

# PREA Facility Audit Report: Final

Name of Facility: San Quentin State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/11/2021

Date Final Report Submitted: 03/07/2022

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: Cheyenne Evans	Date of Signature: 03/07/2022

AUDITOR INFORMATION	
Auditor name:	Evans, Cheyenne
Email:	cheyenne.l.evans@hawaii.gov
Start Date of On-Site Audit:	08/22/2021
End Date of On-Site Audit:	08/27/2021

FACILITY INFORMATION	
Facility name:	San Quentin State Prison
Facility physical address:	Main Street, San Quentin, California - 94964
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Orlando Ponce
Email Address:	Orlando.Ponce@cdcr.ca.gov
Telephone Number:	415-454-1460 X5059

Warden/Jail Administrator/Sheriff/Director	
Name:	Ron Broomfield
Email Address:	Ronald.Broomfield@cdcr.ca.gov
Telephone Number:	415-454-1460 X5741

Facility PREA Compliance Manager	
<b>Name:</b>	Jack Dougery
<b>Email Address:</b>	jack.dougery@cdcr.ca.gov
<b>Telephone Number:</b>	
<b>Name:</b>	Margaret De Young
<b>Email Address:</b>	margaret.deyoung@cdcr.ca.gov
<b>Telephone Number:</b>	
<b>Name:</b>	Orlando Ponce
<b>Email Address:</b>	orlando.ponce@cdcr.ca.gov
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	3241
<b>Current population of facility:</b>	2551
<b>Average daily population for the past 12 months:</b>	2814
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-100
<b>Facility security levels/inmate custody levels:</b>	Level 2 through Max level 4 and Condemned
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	1705
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	615
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	1001

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Shannon Stark	<b>Email Address:</b>	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>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-08-22
2. End date of the onsite portion of the audit:	2021-08-27

### 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:	<p>CDCR/SQSP has a Memorandum of Understanding (MOU) with Community Violence Solutions to provide victim support and emotional support services related to sexual abuse. This agreement is effective July 13, 2021. CDCR DOM, Section 5, 54040.8.1 requires that the facility Watch Commander contact the Rape Crisis Center to request a Victim Advocate to be dispatched. This is documented via the Watch Commander Notifications Checklist. Additionally, posters were visible throughout SQSP for additional services for victims of sexual abuse that include a hotline number and address in which they can contact the Community Violence Solutions. The auditor reviewed SQSP PREA investigation files which contained the completed Watch Commander Notifications Checklist confirming SQSP's practice in requesting for victim advocates for inmates.</p> <p>Community Violence Solutions provides emotional support services which can be obtained by calling their hotline or by confidential correspondence to the provided address. Services includes a rape crisis center that provides support through phone or in-person 24 hours a day, 7 days a week, prevention services and emotional support/therapy. Should the advocate need to have meetings in person they would contact the facility health care division and arrange meetings with the offender.</p>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3241
15. Average daily population for the past 12 months:	2814
16. Number of inmate/resident/detainee housing units:	16
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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:	2632
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:	156
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:	6
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:	8
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:	162
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:	758
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:	8
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:	11
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:	15
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:	14
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

<p><b>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):</b></p>	<p>CDCR / SQSP were able to submit reports that were able to capture identifying information of the offender population. Reports can only be generated for those that are currently housed in their facilities. The reports that provided information in this section were provided prior to the onsite and again on the first day of the onsite portion of the audit.</p> <ul style="list-style-type: none"> <li>• Offenders with physical and mobility disabilities</li> <li>• Hearing and vision impairments</li> <li>• Cognitive disabilities and their level of comprehension</li> <li>• Limited English Proficient</li> <li>• Lesbian, gay, and bi-sexual</li> <li>• Transgender or intersex</li> <li>• Offenders who have reported prior sexual victimization during screening</li> <li>• Offenders who have reported sexual abuse incidents</li> <li>• Offenders who have been placed in segregated housing for risk of sexual victimization</li> </ul>
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**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

<p><b>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:</b></p>	<p>1705</p>
<p><b>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:</b></p>	<p>1001</p>
<p><b>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:</b></p>	<p>615</p>

