliation monitoring last for at least 90 days and continues beyond 90 days if there is a continuing need. The facility reported that there have been zero instances of reported retaliation at in the last 12 months.

As described above, DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484) tasks the PCM (or designee) with ensuring that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. At COR, this responsibility is delegated to ISU. ISU investigators meet with reporters or alleged victims once every two weeks for a period of 90 days following the report unless the allegation is deemed unfounded. Retaliation monitors are instructed to document their findings on Protection Against Retaliation form and notify the facility PCM if their finding affirm the presence of retaliation. The PCM shall act promptly to remedy any such retaliation. Per policy, retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a continuing need. Monitoring, as directed by policy and prompted by the Protection Against Retaliation form, shall include reviewing: disciplinary reports; housing reports; program changes; negative performance reviews; and reassignments of staff.

The Warden stated that when the facility suspects retaliation they will investigate the potential action and protect the alleged victim from real or perceived threat by separating the victim and suspect, for instance. A retaliation monitor at COR stated he monitors inmates for a period of no less than 90 days (periodic formal and informal check-ins) at 15 day intervals; during which time he assesses their perception of safety; housing changes; SOMS; infractions; or programming adjustments. If the review suggests the presence of retaliation, the retaliation monitor stated he notifies the appropriate authority, refers to mental health, and initiates a housing change when appropriate.

The auditor reviewed 12 completed Protection Against Retaliation forms. The form, itself, prompts users to comment on their monitoring efforts and actions taken to remedy (to include post reassignment (job change); emotional support services referral; removal of alleged staff abuser from contact with victim(s); facility transfer; and other). The form includes instructions which reminds the responsible party of the agency's retaliation monitoring policy and procedure. Of the completed forms, monitors initiated contact with the inmate within 15 days of receiving the allegation. In addition, the agency's Institutional PREA Review Committee form, as required by standard 115.86, requires the review team to indicate whether retaliation monitoring was conducted.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (d). According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484) the PCM or designee is responsible for conducting periodic status checks as part of retaliation monitoring. If the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days. An ISU team member who was interviewed in his role as a retaliation monitor affirmed that retaliation monitoring includes bi-weekly status checks for a period of no less than 90 days post-allegation. A review of completed Protection Against Retaliation forms illustrates there are spaces to record check-ins with inmate victims/reporters and staff reporters every 15 days for a period of 90 days.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

116.67 (e). The agency's zero tolerance statement as recorded in DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477) states that "retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution." The policy statement goes on to describe types/examples of retaliation. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (p. 271) repeats that retaliatory actions against inmate or staff reporters shall not be tolerated" and met with the consequences stated above. According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484), the PCM is required to monitor staff and inmate reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member and, additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer/contractor reports, or if any person fear retaliation for cooperating with an investigation.

An interview with the Agency Head (designee) indicated the agency or facility would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. The Warden reiterated that any who expresses fear would be protect from such retaliation. The person would be closely monitored and an investigation would commence during which time the inmate or staff person would be separated from the threat. As stated earlier, COR has not received any reports of retaliation, or fears of retaliation, from an inmate or staff in the last 12 months.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.67 (f). The auditor is not required to audit this provision of the standard.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (revised 5/19/2020)

Interviews

- a. Warden
- b. Staff who Supervise Inmates in Segregated Housing

Findings (by provision)

115.68 (a). The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse 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. In the past 12 months, COR reports that there have been zero inmates who allege to have suffered sexual abuse who held in involuntary segregated housing for any time period. As such, there is no documentation to demonstrate the basis of the facility's concern for the inmate's safety and the reason(s) why an alternative means of separation could not be arranged.

According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), inmates "at a high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available means of separation from likely abusers." If the facility cannot contact the assessment immediately, the facility may hold the inmate in segregated housing for less than 24 hours while completing the assessment. In the event segregated housing is appropriate, the inmate shall be issued an Administrative Segregation Placement Notice, which must state that the reason for segregation is related to a pending housing assessment in response to their high risk for sexual victimization. Thereafter, the inmate's placement will be reviewed by Institution Classification Committee. The inmate's retention in segregation should not ordinarily exceed 30 days. If placement exceeds 30 days, it must be reviewed at the same interval regularly. DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (p. 485) allows for a similar process for those experiencing ongoing safety concerns.

An interview with the Warden indicated policy prohibits placing alleged victims in a segregated status unless there are no other safer means. Rather, they consider what other housing unit(s) are most appropriate. So as to avoid the perception of retaliation for reporting, the facility's preferred method of restoring order and safety is to transfer the suspect. Segregation is permissible pending an assessment of more appropriate housing options. Options at COR are to assign an inmate to a single cell status; move closer to an officer's station; relocate to a smaller housing unit; protective housing unit; special needs yard; or transfer to another facility entirely. The facility makes every effort to include the alleged victim in a discussion about their housing preferences, when appropriate. If segregation is the only option an alleged victim would be placed there for as little time as possible until an alternative means of separation from the abuser could be identified. A staff member who supervises inmates in segregated housing affirmed that inmates are not placed in segregated housing following an allegation of sexual abuse. The facility may elect to place inmates at imminent risk in a non-disciplinary segregated (NDS) status if no other options exist. He stated that the facility makes every effort to explore alternate housing options, including transfer to another facility, before placing an inmate at risk in an NDS status. In these cases, inmates will spend the minimum time necessary in this status. Committee will review their placement every 30 days while a threat assessment is conducted and actions are taken to mitigate the risk. During this time, inmates on an NDS status maintain education, property, yard time, access to providers, and programming; full restriction is not acceptable. The Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. This was further corroborated through inmate interviews during the site review.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CCR, Title 15, 3316 Referral for Criminal Prosecution
- c. CDCR DOM, Chapter 1, Article 20 Polygraph (revised 8/9/2011)
- d. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Policy (revised 5/19/2020)
- e. CDCR, Office of Internal Affairs, Investigator's Field Guide, Version 2 (updated 5/2008)
- f. Sexual Assault Interview Guidelines (PREA) (date unknown)
- g. PREA Allegation LDI Guide (date unknown)
- h. Initial Contact Guide (PREA) (date unknown)
- i. State of California, Office of Emergency Services, Forensic Medical Report: Acute (<72 Hours) Adult/Adolescent Sexual Assault Examination, CAL OES 2-923 (2001)
- j. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 (approved 7/2017)
- k. PREA – Instructions for Record Retention Schedule (RRS) Update (date unknown)
- l. Sexual Abuse and Sexual Harassment Administrative Investigation Files

Interviews

- a. Warden
- b. PCM
- c. Sexual Abuse Investigator

Findings (by provision)

115.71 (a). The facility indicated in their response to the PAQ that the agency/facility has a policy related to criminal and administrative agency investigations. DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 483) asserts that every allegation of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and findings documented in writing. Per 54040.8.1 Custody Supervisor Responsibilities, in the event of a staff sexual misconduct allegation the respective watch commander must immediately notify the Hiring Authority; additional notifications are required if the allegation constitutes an emergency. The Hiring Authority, thereafter, assigns a Locally Designated Investigator (LDI), who may be a member of the Investigative Services Unit (ISU) or specially trained institutional staff member, to begin an initial inquiry until information is gathered which warrants an Office of Internal Affairs (OIA) referral or until evidence is present to refute the allegation. Inmate-on-inmate allegations are not elevated to OIA; the LDI is responsible for following standard investigative procedures and completing the investigation. Locally Designated Investigators may use the Sexual Assault Interview Guidelines (PREA) form to guide their interviews with victims of sexual abuse and the PREA Allegation LDI Guide to structure a complete investigation. All information, whether an initial inquiry or investigation, is documented on a Confidential Memorandum, which is maintained in the investigatory file. Upon conclusion, the alleged victim is to receive written notification of the investigation findings as described in 115.73.