<p><b>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:</b></p>	<p>Due to the Covid-19 pandemic, volunteer and contractor programs were suspended and were not available while onsite. Interviews with volunteers and contractors that were still authorized to enter the facility when programs are approved to open were conducted via telephone.</p> <p>Collection and submission of CDCR/SQSP staff documentation were compiled and submitted by SQSP Human Resources and PCM. The auditor requested individual records selected utilizing the following lists that was provided. The staff listing was also utilized to select interviews.</p> <ul style="list-style-type: none"> <li>• Background clearances.</li> <li>• The frequency of background checks to include, programs/systems used to conduct background checks and documentation of institutional checks.</li> <li>• Listing of new hire employees within the previous 12 months.</li> <li>• Listing of promoted individuals within the previous 12 months.</li> <li>• Custody staff assignment rosters for all shifts to include non-uniform staff.</li> <li>• Listing of specialized staffing: <ul style="list-style-type: none"> <li>◦ Investigators</li> <li>◦ Health Care (medical and mental health) staff</li> <li>◦ Supervisors</li> <li>◦ Volunteers and Contractors</li> <li>◦ Staff who performs PREA Screenings</li> <li>◦ Staff who participate in the Sexual Abuse Review Team</li> <li>◦ Staff who conduct retaliation monitoring</li> <li>◦ Intake staff</li> <li>◦ Mail Room Staff</li> <li>◦ Grievance Officer</li> <li>◦ Rape Crisis Advocate</li> </ul> </li> </ul>
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## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>46</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Race</li> <li><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</li> <li><input type="checkbox"/> Length of time in the facility</li> <li><input checked="" type="checkbox"/> Housing assignment</li> <li><input type="checkbox"/> Gender</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>

<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Auditor requested and received a current inmate listing in alphabetical order and broken down by housing unit on the first day of the audit. These listings had detailed information about the inmates that included ethnicity/race, custody levels, program, and a photo. Based on this information the auditor selected interviews that was geographically diverse.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>Due to the size of the inmate population, oversampling of interviews were done to ensure a sufficient and effective understanding of the procedures, process, culture, and environment at San Quentin State Prison. Interviews were diverse across the population, housing units, and not focused on one set of characteristics or area. The only barrier that the PREA audit team needed to overcome is attempting to conduct interviews in the Covid-19 quarantine/isolation housing units. Interviews were difficult and some were not possible due to health and safety concerns to include agency and facility rules of contact.</p>

**Targeted Inmate/Resident/Detainee Interviews**

<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>25</p>
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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><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>3</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>2</p>

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:	3
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:	6
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:	4
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:	2
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).	<p>Though the PREA Audit team was unable to reach some minimum requirements for specialized inmate interviews there were significantly enough interviews in other specialized categories and random interviews to compensate for the shortfall. There were no identified youthful inmates or inmates who were in segregated housing for high risk of sexual victimization. This was corroborated through the facility tour, interviews with the SQSP PREA Compliance Manager, Intake Staff and reviewing specialized listing of inmates.</p>
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>All other inmates were randomly selected by the audit team based on housing rosters provided by the facility and ensured a diversity of inmates based on age, ethnicity, and lengths of stay at the facility. Random and Targeted Interviews were conducted on a one-on-one basis and in available rooms or office space within the housing units throughout the facility to ensure privacy. Throughout the onsite review, the audit team was able to also conduct informal interviews with inmates.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	24
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Due to SQSP being an all male facility, gender of staff was an additional factor in selecting interviews.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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>The audit team randomly chose a diverse sample of staff by interviewing staff on three (8) hour rotating shifts throughout the facility in the housing units and various other post locations throughout SQSP. The sample also included a diversity of staff based on gender, length of time employed by CDCR and SQSP to include job titles. Throughout the onsite review, the audit team was able to also conduct informal interviews with staff, and contractors. The audit team conducted a total of (101) interviews with staff members, inclusive of contractor and volunteers, random and specialized. It should be noted that every staff member and volunteer / contractor serve in more than one role. All employees are mandated reporters, and most are first responders. Specialized staff interviewed may serve in more than one role and were responsible for more than one of the Specialized staff duties and as a result some interviews conducted with Specialized staff included multiple interview questionnaires. Other key staff interviews that is not required by the protocols were also conducted at SQSP.</p>

### Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	77
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <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><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><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</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Conducted interviews with the Grievance Coordinator, Victim Advocate and the Community Resource Manager (Volunteer Coordinator) utilizing draft questionnaire protocols created by the PRC.</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>4</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" 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><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>All employees are mandated reporters, and most are first responders. Specialized staff interviewed may serve in more than one role and were responsible for more than one of the Specialized staff duties and as a result some interviews conducted with Specialized staff included multiple interview questionnaires. Other key staff interviews that is not required by the protocols were also conducted at SQSP.</p> <p>The audit team randomly chose a diverse sample of staff by interviewing throughout the facility in housing units and various other locations throughout SQSP. The sample also included a diversity of staff based on gender, length of time at by CDCR and SQSP to include job titles. Throughout the onsite review, the audit team was able to also conduct informal interviews with staff, and contractors.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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).

A tentative schedule was provided to SQSP's Administration, PREA Compliance Manager and statewide PREA Coordinator approximately one week prior to the audit teams arrival at SQSP. During the onsite audit slight modification to the schedule did occur. The audit team met with SQSP PREA Compliance Manager, SQSP Investigative Services Unit (ISU) escort staff and CDCR headquarters support team to begin the on-site review. SQSP had an inmate population of 2,632 on the first day of the onsite audit. SQSP consists of (2) facilities/Yards. Facility A/Upper Yard and Facility B/Lower Yard. The Facility A/Upper Yard consists of the Adjustment Center, Captain's Porch, Chapels, Garden, North Block, North Segregation, East Block, South Block (Alpine, Badger, Carson, Donner), West Block, Central Health Services Building, the Gym and Main Kitchen. Facility B/Lower Yard consists of the California Prison Industry Authority (CALPIA) Warehouse, Maintenance & Vocations Building (MVB), a Recreation Yard, Receiving and Release (R&R), H Unit, Medical Warehouse, Waterfront Warehouse, Firehouse, Maintenance Warehouse, Education and a Vehicle Port. Following the initial meeting the PREA Audit Team was escorted by the Investigative Services Unit (ISU), PREA Compliance Manager and the CDCR Headquarters' PREA support staff. The PREA Audit Team stayed together and when entering each section, would split into (4) groups and conducted the site review.

Auditor and support team were allowed to review all areas where inmates are allowed to enter, and was inspected, unless there was a high threat of the Novel Coronavirus (Covid-19). Photos of specific areas of the isolation and quarantine sections was requested by the auditor for review. Tours included housing units, recreation yards, medical clinics and treatment areas, kitchen and dining halls, chapel, laundry, facility operations, warehouses, commissary, receiving and release, education, buildings utilized for inmate services and programming, gyms, work change, maintenance and vocation areas, recreation cells and yards, administrative offices, visiting, and inmate canteen. The PREA audit team toured majority of the facility except for some warehouse areas that we could not gain access to, due to being a weekend. These warehouse areas were toured throughout the remainder of the audit week. During the tour, observations of facility practices were done; staff and inmates were informally questioned regarding supervision of inmates, supervisory rounds, and their sense of a safe environment.

PREA informational posters were posted in English and Spanish in the housing units and common areas of the facilities to include visiting areas. The audit team observed posters with information for interpreter services, victim advocate information and reporting phone numbers and addresses. These informational posters were visible for the inmate population.

For the remaining onsite portion of the audit, the PREA audit team met with facility Warden to include the PREA Compliance Manager and CDCR PREA headquarters PREA support team. The purpose of the meeting was to introduce the team, convey the expectations for the PREA audit and go over the tentative schedule for the week. Following the initial meeting, the audit team along with assigned escorts continued with the site review and interviews with staff and inmates. The audit team continued to do a site reviews, interviewed inmates and staff.

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.).

Staff, volunteer, and contractor records were reviewed, these documents included application, background clearances, to include training documentation. Staff file selection was based on various job functions, assignments, supervisory positions. Volunteer, and contractor files were selected for review based on time spent in facility programs and the type of program.

The Medical and Mental Health records that were reviewed were based on inmates who had reported previously being a victim or predator of sexual abuse and harassment during PREA screening. File reviews were also done for inmates who reported sexual abuse and harassment incidents and for alleged predators.

Due to the low number of allegations within the 12 months preceding the onsite portion of the audit all PREA allegation cases were selected for file review. The investigations contained reports of the allegation, final investigation report, monitoring and referrals for medical and mental health follow-up, applicable sexual assault incident review and notifications to the inmates. ISU PREA investigative files were thorough, well-documented and organized. Additionally, inmate PREA related grievances were reviewed and found to be investigated and answered in a timely manner.

Inmate records were reviewed, included PREA screening 72 hour and within 30-day reassessments, PREA comprehensive education, biannual assessments for transgender and intersex inmates. Selection of records for review was for inmates who were randomly interviewed to include those that were interviewed under the specialized category. Additional records were reviewed based on the amount of PREA allegations, if there were concerns of practice or protocols for PREA education, medical or mental health follow up, late PREA screening or reassessments.