A discussion with members of COR's investigative sergeant affirmed the process above. They described evidence preservation and collection; the medical forensic examination process, including advocacy; interviewing victims, suspects, and witnesses; Mirandizing suspects; medical referrals; documentation; IAO responsibilities; and prosecutorial referrals. A review of 15 files suggests investigations are completed promptly, thoroughly, and objectively and in accordance with DOM, Chapter 5, Article 44 Prison Rape Elimination Policy (pp. 477-486) as described above. Completed investigations are reviewed and approved by the PCM.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (b). According to DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (p. 479) states that

“all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). Facility-based staff are, specifically, deemed “locally designated investigators” after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct per DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) (p. 478). The Hiring Authority or PCM are responsible for ensuring those tasked with sexual abuse or sexual harassment investigations are properly trained. COR has 15 LDIs who have received specialized investigator training per standard 115.34 as evidenced by training records and discussions with the facility’s ISU sergeant.

Fifteen investigative files were reviewed to determine compliance. Of the names of assigned investigators found in these files, all were confirmed as receiving specialized training by cross referencing a list of trained investigators provided by the facility. As discussed in standard 115.34, the elements of CDCR’s specialized investigations training are substantially compliant.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (c). DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (pp. 481-482) states that the custody supervisor is immediately responsible for establishing and maintaining a perimeter around the crime scene. ISU staff are responsible for collecting and securing direct and circumstantial evidence, including physical and DNA evidence; when necessary, a designated evidence officer is called upon to collect evidence that may be destroyed if not preserved. The agency’s specialized investigator training, Specialized PREA Training for Locally Designated Investigators, includes this content, in addition to instruction on interviewing alleged victims, suspected perpetrators (abusers), and witnesses. New investigators are also trained to review prior complaints and reports of sexual abuse involving the suspected perpetrator (abuser). Training records for each LDI were provided, reviewed by the auditor and found consistent with the specialized training expectation of 115.34. The auditor also spoke to members of the ISU who described, in practice, the tenets of this provision.

During the file review, the auditor observed thorough investigations, but noticed that some investigations lacked a review of prior conduct involving the alleged suspect. According to investigative staff, a review of prior complaints and reports is conducted, but results of these reviews may not consistently be documented in the investigative summaries. The auditor recommends, as a better practice, to document these searches. If the search yields information relevant to the present allegation, that information should be included in the summary report and assessed as part of the current outcome. If the search for prior complaints and reports does not result in relevant information, documentation should reflect that the search that was performed, the date of the search, and the conclusion no relevant data was found.

On 8/26/2021, the facility’s PREA and ISU sergeant shared an updated investigative memo of a recently completed investigation. The template included sections to comment on the alleged victim’s and alleged suspect’s prior history of sexual abuse and sexual harassment complaints.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (d). According to CCR, Title 15, Section 3316 Referral for Criminal Prosecution states that all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution, when there is evidence substantiating each of the elements of the crime to be charged. Office of Internal Affairs, Investigator’s Field Guide, Version 2 directs investigators to Mirandize employees involved in suspected criminal conduct prior to asking any questions. If the employee waives their rights afforded under this decision, questioning may proceed. Further, “any and all statements made by the employee waiving the Miranda warning rights can be used in both criminal and administrative proceedings. Should the employee invoke his/her rights under the Miranda decision, the Agent (i.e. OIA) shall consult with 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.” The field guide further describes the respective processes depending upon the district attorney’s decision to compel an interview. Miranda and Lybarger rights “protect any statements made by the employee from being used against him/her in criminal proceedings. However, the Miranda/Lybarger warning specifically advises the employee that they do not have the right to refuse to answer questions for the administrative proceedings.” Information revealed during the course of a compelled interview may not be shared with the prosecutor conducting the criminal investigation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (e). According to DOM, Chapter 1, Article 20 Polygraph (pp. 50-51) states that no person shall be ordered to take a polygraph examination. No coercion or offer of reward shall be used to induce any person to take a polygraph examination. Information from investigative staff and reviews of files did not suggest any truth-telling devices or polygraph examinations have been used during an investigation. ISU stated they do not employ polygraph examinations.

When asked to explain the method for judging credibility of a victim, suspect, or witness, an investigator stated he makes such assessment on an individualized basis and not on the basis of one’s status as inmate or staff. He attempts to corroborate information using reliable sources of information, including testimony and video evidence. He makes every effort

to remain objective, but considers the history of any misconduct and/or any prior PREA-related cases. He will conduct additional follow-up interviews if necessary to determine whether the individual has provided details consistently. Investigators also consider differences in witness, suspect, or victim statements, for examples, and document such conflicts. A review of investigative files revealed documentation of reliability.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (f). When conducting sexual abuse and sexual harassment administrative investigations, the investigator is required per DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 483) to prepare a "Confidential Memorandum," which includes an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Investigative staff indicated efforts made to comply with this provision include receiving and reviewing evidence such as log books, guard rounds and shift rosters. If review of the evidence calls into question staff actions or inactions, the investigator questions witnesses about their knowledge of an incident. The investigator participates in sexual abuse incident reviews in which he is able to share investigative information and any conclusions or opinions whether and how staff may have contributed to the abuse. Any potential work rule violations are forwarded to the hiring authority for their review and action. They are supported in taking such action by DOM, Chapter 3, Article 14, 31140.37 Administrative Misconduct Discovered During an Investigation/Inquiry (p. 197) which states that when an investigation or inquiry of alleged employee misconduct reveals possible additional misconduct, the OIA investigator shall present the facts of the case to the Special Agent in Charge who is, thereafter, responsible for notifying the Hiring Authority and consulting with the Vertical Advocate.