## 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	6	3	6	3
Staff-on-inmate sexual abuse	9	0	9	0
<b>Total</b>	15	3	15	3

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	1	0	1	0
Staff-on-inmate sexual harassment	5	0	5	0
<b>Total</b>	6	0	6	0

## 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	0	3	0	0	3
Staff-on-inmate sexual abuse	0	0	0	0	0
<b>Total</b>	0	3	0	0	3

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	2	0	4	0
<b>Staff-on-inmate sexual abuse</b>	1	0	8	0
<b>Total</b>	3	0	12	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	1	0	0
<b>Staff-on-inmate sexual harassment</b>	2	0	3	0
<b>Total</b>	2	1	3	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	15
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<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**

<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	6
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<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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>9</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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</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><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</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>
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<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>
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**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>5</p>
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<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>
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<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>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>Due to the low number of allegations within the 12 months preceding the onsite portion of the audit all PREA allegation cases were selected for file review. The investigations contained reports of the allegation, final investigation report, monitoring and referrals for medical and mental health follow-up, applicable sexual assault incident review and notifications to the inmates. ISU PREA investigative files were thorough, well-documented and organized. Additionally, inmate PREA related grievances were reviewed and found to be investigated and answered in a timely manner.</p>
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**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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1
<b>Non-certified Support Staff</b>	
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.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	2
<b>AUDITING ARRANGEMENTS AND COMPENSATION</b>	
121. Who paid you to conduct this audit?	<input type="radio"/> The audited facility or its parent agency <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) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
Identify your state/territory or county government employer by name:	State of Hawaii Department of Public Safety
Was this audit conducted as part of a consortium or circular auditing arrangement?	<input checked="" type="radio"/> Yes <input type="radio"/> No

**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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.11 (a) - CDCR's Department of Operations Manual (DOM), Section 54040.1, Policy states that, CDCR shall maintain a zero tolerance for sexual violence, staff sexual harassment and misconduct in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. his policy applies to all offenders and persons employed by CDCR, including volunteers and independent contractors.</p> <p>CDCR DOM Section 54040.2, Purpose, identifies the purpose of the policy and provides guidelines for prevention, detection, responses, investigation, and tracking of sexual violence, staff sexual misconduct and sexual harassment against CDCR offenders. The policy also informs staff of their responsibility and liability as specified by the law. CDCR DOM Section 54040.3 includes general PREA related definitions as well as definitions specific to prohibited behaviors regarding sexual abuse and harassment. CDCR DOM Section 54040.15 identifies the disciplinary process for those found to have participated in prohibited behaviors related to sexual abuse and harassment.</p> <p>115.11 (b) - A review of CDCR's Agency Organizational Chart and CDCR PREA Coordinator Duty Statement confirmed that CDCR employs an upper-level, agency-wide PREA Coordinator, whose position functions as a Captain under the direct supervision of the Mission Correctional Administrator. The CDCR PREA Coordinator acts as the lead within the Female Offender Programs and Services Special Housing Mission in ensuring compliance with the Federal PREA Standards and Departmental policies and procedures. The CDCR PREA Coordinator reports that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all its facilities. The CDCR PREA Coordinator directly oversees thirty-five (35) PREA Compliance Managers (PCM) and one (1) PCM who monitors the CDCR Contracted facilities.</p> <p>115.11 (c) - CDCR and SQSP has designated an Associate Warden as the facility PREA Compliance Manager. The PCM reports that he has sufficient time and authority to coordinate the facility's efforts to comply with PREA.</p> <p>CDCR and SQSP has shown that there is a zero-tolerance policy for sexual abuse and harassment, has designated a PREA Coordinator and PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. Interviews with staff and inmates while on-site confirmed their knowledge and practice of CDCR's zero-tolerance policy therefore the agency and facility has complied with all sections of this standard.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM), Chapter 5, Article 44, Section 54040 - Prison Rape Elimination Act.</li> <li>3. CDCR Agency Organizational Chart.</li> <li>4. CDCR PREA Coordinator Duty Statement.</li> <li>5. Interview with CDCR PREA Coordinator and SQSP PREA Compliance Manager.</li> </ol>