When asked what information is included in written reports of administrative investigations, the investigator stated basic questions are explained to include who was involved in or witnessed an incident; where and when an incident occurred; and individuals' descriptions of an incident as well as any motives or suspected motives. He concludes in the report a recommended disposition. Investigative summaries follow a consistent format. A heading includes the names of subjects, names of complainants and case numbers. The body of the report provides a synopsis of the allegations, a summary of findings, and a section for a conclusion. Appropriate report writing is an element of the agency's specialized investigator training curriculum.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (g). The auditor reviewed seven investigations that were referred for prosecution. The contents included a thorough description of physical, testimonial, and documentary evidence. The agency's training curriculum supports this practice, as does investigative procedure detailed in the DOM. Investigators expressed understanding of their documentation responsibilities.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (h). The facility indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or the facility's last PREA audit, whichever is later, the facility reports there have been two substantiated allegations of conduct. While just two allegations have been substantiated, by practice, the facility refers the majority of unsubstantiated inmate-on-inmate allegations of sexually abusive conduct that appear to be criminal to the district attorney out of an abundance of caution. DOM, Chapter 3, Article 14, 31140.20 Criminal Investigation (p. 196) states that after a sexual abuse investigation has been completed "if probable cause exists to believe that a crime has been committed, the investigation shall be referred to the appropriate agency for prosecution." A facility investigator was asked when cases are referred for prosecution. He indicated that all cases are referred to the local prosecutor when it appears potentially criminal conduct is present.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (i). The facility indicated in their response to the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. An update to the agency's record retention schedule indicates the investigatory file is to be retained in ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer. The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (j). DOM, Chapter 4, Article 44, 54040.12 Investigation (p. 483) recites the provision, stating the departure of an alleged victim or abuser from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Investigative staff was asked how the facility proceeds when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation. He indicated that the investigation would proceed, including a reasonable effort to interview the involved parties, but may not involve a referral to IAO. All efforts would be

documented. A review of investigative files show that inmate interviews have been coordinated and conducted by the new facility after an inmate has transferred from COR.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.71 (k). The auditor is not required to audit this provision of the standard.

115.71 (l). CDCR and COR conduct administrative and criminal investigations. This provision does not apply as stated. However, the PREA Coordinator stated that each facility maintains a memorandum of understanding with the local district attorney's office so as to formalize and facilitate a strong working relationship. She stated that given the (criminal) investigative responsibility lies with the agency, information sharing between the two parties is immediate.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings (effective 1/2006)
- c. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text, version 1.0, BIC ID: 11055853 (date approved 3/2017)
- d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators Workbook, version 1.0, BIC ID: 11055853 (date approved 3/2017)
- e. Sexual abuse and sexual harassment administrative investigation files

Interviews

- a. Sexual Abuse Investigator

Findings (by provision)

115.72 (a). The facility indicated in their response to the PAQ that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings (p. 252) indicates that a "sustained" or substantiated investigation demonstrated a "preponderance of evidence to prove the allegation(s) made in the complaint." The agency's basic investigator course curriculum reviews the definition of preponderance of evidence (slide 7.23). While investigative staff accurately stated and described the preponderance of evidence standard when interviewed, paperwork within investigative records suggested confusion. Specifically, four or 15 reviewed investigations contain evidence that could have amounted to an alternate disposition (i.e. unsubstantiated or substantiated) considering the threshold of this provision. Of 30 investigations in the preceding 12-month period none were substantiated.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation

1. **115.72 (a).** Facility and/or agency shall consider reviewing definitions of substantiated, unsubstantiated, unfounded, and preponderance of evidence with specialized investigators to ensure clear understanding and appropriate application. A preponderance of evidence threshold must be imposed when determining if an allegation is substantiated; conversely, to dispose of an allegation as unfounded the facility/agency must have evidence to demonstrate an incident did not occur.

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.16 Referral of Completed Cases for Independent Review (revised 5/19/2020)
- f. CDC-128 B PREA Closure Chrono; blank and complete (various dates)
- g. Sexual Abuse and Sexual Harassment Administrative Investigation Files

Interviews

- a. Sexual Abuse Investigator

Findings (by provision)

115.73 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months, 22 administrative sexual abuse investigations were completed. As such, 22 inmates were notified of the investigation outcome. Of note, the agency/facility takes the additional step of notifying those alleging sexual harassment of the investigative outcome.

DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (p. 484) provides that after completion of an investigation the institution shall inform the alleged victim of the disposition. The obligation to provide such notification is terminated if the inmate releases from the agency's custody. In practice, the agency notifies the alleged victim of the outcome via CDC-128 B PREA Closure Chrono. Not only is this written notification provided to the alleged victim, but he is asked to sign as evidence of receipt. A signed copy is retained in the investigative file. The auditor spoke to investigative staff and reviewed 15 sexual abuse and sexual harassment investigative records while on-site; both sources of evidence affirm this practice.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (b). The analysis of this provision does not apply to the agency or respective facility. As discussed in preceding provisions, the agency is responsible for administrative and criminal investigations.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (c). The facility indicated in their response to the PAQ that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the disposition is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (p. 11) recites the applicable provisions. In the last 12 months, there were 10 staff-on-inmate sexual abuse allegations; the auditor reviewed four of these records and located corroborating documentation. In addition to the investigation disposition described above, CDC-128 B PREA Closure Chrono, includes space to indicate whether one of these statuses is applicable; this form is distributed to the alleged victim and retained in the investigative record. Again, the facility not only notifies alleged victim of sexual abuse, but also those alleging sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (d). The facility indicated in their response to the PAQ that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (p. 11) recites the applicable provisions. During the reporting period, there

were 12 inmate-on-inmate allegations, however, they did not result in indictment or conviction. While there were no allegations that resulted in this action for the auditor to review a review of CDC-128 B PREA Closure Chrono reserves a space for such communication.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (e). The facility indicated in their response to the PAQ that the agency has a policy that all notifications to inmates described under this standard are documented. In the past 12 months, 30 administrative sexual abuse investigations were completed. Of those, each inmate was notified of the investigation outcome. The auditor reviewed 15 investigative files which contained documentation (i.e. CDC-128 B PREA Closure Chrono) of such notification. DOM, Chapter 5, Article 44, 54040.8.1 (p. 481) states that alleged victims shall be provided written notification of investigative findings as described in the Reporting to Offenders section of the DOM. As stated above, the facility takes an additional measure to notify and, thereafter, document notification to those alleging sexual harassment.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.73 (f). The auditor is not required to audit this provision of the standard.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown)
- c. CDCR, DOM, Chapter 3, Article 22, 33030.1 Policy (effective 1/2006)
- d. CDCR, DOM, Chapter 5, Article 44, 54040.12.4 (revised 5/19/2020)
- e. CDC-128B PREA Closure Chrono (dated 8/1987)

Interviews

- a. PREA Compliance Manager
- b. Administrative (Human Resources) Staff

Findings (by provision)

115.76 (a). The facility indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (p. 271) states that all allegations of staff sexual misconduct are subject to investigation, disciplinary action and/or criminal prosecution. Further, "failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action. The same section of code describes the five types of adverse action penalties at the agency's disposal; they include letter of reprimand, salary reduction, suspension without pay, demotion to a lower class, and dismissal from state service. COR's IPO confirmed during an interview that all staff members are subject to disciplinary sanctions up to and including termination for violations of the agency's policies on sexual abuse or sexual harassment. In the past 12 months, zero staff members have been terminated for violating the aforementioned policies.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76 (b). The facility indicated in their response to the PAQ that in the past 12 months zero staff members have violated agency sexual abuse or sexual harassment policies. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (p. 249) codifies agency disciplinary procedure, which indicates staff sexual misconduct with an inmate is subject to penalty level 9 (i.e. dismissal).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76 (c). The facility indicated in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. They, further, indicated that in the past 12 months zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