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<p data-bbox="240 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1465 465">The Contract Beds Unit (CBU) oversees all contracts for California inmates that are placed in contracted institutions. CBU maintains, provides oversight, and monitors all these contracts. A California Department of Corrections and Rehabilitation (CDCR) Administrative Captain oversees the CBU. CDCR currently contracts with (6) institutions for placement of inmates. The contracts are held with a total of (6) institutions, (3) three with the City of Delano, Shafter, Taft and (3) three institutions with The GEO Group, Incorporated. All these institutions are in the state of California. As of June 2021 all contracted facilities have been closed, and inmates have been transferred to other CDCR institutions.</p> <p data-bbox="240 501 1485 689">115.12(a) - CDCR, DOM Article 13 - Section 22040.1-22040.4, Contracts, states that the Contracts Management Branch (CMB) shall administer all contracts through execution by the Department in a manner which ensures compliance with all applicable laws, rules, and regulations of the department. All CDCR contracts for the confinement of inmates entered or renewed after August 20, 2012, requires that all Contractors ensure that their employees are in compliance with CDCR's zero tolerance policy for sexual abuse and sexual harassment as described in CDCR Department Operations Manual (DOM), Chapter 5, Article 44.</p> <p data-bbox="240 725 1477 1214">CDCR's contract, Exhibit D requires that the contractor and their staff adopt and comply with the PREA Standards, 28 Code of Federal Regulations (CFR) Part 115, and CDCR's DOM, Chapter 5, Article 44, including any updates to this policy. Contractors will not assign employees which have 1) engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility, or other institution 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse; 3) has been civilly or administratively adjudicated to have engaged in the activity described in this sections. Contractor shall conduct criminal background records check for each employee who will have contact with CDCR inmates and retain the results for the audit purposes. Contractor agrees to ensure that all the mandates of PREA policy are complied with. Material omissions, by the contract employee, regarding such misconduct or the provision of materially false information, shall be grounds for removal from institutional grounds. Contract employees, who have contact with inmates, shall be provided training on PREA via the Volunteer/Contractor Information Sheet to learn their responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies and procedures. Any contract employee who appears to have engaged in sexual misconduct of an inmate shall be prohibited from contact with the inmates and shall be subject to administrative and/or criminal investigation. Referral shall be made to the District Attorney unless activity was clearly not criminal. Reportable information shall be sent to relevant licensing bodies.</p> <p data-bbox="240 1249 1457 1308">The last (6) contracts for confinement of inmates was reviewed by the auditor and has confirmed that all contracts required the institutions adopt and comply with the PREA standards.</p> <p data-bbox="240 1339 1477 1464">115.12(b) - All (6) contracted facilities have completed DOJ PREA audits and was found to be compliant with the PREA standards. Provisions in the contract ensures monitoring by CDCR's CBU. The CBU Captain confirmed that this unit conducts monthly on-site inspections and that each contracted institution has a PREA Coordinator and Compliance Manager to assist in ensuring compliance with the PREA standards.</p> <p data-bbox="240 1496 895 1523">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1576 1230 1805" style="list-style-type: none"> <li>1. SQSP Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - DOM Article 13 - Section 22040.1-22040.4, Contracts</li> <li>3. CDCR Policy - DOM Chapter 5, Article 44</li> <li>4. CDCR Contract Agreement - Special Terms and Condition (Exhibit D)</li> <li>5. CDCR Contracts for Confinement of Inmates</li> <li>6. CDCR Contract Agreement - PREA Policy - Volunteer/Contract Information Sheet (Exhibit M)</li> <li>7. Interview with CDCR Agency Contract Administrator</li> </ol>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1481 465">115.13 (a)-5 - CDCR has developed, documented, and made its "best efforts" to comply on a regular basis with a staffing plan that provided for adequate staffing levels, video monitoring, and considers the factors identified in section (a) items 1-11. The average daily population for SQSP since August 2012 has been 2,800 and the average daily population on which the staffing plan was predicated for is 3,241 (designed capacity). SQSP provided the auditor with the most recent staffing plan for fiscal year 2020-2021 and staffing plan analysis. In review of the staffing plan revealed that the inmate population has declined within the last fiscal year and has met the staff to inmate ratio.</p> <p data-bbox="240 495 1461 589">This substandard required corrective action as while SQSP did have a staffing plan in place to address items (1) through (11), during the on-site portion of the audit blind spots were identified in the following areas that could not be remedied prior to the issuance of the interim report:</p> <ol data-bbox="276 640 1461 1469" style="list-style-type: none"> <li>1. Upper Yard Clinic -       <ol style="list-style-type: none"> <li>1. Staff Restroom needs a keyed entry door knob, as the door was left open with an inner locking mechanism.</li> <li>2. Inmate restroom window needs to be frosted to mitigate opposite gender views.</li> </ol> </li> <li>2. East Block -       <ol style="list-style-type: none"> <li>1. Identify staff restrooms and ensure remains locked when not in use.</li> <li>2. All tier staff office windows blocked, unable to see inside. Windows need to be cleared.</li> </ol> </li> <li>3. H-Unit -       <ol style="list-style-type: none"> <li>1. Administration -           <ol style="list-style-type: none"> <li>1. Work exchange staff bathroom needs to be identified and locked when not in use, door left unlocked.</li> <li>2. Maintenance utility closet left unlocked</li> <li>3. Chapel restrooms need to be identified as inmate or staff and ensure proper use of door knobs for each restroom.</li> <li>4. Administration inmate restroom window frost too high, created a blind spot.</li> </ol> </li> <li>2. Visiting -           <ol style="list-style-type: none"> <li>1. Room 108, storage left unlocked.</li> </ol> </li> </ol> </li> <li>4. Warehouses -       <ol style="list-style-type: none"> <li>1. Medical - Inmate restroom has internal slide lock and not labeled.</li> <li>2. Maintenance - Inmate restroom has internal slide lock.</li> <li>3. PIA furniture - Staff restroom left unlocked and has no keyed door knob.</li> <li>4. PIA furniture - Several blind spots around corners, recommended adding mirrors to address issue.</li> </ol> </li> <li>5. MVB -       <ol style="list-style-type: none"> <li>1. Electrical - Recommended mirrors in blind spot in the Conduit &amp; Cable room.</li> <li>2. Plumbing - Inmate restroom has a internal slide lock that needs to be removed.</li> <li>3. Plumbing - Place mirror on or near room 6 to address blind spot.</li> </ol> </li> <li>6. Chapel Services had unsecured doors that is required to be locked.</li> </ol> <p data-bbox="240 1498 1425 1559">SQSP was able to address and correct all identified blind spots and submitted verification through photo documentation between October and December 2021.</p> <p data-bbox="240 1590 1431 1684">SQSP was able to address and correct all identified areas that allowed opposite gender views and submitted verification through photo documentation between October and December 2021. SQSP has demonstrated compliance of this subsection of the standard.</p> <p data-bbox="240 1715 1477 1944">115.13 (b) - SQSP did not have any deviations from the staffing plan within the last twelve (12) months as reported on the PAQ. SQSP captures any deviation from the staffing plan through the Telestaff Program and Daily Activities Report submitted by the Watch Commanders where this program documents and justifies all deviations and is reported to headquarters. SQSP Warden reported that SQSP can ensure adequate staffing for all watches and provide overtime to staff if needed. Programs may be closed for the shift or day should they not have sufficient coverage. The auditor reviewed samples of the SQSP daily activity report and confirmed that there were no deviations from the staffing plan within the last twelve (12) months prior to the audit.</p> <p data-bbox="240 1975 1469 2134">115.13 (c) - CDCR DOM, Section 54040.17.1, Annual Review of Staff Plan states that, whenever necessary, but not less frequently than once a year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to : (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan. Review of the SQSP annual data collection and staffing plan along with interviews with the</p>