When assessing discipline CCR, Title 15, Section 33030.17 Applying the Employee Disciplinary Matrix (p. 245) states that the provisions are to be applied "based upon the assumption that there is a single misdeed at issue and that the misdeed is the employee's first adverse action." The base penalty shall be imposed unless aggravating or mitigating factors are found. Moreover, "the Hiring Authority or designee is not required to impose an identical penalty in each case because there are a variety of factors which may influence the Hiring Authority to take stronger action in one case than it does in another. Progressive discipline is recommended to address most performance and conduct issues, however, more severe action may be implemented in instances of serious violations. Conversations with the PCM and IPO confirmed there have been no instances of staff discipline related to a violation of agency sexual abuse or sexual harassment policies in the last 12 months.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.76 (d). The facility indicated in their response to the PAQ that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, zero staff members were reported to law enforcement or licensing bodies following their termination (or resignation

prior to termination) for violating agency sexual abuse or sexual harassment policies.

CDCR DOM, Section 5, Article 44, 54040.12.3 Reporting to Outside Agencies and 54040.12.4 Reporting to Outside Agencies (p. 484) states that for all employees, contractor or volunteers that are terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors (revised 5/19/2020)
- c. CDCR DOM, Chapter 10, Article 9, 101090.0 Termination (revised 7/23/2018)
- d. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)

Interviews

- a. Warden (acting)

Findings (by provision)

115.77 (a). The facility indicated in their response to the PAQ that agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with inmates. In the past 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of inmates. DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors (p. 484) prohibits any contractor or volunteer who engages in staff sexual misconduct from contact with inmates. Any such contractor or volunteer is reported by the hiring authority to the relevant licensing body. Regarding volunteers, this expectation is restated in DOM, Chapter 10, Article 9, 101090.0 Termination (p. 847); specifically, "the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation of the institution." Itemized criteria includes broadly, "volunteer misconduct." CDCR Contractor Special Terms and Conditions, Exhibit D adds that the contractor "shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal. As there were no incidents of contractor or volunteer sexual abuse of inmates in the past 12 months, there was no documentation of discipline for the auditor to review.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.77 (b). The facility indicated in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The Warden was interviewed during the pre-on-site phase. He indicated that an investigation of a volunteer or contractor follows a similar trajectory of that of a staff investigation, but that at any given time he has the latitude to prohibit a volunteer or contractor from gaining entry to the facility. He further described as a possible remedial measure treating a contractor or volunteer who violates sexual abuse or sexual harassment policies similar to an employee in that the individual may be suspended from the facility and subject to disciplinary action, up to and including revoking their volunteer or contractor status. The facility would proceed with local law enforcement for prosecution, if appropriate.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 23, 52080.5.8 Special Consideration of Rules Violation Related to Mental Illness or Participation in the Developmental Disability Program (revised 4/24/2017)
- c. CDCR DOM, Chapter 5, Article 44, 5.7 Screening for Appropriate Placement (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.14 Classification Process (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (revised 5/19/2020)
- f. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (revised 5/19/2020)
- g. CDCR DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegations (5/19/2020)
- h. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process (revised 5/19/2020)
- i. CCR, Title 15, Section 3007 Sexual Behavior
- j. CCR, Title 15, Section 3215 Serious Rule Violations
- k. CCR, Title 15, Section 3316 Referral for Criminal Prosecution
- l. CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Proceedings
- m. CCR, Title 15, Section 3320 Hearing Procedures and Time Limitations
- n. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedule
- o. CCR, Title 15, Section 3326 Records of Disciplinary Matters
- p. Sexual Abuse Investigation Files

Interviews

- a. Warden
- b. Medical/Mental Health Staff

Site Review Observations

Findings (by provision)

115.78 (a). The facility indicated in their response to the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the past 12 months, zero inmates have been found to have engaged in inmate-on-inmate sexual abuse.

DOM, Chapter 5, Article 44, 54040.15 (p. 485) states that inmates shall be subject to the disciplinary process, which includes referral for criminal prosecution and classification determinations, upon completion of the investigative process. Further, "if the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115 Rules Violation Report shall be initiated. The (inmate) who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution" (p. 485). The respective CCR sections describe the disciplinary process and applicable sanctions in detail. Specifically, those found to have engaged in rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will are subject to credit forfeiture of 181-360 days. Sanctions are described in detail in DC-ADM 801, Inmate Discipline Procedures Manual.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (b). CCR, Title 15, Section 3215 Serious Rule Violations describes a uniform process by which to impose sanctions

so as to conform with the expectation of this provision which requires that disciplinary sanctions must be 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.

An interview with COR's Warden indicated that inmates found to have engaged in inmate-on-inmate sexual abuse are subject to a range of progressive sanctions including cell restrictions, segregation, rule violation charges, loss of credit and/or privileges, and prosecution referral. Sanctions are issued following an administrative hearing, during which time aggravators and mitigators are considered, in accordance with policy.

As noted above, there have been no administrative findings of inmate-on-inmate sexual abuse; as such, the auditor was unable to review inmate sanctions related to a finding of sexual abuse. However, policy and CDCR rule violation structure supports a process is in place to ensure inmate perpetrators are held accountable.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (c). CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Procedures requires that inmates in the Mental Health program or any inmate showing signs of possible mental illness may require a CDC 115 MH, Rules Violation Report: Mental Health Assessment. Persons who exhibit bizarre, unusual or uncharacteristic behavior at the time of the rules violation shall be referred for a Mental Health Assessment. Mental health assessments shall be considered by the hearing officer during the disciplinary proceedings when determining whether an inmate shall be disciplined and when determining the appropriate method of discipline. Further, if an inmate is found guilty of the charge, the hearing officer shall consider any dispositional recommendations provided by mental health staff or other relevant information regarding the relationship between the inmate's mental illness and/or developmental disability/cognitive or adaptive functioning deficits, and his or her misconduct, when assessing penalties. An interview with the Warden affirmed mental health status or condition is considered as part of all disciplinary decisions in accordance with the procedure above.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (d). The facility indicated in their response to the PAQ that the facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. Moreover, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (p. 480) indicates the facility is to refer the inmate to mental health if they report previously perpetrating sexual abuse in the community or confinement. Medical/mental health staff were interviewed onsite and when asked whether an inmate is required to participate in therapy, counseling, or other intervention services as a condition of access to programming or other benefits. The staff member stated that the inmate's participation in such services would be voluntary. Review of policies and information provided during an onsite interview with specialized staff show that the facility considers, but does not always require, participation in interventions in order for the inmate to access programming and other benefits.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (e). The facility indicated in their response to the PAQ that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedules (p. 170) states that inmates are subject to credit forfeiture if found to have engaged in a serious rule violation to include rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will. In the preceding 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. As such, there was no documentation available for review of a substantiated case of staff-on-inmate sexual contact in which the evidence showed there was a lack of consent of the involved staff member.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (f). The facility indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegations (p. 485) recites the language of this provision. It further states that there must be evidence that an offender "knowingly" made a false report before issuing discipline. Unsubstantiated or unfounded allegations based upon a lack of evidence do not constitute false reporting.

The auditor reviewed three sexual abuse administrative investigation files; none included evidence that an inmate reporter was subject to disciplinary action for sexual abuse or sexual harassment allegations.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.78 (g). The facility indicated in their response to the PAQ that the agency prohibits all sexual activity between inmates

and disciplines inmates for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between inmates is prohibited, and inmates are subject to disciplinary action for such behavior under CCR, Title 15, Section 3007 Sexual Behavior (p. 25).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening (revised 5/19/2020)
- d. CCHCS Chapter 3, Health Care Transfer Process (dated 1/2010)
- e. Mental Health Delivery System Program Guide Overview (revised 2009)
- f. CDCR 128-MH5 Mental Health Referral Chrono; completed (revised 4/2019)
- g. CDCR MH-7448 Informed Consent for Mental Health Care form; blank (4/2016)
- h. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information (dated 10/2016)
- i. Medical and Mental Health screenings; history of sexual abuse memo (dated 12/5/2017)
- j. PREA Screening; blank (date unknown)
- k. SOMS screenshot

Interviews

- a. Inmates Who Disclosed Sexual Victimization at Risk Screening
- b. Staff Responsible for Risk Screening
- c. Medical/Mental Health Staff

Findings (by provision)

115.81 (a, c). The facility indicated in their response to the PAQ that all inmates who disclose prior sexual victimization during risk screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During the 12-month audit period, one inmate accepted a medical or mental health referral during the screening process; this was confirmed by way of querying a screening report. The facility provided a completed CDCR 128-MH5 Mental Health Referral Chronos to demonstrate the referral process. Medical and mental health staff maintain secondary materials documenting the above services. DOM, Chapter 5, Article 44, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse (p. 480) restates this expectation and details the referral process.

During an interview, one of the facility's risk screeners stated that following an inmate's disclosure of past sexual abuse, whether it occurred in an institutional setting or the community, the screener offers a medical and mental health referral. Medical and mental health staff affirmed inmates, upon referral, are seen within 14 days. The auditor interviewed three inmates who disclosed sexual victimization during risk screening; all indicated they did not request a follow-up referral.

The auditor reviewed one PREA screening in which an inmate reported prior victimization and abusiveness and, subsequently the corresponding mental health referral form and mental health contact note. The inmate was seen by a mental health practitioner within 14 days of disclosure.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.81 (b). The facility indicated in their response to the PAQ that all inmates who previously perpetrated sexual abuse, as indicated during the risk screening, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months, one hundred percent of inmates who previously perpetrated sexual abuse during risk screening were offered a follow-up meeting with a mental health practitioner; all declined. Medical and mental health staff maintain secondary materials documenting the above services. DOM, Chapter 5, Article 44, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse (p. 480) states that if an inmate reveals prior perpetration during the screening process they shall be offered a follow-up meeting with mental health staff and referred using the CDCR 128-MH5 form. Thereafter, inmates shall be seen in a confidential environment within 12 calendar days of the referral. An interview with a facility risk screener reiterated that, like

victims, perpetrators are referred to mental health immediately following a disclosure during risk screening. The auditor reviewed a completed CDCR 128-MH5 Mental Health Referral Chrono completed for the only inmate who accepted a referral to mental health as a result of a disclosure during the risk screening process, which demonstrated there is a process in place to ensure referral and document follow-up.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.81 (d). The facility indicated in their response to the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. If information is shared with other staff it is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. The facility indicated such information is shared to the extent to ensure the inmate's safety. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) reiterates this provision verbatim. A memo dated 12/5/2017 reiterated this expectation and emphasized that "medical and mental health information related to sexual victimization and abusiveness that occurred in an institutional setting, is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (eUHR)."

While onsite, the auditor observed the facility's database to track offender details and movement (i.e. SOMS). Inmates categorized as having a risk of victimization or risk of abusiveness are coded as having a "situation alert" in SOMS, which will prevent incompatible housing assignments.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.81 (e). The facility indicated in their response to the PAQ that 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. Specifically, CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information is completed in advance of such disclosure. The preamble states that the form shall be used to disclose community-based sexual violence experienced by an inmate over the age of 18 to law enforcement, prosecutor, or appropriate agency; only when all sections of the form are completed may the authorization to disclose be honored. One such section requests authorization to release information to the facility's ISU who is, in turn, responsible for reporting to the above jurisdictions/agencies.

The auditor also reviewed CDCR MH-7448 Informed Consent for Mental Health Care which states that "information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations: 1. I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff..." Disclosures of child, elder, or dependent adult abuse may also be reported without consent. The form, further, leaves space for the inmate to indicate they give consent to the conditions as set forth on the form, decline consent, or are unable/unwilling to sign but have been informed. Interviews with a medical practitioner and mental health practitioner affirm this practice.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54010.9 Forensic Medical Examination (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.10 Mental Health Responsibilities (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.10 Return to Triage and Treatment Area/Receiving & Release (revised 5/19/2020)
- e. Mental Health Delivery System Program Guide Overview (revised 2009)
- f. Division of Correctional Health Care Services, Chapter 4 Access to Primary Care (dated 1/2006)
- g. CCHCS Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy (revised 7/2/2012)
- h. CCHCS Volume 1, Chapter 10, 1.10 Copayment Program Policy (revised 12/2015)
- i. SOMS screenshot
- j. Health Care Application screenshot

Interviews

- a. Medical/Mental Health Staff
- b. Inmates who Reported Sexual Abuse
- c. First Responders

Findings (by provision)

115.82 (a). The facility indicated in their response to the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical staff document their response and service provision within the agency's electronic Health Care Application; appointments are tracked in SOMS. CCHCS, Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy (pp. 1-5) generally states that agency "shall ensure that medically necessary emergency medical response, treatment, and transportation is available, and provided twenty-four (24) hours per day to patient-inmates..." The same policy outlines service provision. DOM Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 482) restates that CCHCS medical staff will provide emergency medical response and, further, in accordance with the same policy, 54010.10 Mental Health Responsibilities (p. 483), mental health staff must provide a face-to-face emergency mental health evaluation (i.e. Suicide Risk and Self-Harm Evaluation) in a confidential location within four hours of an alleged victim's return from a SANE examination.

Interviews with medical staff, mental health staff, and PCM confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible, and if the abuse happened within 72 hours the inmate is transported to a local hospital upon direction from the on-call medical forensic nurse examiner, for a SANE examination. A SANE examination following abuse occurring more than 72 hours ago is subject to consultation with the medical forensic nurse examiner. The auditor spoke to three inmates during the on-site review who previously alleged sexual abuse at the facility; all stated they were not in need of emergency services. There were 12 allegations of sexual abuse which occurred at COR in the preceding 12-month period; none were reported in a period of time which precipitated emergency medical treatment or transport for a SANE examination. However, each investigative record included evidence of a medical referral post-allegation.