CDCR PREA Coordinator, SQSP Warden and PCM demonstrate and confirm that SQSP assess the staffing plan at least once a year.

115.13 (d) - CDCR DOM, Section 54040.4 requires that a custody supervisor shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct and sexual harassment of any kind. During the on-site review of SQSP, supervisors were consistent with their unannounced rounds as indicated by reviews of logbooks and staff interviews. Intermediate-or-higher level facility staff reported that they prevent staff from alerting other staff members of their unannounced rounds by making their rounds in an unpredictable pattern throughout their shift and at different times. The practice of unannounced rounds was confirmed by the auditor.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. SQSP Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - DOM, Article 26, American Correctional Association Standards, Chapter 5, Article 44, Section 54040 - Prison Rape Elimination Act
3. SQSP Staffing Plan Analysis Fiscal Year 2020-2021
4. SQSP Standardized Staffing Plan
5. SQSP Daily Activity Reports
6. SQSP Inmate Population Reports CDCR PREA Annual
7. Data Collection Tool and Staffing Plan Review
8. On-site review of housing and program areas and logbooks
9. Interviews with CDCR PREA Coordinator, SQSP Warden, PCM, Random Intermediate-to-higher staff.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.14 - SQSP is an adult prison and does not house youthful inmates or inmates under the age of 18 years old. This standard does not apply to SQSP.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP PAQ</li> <li>2. Interviews with CDCR PREA Coordinator, SQSP Warden and PCM.</li> </ol>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.15 (a) - CDCR DOM, Chapter 5, Section 52050.16.5, Unclothed Body Search of Inmates states that, Correctional Personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency. CDCR Memorandum Re: Changes to the Use of the ADANI COMPASS Scanner, operators viewing the image from the scanner system shall be the same gender as the inmates being scanned. If the scanner is used by cross-gender staff during exigent circumstances, the search must be documented in a notice of Unusual Occurrence (NOU). There were no cross-gender strip searches or visual body cavity searches at SQSP within the last twelve (12) months as reported in the PAQ. Staff interviewed were aware of the policy and inmates had no reports of cross-gender strip searches. Review of training curriculum, written policy, and interviews with random staff and inmates confirm that SQSP does not conduct cross-gender strip or visual body cavity searches of inmates.</p> <p>115.15 (b) - CDCR DOM, Chapter 5, Section 52050.16.4, Clothed Body Search of Female Inmates, states that, clothed body searches of female inmate shall be conducted by female corrections staff only, except in emergency situations and under no circumstances shall male correctional staff perform non-emergency clothed body searches of female inmates. SQSP is a male facility; therefore, this subsection is not applicable.</p> <p>115.15 (c) - CDCR DOM, Chapter 5, Section 54040.5, Searches requires that institutions shall document all cross-gender strip searches and visual body cavity searches in accordance with DOM Section 52050.16.5. If the search is incidental to an emergency or crime that constitutes a Crime Incident Report (CDCR Form 837), shall also be documented within the incident report. SQSP is a male facility and did not have any incidents of cross-gender strip searches or visual body cavity searches within the last twelve (12) months.</p> <p>115.15 (d) - CDCR DOM, Chapter 5, Section 54040.4, Education and Prevention states that each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. To minimize cross-gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes.</p> <p>This substandard required corrective action as while CDCR and SQSP had implemented policies and procedures that would enabled inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, there were shower and toilet areas that were identified during the on-site review that allowed opposite gender views and could not be remedied prior to the issuance of the interim report.</p> <p>The following areas were identified as non-compliant with this subsection:</p> <ol style="list-style-type: none"> <li>1. South Block - <ol style="list-style-type: none"> <li>1. Badger - Urinal privacy screen is not sufficient, still able to see, recommended extension of screen.</li> <li>2. Carson - Individual recreation cells need privacy mesh added to the 2nd and 3rd row as the toilets are visible.</li> </ol> </li> <li>2. CALPIA - <ol style="list-style-type: none"> <li>1. Strip-out area need additional privacy screen to block entrance to mitigate opposite gender views during unclothed searches.</li> <li>2. Unclothed body search in progress sign should be available and posted when area is in use.</li> </ol> </li> <li>3. MVB - <ol style="list-style-type: none"> <li>1. Plumbing classroom inmate urinal is visible, recommend privacy screen.</li> <li>2. Machine shop inmate restroom window needs frost.</li> <li>3. Strip-out area need additional privacy screen to block entrance to mitigate opposite gender views during unclothed searches.</li> </ol> </li> <li>4. Warehouses - <ol style="list-style-type: none"> <li>1. Medical inmate restroom needs privacy screen.</li> <li>2. Waterfront has inmate showers that are still open, has no privacy screen. SQSP staff stated that the shower will be closed/removed.</li> </ol> </li> <li>5. H-Unit Chapel inmate restroom needs frosting on the window.</li> <li>6. Adjustment Center individual recreation cells need privacy screens as toilets are visible</li> <li>7. North Block needs privacy screen mesh on rear stairs next to shower area as it is fully visible</li> <li>8. East Block ADA shower needs privacy screen on top and side as shower is fully visible</li> <li>9. West Block - <ol style="list-style-type: none"> <li>1. Yard inmate restroom needs privacy screen, toilets visible</li> </ol> </li> </ol>

2. Yard Side door near shower needs privacy screen
3. Rear of 2nd tier near shower needs privacy screen on corners

Additionally, during the on-site phase, the PREA audit team observed inconsistent announcements of the opposite gender notification when entering the housing units. Interviews with random staff confirmed that opposite gender announcements are done and normally logged in the housing logbook, though, when reviewing logbooks not all announcements were logged, to add, interviews with inmates confirmed that the announcements were inconsistent and at times hard to hear if it was announced due to the layout of the housing units and are unaware when opposite gender staff walk the tier.

SQSP was able to address and correct all identified areas that allowed opposite gender views and submitted verification through photo documentation between October and December 2021. SQSP has demonstrated compliance of this subsection of the standard. Additionally, SQSP issued a reminder of opposite gender announcements.