The auditor reviewed two medical files of inmates who experienced sexual abuse outside of the 12-month review period. By review of the electronic documentation it is evident inmates are seen in a timely, unimpeded manner following a disclosure of sexual abuse.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.82 (b). CCHCS, Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy (pp. 1-5) states that health

care staff must respond to emergencies within eight minutes. While security staff first responders shall take preliminary steps to protect the alleged victim and immediately notify the appropriate medical and mental health practitioners following an emergency, there is never a time wherein no qualified medical or mental health practitioners are on duty.

Thirteen of 13 security staff members interviewed successfully articulated their first responder duties (with the nuanced exception of “request” v “ensure” noted in the discussion of 115.61) including separating the victim and abuser; preserving and protecting the crime scene; and requesting the parties not take any actions that might destroy physical evidence. All stated, at minimum, they have or would notify the shift supervisor and separate the alleged victim from the alleged abuser. Seven of 13 reported that they would notify or transport to medical. In addition to their basic responsibilities, others added that they would document the report and follow-up actions.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.82 (c). The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated are 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. DOM, Chapter 5, Article 44, 54010.9 Forensic Medical Examination (p. 482-483) cites Penal Code Section 2638, which requires the local hospital or facility to provide immediate HIV/AIDS prophylactic measures. Victims of sexual abuse shall also receive information regarding sexually transmitted infections, HIV and pregnancy options (to include testing).

An interview with medical staff confirmed inmates receive information about sexually transmitted prophylaxis. COR does not house female inmates and, as such, does not by practice offer information about emergency contraception. The auditor spoke to three inmates during the on-site review who previously alleged sexual abuse at the facility; all stated they were not in need of sexually transmitted infections prophylaxis.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.82 (d). The facility indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CCHCS, Volume 1, Chapter 10, 1.10 Copayment Program Policy (p. 1) states that “medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the patient’s ability to pay.” Treatment related to sexual abuse or sexual assault is listed as a condition wherein a copayment shall not be charged.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – More than 72 Hours Post-Incident (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.11 Suspect Processing (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.10 Mental Health Responsibilities (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (revised 5/19/2020)
- f. Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview (revised 2009)
- g. CDCR CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (date unknown)
- h. CCHSC Volume 1 Governance and Administration, Chapter 16, 1.16.1 Prison Rape Elimination Act Policy (revised 7.2015)

Interviews

- a. Medical and Mental Health Staff

Findings (by provision)

115.83 (a, b, c). The facility indicated in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care. DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – More than 72 Hours Post-Incident (p. 484), 54040.8.3 Medical Services Responsibilities and 54040.10 Mental Health Responsibilities (pp. 482-483) restates this provision and describes procedural expectations, which includes, 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. Evaluation and treatment guidelines are further described in CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act and Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview. Inmates, including those who experienced sexual abuse, may be seen on an emergent, urgent, or routine basis wherein they will be evaluated, treated, and followed-up with. A mental health clinician confirmed inmates receive follow up mental health evaluations and treatment following a disclosure of sexual abuse in confinement. An interview with a medical health staff member affirmed inmates will receive ongoing treatment in accordance with hospital discharge instructions, when applicable. Both affirmed that services are consistent with community-based care. Interviews with a medical practitioner and a mental health clinician affirm that care is provided in accordance with the community level of care. Of the 12 sexual abuse investigations reviewed by the audit team, each included evidence of a medical referral post-allegation.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (d, e). The facility indicated in their response to the PAQ that the facility does not offer pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration because the facility does not house female. COR does not house female inmates as confirmed through conversations with the PREA Coordinator, PCM, and medical staff. During the onsite review, the auditor did not observe any female inmates. However, DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 482) and CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act states that the facility shall ensure that testing of the alleged victim for sexually transmitted infections is completed, in addition to pregnancy testing for female victims. If pregnancy results from the sexual abuse, alleged victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (f). The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 482) and CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (p. 7) restates the provision. Of the 12 sexual abuse allegations reviewed on-site, zero incidents involved circumstances which

would have prompted sexually transmitted infection testing.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (g). The facility indicated in their response to the PAQ that treatment services are 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. According to CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (p. 1) services shall be provided to alleged victims without cost regardless of whether they name the abuser or cooperate with any investigation arising from the incident. Interview with medical and mental health practitioners confirmed copayment is not assessed for treatment under these circumstances.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.83 (h). The facility indicated in their response to the PAQ that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. DOM, Chapter 5, Article 44, 54040.11 Suspect Processing (p. 483) directs the custody supervisor to complete a referral to mental health for an evaluation and assessment of treatment needs. An interview with a mental health clinician indicated psychology staff will conduct a mental health evaluation of known inmate abusers. There have been no known inmate-on-inmate abusers at COR in the last 12 months.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (revised 5/19/2020)
- c. COR PREA 2020 Yearly Tracking Report
- d. Institutional PREA Review Committee (IPRC) – DOM Section 54040.17 form; blank and completed (date unknown)
- e. CDC-128B PREA Closure Chrono; completed (dated 4/2/2020)
- g. Sexual Abuse Investigation Files

Interviews

- a. Warden (acting)
- b. PCM
- c. Sexual Abuse Incident Review Team Member

Findings (by provision)

115.86 (a). The facility indicated in their response to the PAQ that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the agency has completed ten administrative investigation of alleged sexual abuse, excluding unfounded incidents. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (p. 485) requires each hiring authority to conduct an incident review at the conclusion of every substantiated and unsubstantiated sexual abuse incident investigation. The auditor reviewed 12 sexual abuse investigations; six required a sexual abuse incident review. The auditor reviewed a corresponding completed IPRC forms for each.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (b). The facility indicated in their response to the PAQ that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the facility reported they have completed ten sexual abuse incident review in the timeframe described by this provision. In one section, DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (p. 485) states that the PCM shall schedule a review within 60 days of the date of incident discovery and in another section within the same policy the IPRC is directed "to review these PREA related incidents on at least a monthly basis, or on a schedule to ensure all cases are reviewed within 60 days of the date of discovery." Institutional PREA Committee (IPCR) – DOM Section 54040.17 form (blank and completed) includes a prompt, "Was PREA Incident referred to the IPRC within 60 days from date of discovery?" This direction appears to be confusing, at minimum, and in conflict with the maximum period of review required by this provision.

The auditor assessed timeliness, in practice, by reviewing the samples provided in the PAQ and on-site investigation records; one of six reviews was not completed within 30 days of the close of the investigation as required by this provision. The review, however, fell within 60 days of the incident date discovery as directed by the agency's policy.

The PCM and sexual abuse incident review team member stated reviews are to be conducted within 60 days of receiving the report and, again, within 30 days of case closure. She indicated these review are usually concurrent with use of force review meetings and, as such, could be held weekly or monthly. Discussions with headquarters PREA staff indicated the latter timeframe was established so as to review ongoing cases that take more than 30 days to complete; a good faith effort to begin the process of corrective action. Further, review of cases within 60 days of the incident discovery date is to be in addition to a review within 30 days of the investigation close. The evidence sample demonstrates the agency made an adjustment to timeliness in late 2019, which is outside the audit review period. Recent evidence supports timeliness, however, there appears to be an opportunity to clarify policy and procedure.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (c). The facility indicated in their response to the PAQ that the sexual abuse incident review includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

DOM, Chapter 5, Article 44, 54010.17 Institutional PREA Review Committee (p. 485) states that the committee shall normally include the hiring authority (specifically, the “chairperson and final decision maker”), PCM, at least one other manager, in-service training manager, health care clinician, mental health clinician, and ISU incident commander. The facility’s Warden stated a multidisciplinary team including the professionals listed above attend COR IPRCs. The auditor reviewed six completed incident reviews which showed that representation is consistent with this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (d). The facility indicated in their response to the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement, and submits such report to the facility head and PCM. DOM, Chapter 5, Article 44 54040.17 Institutional PREA Review Committee (p. 485) restates this provision. A form, Institutional PREA Committee (IPCR) – DOM Section 54040.17, assists the committee in considering all necessary items. The same policy section states that the review committee must consider the following: (a) whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) 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; (c) assess whether physical barriers in the area may enable abuse, following an examination of the area in the facility where the incident allegedly occurred; (d) assess the adequacy of staffing levels in that area during different shifts; and (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Further, the policy provides that the IPRC must prepare a report of its findings, recommendations for improvement, corrective action plan, and implementation action plan (or reasons for not doing so). The report be submitted to the hiring authority for final review and, subsequently, routed to the appropriate Associate Director, if additional financial resources are required to achieve corrective action.

The Warden, PCM, and an incident review committee member were each interviewed in advance of the on-site phase. The Warden affirmed an incident review is completed at the conclusion of sexual abuse investigations. During this review, the management team determines compliance (to include an analysis of contextual variable, incident causes, policy failures, trends, physical plant needs, etc.) and any respective corrective actions. PCM Campbell echoed the myriad of factors above are considered so as to take corrective action steps and/or identify abusive patterns. The committee uses the information to determine if preventative measures can be taken to prevent abuse in the future. She stated she has not noticed any trends; allegations reported at COR span all shifts, locations, and incident types. An interview with sexual abuse incident review team member confirmed considerations are made in regards to motivations for the abuse (i.e. race, ethnicity, gender identity, sexual orientation, etc.), physical plant barriers or issues, the adequacy of staffing levels, and availability of monitoring technology to supplement staff supervision.

In addition to the above interviews, reviews of investigative files and examples provided in the PAQ show the facility is conducting incident reviews following substantiated and unsubstantiated sexual abuse incidents; documenting reviews meetings in the Institutional PREA Committee (IPCR) – DOM Section 54040.17 form; considering information relating to motivations for the abuse, physical plant and any barriers, staffing levels, and monitoring technology; and documenting sexual abuse reviews and recommendations for review and approval by the hiring authority.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.86 (e). The facility indicated in their response to the PAQ that the facility implements the recommendations for improvement or documents its reasons for not doing so. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (p. 485) states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. In practice, the agency employs the form, Institutional PREA Committee (IPCR) – DOM Section 54040.17, to record its recommendations. To date, COR has not made any recommendations.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation

1. **115.86 (b).** For greater clarity and to supplement agency policy, update procedure to ensure reviews are conducted, at minimum, within 30 days of the investigation close. Suggest modifying Institutional PREA Review Committee (IPRC) form to indicate the review was conducted within 60 days of the incident discovery date (per agency policy) OR within 30 days of the investigation close (per PREA standard and agency policy). Synchronize policy so that both sections describing the review process align with this provision.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020)
- d. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (years 2015 – 2020)
- e. USDOJ, BJS, Survey of Sexual Victimization 2017, Substantiated Incident Form (Adult); blank (dated 9/25/2018)
- f. CDCR PREA Incident Log
- g. CDCR Public Website

Interviews

- a. Agency Contract Administrator

Findings (by provision)

115.87 (a, c). The facility indicated in their response to the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, which includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) indicates the PREA Compliance Manager is responsible for reporting allegations of sexual violence and staff sexual misconduct to the PREA Coordinator monthly using a standardized tracking report. This information is also provided to the agency's Offender Information Systems Branch for compilation and tracking. Further, ISU is responsible for completing the incident-based SSV report within two business days of receiving the allegation. While not formalized in the DOM, the auditor found during investigation reviews that ISU completes a second, updated incident-based SSV form at the conclusion of each investigation. Finally, Office of Internal Affairs must also report standardized data consistent with the SSV data elements.

The auditor completed incident-based SSV forms in each investigative file regardless of the disposition type. The auditor also reviewed agency annual reports from 2015 - 2020. All included a uniform standard of measuring sexual abuse and sexual harassment incidents, as well as a standardized set of definitions. Please review the discussion within 115.11 regarding standardized definition recommendations.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.87 (b). The facility indicated in their response to the PAQ that the agency aggregates the incident-based sexual abuse data at least annually. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) directs the agency to aggregate data annually and include, at minimum the data necessary to answer all of questions from the most recent version of DOJ's SSV. The auditor reviewed aggregated data from 2015 – 2020 to confirm that the agency, indeed, aggregates incident-based data annually so as to complete the Survey of Sexual Victimization, State Prison Systems, Summary Form.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.87 (d). The facility indicated in their response to the PAQ that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) restates this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.87 (e). The facility indicated in their response to the PAQ that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Moreover, the data from private facilities complies with SSV reporting requirements. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) directs the agency to collect such information from every facility the agency contracts with for the confinement of inmates. The auditor spoke to the agency's contract administrator who affirmed that such data is collected and recorded; however, this will no longer be an agency expectation as all contracts for the confinement of inmates were dissolved in May 2021.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.87 (f). The facility indicated in their response to the PAQ that the agency provided DOJ with data from the previous calendar year upon request. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) states that the agency shall provide data from the previous calendar year to DOJ by June 30. As of this report date, DOJ has not requested data for the previous calendar year (i.e. 2020).

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (revised 5/19/2020)
- e. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet (dated 1/31/2020)
- f. CDCR public website screenshots
- g. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (years 2015 – 2019)

Interviews

- a. Agency Head (designee)
- b. PREA Coordinator
- c. PCM

Findings (by provision)

115.88 (a). The facility indicated in their response to the PAQ that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. DOM, Chapter 5, Article 44, 54040.17.20 Tracking – Data Collection and Monitoring (p. 486) restates this expectation. DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (pp. 484-486) directs the agency's PREA Coordinator to take data collection actions annually in order to assess and improve the effectiveness of the items listed above. Each facility-based PCM is required to return the PREA Annual Data Collection Tool and Staff Plan Review worksheet to the agency's PREA Coordinator annually. A review of this form revealed it prompts PCMs to describe any staffing, video monitoring, policies and procedures that were considered and/or modified in the preceding year. The compilation of this qualitative data, in addition to incident-based data described in 115.87, is then used to craft the agency's annual report. The auditor reviewed the agency's most recently completed and posted annual report (i.e. 2020) and confirmed it includes the following components: zero tolerance statement; review of critical definitions; summary data; compliance efforts and corrective action steps; and a summary statement.

The Agency Head (designee) reported that the facility-level incident review process, which is overseen by each PCM, exists to review the context of each incident and identify opportunities to mitigate future abuse. The compilation of this information is then analyzed so as to identify what sexual abuse trends might exist so that the agency can develop a response. An interview with the PREA Coordinator indicated that her office is responsible for tracking, understanding, and responding to trends as reported monthly by each PCM. This effort is, subsequently, documented in the form of an agency annual report which is posted to CDCR's public website. The PCM indicated the facility completes a monthly quantitative report which is transmitted to the PREA Coordinator. Annually, the PCM reports qualitative data to the PREA Coordinator. Both sources of information inform agency-level data.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (b). The facility indicated in their response to the PAQ that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Moreover, the annual report provides an assessment of the agency's progress in addressing sexual abuse. DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (p. 486) restates that the annual report shall include comparative data, including a description of corrective action. The auditor reviewed annual reports from 2015 - 2019. All included comparative data, corrective action, and a discussion of progress.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (c). The facility indicated in their response to the PAQ that the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. According to DOM,

Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (p. 486), the annual report shall be routed through the agency's chain of command to the Secretary for review and approval. Thereafter, the Office of Public and Employee Communication is responsible for placing the report on the CDCR website. The auditor reviewed annual reports from 2015 – 2019. Since 2015, CDCR's Secretary has approved and signed the reports. The Agency Head (designee) affirms the agency head reviews and approves the annual reports. The auditor observed each respective annual report posted to the agency's public website.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.88 (d). The facility indicated in their response to the PAQ that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. DOM, Chapter 5, Article 44, 54040.17.20 Tracking – Data Collection and Monitoring (p. 486) expresses this protection. The auditor reviewed annual reports from 2015 – 2020. There was no data enclosed that required redaction. The PREA Coordinator stated the agency does not include any personal identifying information in their annual reports. However, if they could not avoid such an inclusion the information would be redacted and the nature of the redaction would be described.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.17 Records Retention (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction (revised 5/19/2020)
- e. Public website screenshots
- f. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (years 2015 – 2020)

Interviews

- a. PREA Coordinator

Findings (by provision)

115.89 (a). The facility indicated in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. According to DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486), the agency shall securely retain “all case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendation for post-release treatment and/or counseling” in accordance with CDCR records retention schedule.

The PREA Coordinator affirmed that data is securely retained on the agency’s network and encrypted devices. Data submitted and used for tracking purposes is controlled by user rights and is granted by to those staff with a need to know at each location and/or headquarters. Personally identifiable information is not submitted; quantitative data-only.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.89 (b). The facility indicated in their response to the PAQ that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486), directs the agency to make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities, readily available to the public through the agency’s website, at least annually.

The auditor reviewed CDCR’s public website, wherein aggregated sexual abuse data is listed in the form of an annual report for all agency facilities. Specifically, the auditor reviewed the report titled, Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2020.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.89 (c). The facility indicated in their response to the PAQ that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486), restates this provision. By review of Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2020 posted to CDCR’s public website, the auditor confirmed that no personally identifying information is listed in the contents of either report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.89 (d). The facility indicated in their response to the PAQ that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486) directs the agency to maintain aggregated PREA data for a period of 10 years after the date of the initial collection.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44 Prison Rape Elimination Policy (revised 5/19/2020)
- c. Public website screenshots
- d. Western State Consortium audit schedule

Interviews

- a. PREA Coordinator

Site Review Observations

Findings (by provision)

115.401 (a). The auditor confirmed by review of CDCR's public website that beginning in Audit Cycle II, and during each three year period thereafter, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was and is audited at least once. The public website lists the facility and respective audit year, in addition to a hyperlink to access the final report.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (b). An interview with the PREA Coordinator indicated the CDCR has 34 state correctional institutions operated by the state. The auditor reviewed the agency's public website, including the Western State Audit Consortium schedule for past and future audits, which affirmed the agency has met the one third requirement for Audit Cycle III.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (h). During the onsite review, the audit team had unrestricted access to all areas of the facility. We were invited, and accommodated, to observe any area or operation within the facility at our request.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (i). During all phases of the audit, COR staff consistently made available to the audit team documents, records, files, photographs, etc. in a timely manner. Facility staff took photographs of specific items and areas within the facility upon request of the audit team and then provided copies to the team for the auditor's use and reference in preparing the audit findings. During the on-site phase of the audit, the auditors had unrestricted access to files, reports, and automated information systems at the agency and facility levels.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (m). During the onsite phase of the audit, the auditors, PCM, and support staff worked cooperatively to develop a private process and location for conducting interviews of both staff and inmates. The audit team benefited greatly from the facility's active coordination of interviews; their efforts allowed for an uninterrupted flow of interviews. A total of 95 staff and inmate interviews were conducted.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.401 (n). On 12/15/2020, the group convened a collaborative telephone call and discussed a myriad of topics including communications and confidentiality. On 4/20/2021, the auditor requested that PCM Campbell post the provided English and Spanish audit notice on colored paper in all staff and inmate common areas by 5/31/2021; six weeks prior to the on-site review date. Audit notices included a confidentiality statement indicating outgoing mail to the auditor would be treated as legal mail, and instructions to contact the auditor via mail, if desired. On 5/19/2021, the PCM responded via email confirming audit notices were posted by the same date. She included seven sample photos of the postings, which showed English and Spanish notices displayed on pink paper. The facility mailroom staff stated that they were knowledgeable about and complied with the processing of any correspondence to the PREA auditor. Specifically, the envelope would remain sealed and handled in accordance with legal mail.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination.

Documents

- a. Public website screenshots
- b. CDCR public website

Interviews

- a. PREA Coordinator

Findings (by provision)

115.403 (f). The agency's website has a link dedicated to PREA-related information, including policies and procedures; reporting an allegation; audit schedules; and final audit reports. This is COR's second US DOJ PREA Audit. An interview with the PREA Coordinator and internet search confirmed that final audit reports are posted to the agency's public website.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

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.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
		Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	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.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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

115.31 (c)	Employee training	Have all current employees who may have contact with inmates received such training?	yes
		Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
		In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
		During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
		Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
		Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
		Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

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

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

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

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

115.42 (d)	Use of screening information	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
		Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
		Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
		If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	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.	yes
115.52 (b)	Exhaustion of administrative remedies	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
		Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
		Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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

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

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
		Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
		Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
		Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
		Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
		Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)**Agency protection against retaliation**

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? yes

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

115.67 (d)**Agency protection against retaliation**

In the case of inmates, does such monitoring also include periodic status checks? yes

115.67 (e)**Agency protection against retaliation**

If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? yes

115.68 (a)**Post-allegation protective custody**

Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? yes

115.71 (a)**Criminal and administrative agency investigations**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) yes

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) yes

115.71 (b)	Criminal and administrative agency investigations	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
		Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
		Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
		Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
		Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	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.)	yes
115.73 (c)	Reporting to inmates	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
		Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
		Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

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

115.78 (f)	Disciplinary sanctions for inmates	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	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).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
		Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
		Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
		Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
		Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
		Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
		Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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