115.15 (e) - CDCR DOM, Chapter 5, Section 52050.16.7, states if there is an individual going through Receiving and Release (Intake), who self-identifies as transgender or with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. If an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate's records. If staff are unable to determine the genital status through medical records or an interview with the inmate, it will be determined during the standard intake medical evaluation that all inmates received upon admission to the facility. Practice was verified through interviews with inmates, SQSP PCM, CDCR PREA Coordinator, the Receiving and Release supervisor and SQSP health care practitioners.

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

CDCR DOM, Section 54040.4 states, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs. Searches shall be conducted in accordance with policy, procedures, and training as per CCR, Title 15, and section 3287(b). CDCR Office of Training and Professional Development has step by step training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, Training and Professional Development, Searches of Inmates and Property, Instructor's guide dated 6/2018.

This substandard requires corrective action as while CDCR and SQSP have implemented policies and procedures, developed, and conduct training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, training records did not indicate that all SQSP uniformed staff were trained and could not be remedied prior to the issuance of the interim report.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. SQSP Completed PAQ.
2. CDCR Policy - Department Operations Manual, Chapter 5
  1. Section 52050.16.4 - Clothed Body Searches of Female Inmate
  2. Section 5050.16.7 - Unclothed and Clothed Body Searches of Transgender Inmates
  3. Section 54040.5 - Searches
  4. Section 54040.4 - Education and Prevention
3. CDCR Office of Training and Development - Transgender/Search Property, Body Searches, Transgender Inmate Training Curriculum
4. CDCR memorandum - Changes in the Use of the ADANI COMPASS Low Dose Scanner
5. SQSP Training Logs
6. Interviews with CDCR PREA Coordinator, SQSP Intake Staff, Random Staff, Random Inmates. Unofficial interviews with Medical, Mental Health Staff and Transgendered Inmates.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p data-bbox="242 145 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 448 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 898">115.16 (a)-(b) - California Code of Regulations Title 15 defines effective communication as; providing the inmate, to the extent possible, the means to understand and participate in disciplinary process to the best of their ability. This may be accomplished through reasonable accommodation or assignment of a staff assistant. If the inmate's Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. For contacts involving due process, employees shall give priority to the inmate's primary means of communication, which may include but is not limited to auxiliary communication aids, sign language interpreter, and bilingual interpreter. CDCR Memorandum Re: Inmates with Disabilities and Inmates who are Limited English Proficient, dated October 6, 2017, states that CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases. CDCR and SQSP has designated staff who are bilingual certified to provide translation services, and has appointed an LEP/ADA Coordinator who maintains a certified list of bilingual staff and assists with questions or clarifications concerning language services. CDCR has current contracts in place for communication assistance: Voidance Language Services, LLC, contract period from July 1, 2019, to June 30, 2021. Supplemental contract extended for (1) year to provide interpreter services over the telephone, facsimile, or internet, for 140 languages to assist CDCR with inmates that are limited English proficient. Interpreter services are available twenty-four (24) hours a day, seven (7) days a week.</p> <p data-bbox="242 929 1481 1323">During the on-site audit, inmates that identified with physical disabilities as being partially blind or deaf, inmates with cognitive disabilities and limited English proficient inmates was interviewed and these interviews confirmed that tools and aids are available at SQSP to assist them with PREA information, education, and investigation process. PREA posters and information were observed throughout the facility in English and Spanish. CDCR Memorandum Re: Notification of Interpretation and Translation Services, dated June 15, 2009. This memorandum would serve as a reminder to all CDCR staff of procedures to ensure effective communication with Limited English Proficient (LEP). Additionally, to become compliant with Title VI of the Civil Rights Act of 1964, institutions shall designate an institution staff member as a local LEP coordinator for issues related to LEP inmates. The LEP Coordinator is to manage the process, maintain the list of bilingual facility staff competent to interpret/translate; a list of any other local interpreters from neighboring institutions or agencies and the use of "I Speak" cards that are in the control booth or officer's station. The LEP coordinator and institution staff must consider potential conflicts of interest between the interpreter and inmate. SQSP has in place appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of PREA.</p> <p data-bbox="242 1355 1481 1581">115.16 (c) - CDCR DOM, Section 54040.12, Investigations states that except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations. SQSP has designated staff that are tested and proficient in other languages to assist with interviewing inmates who may be limited or have disabilities. The PAQ indicated that SQSP did not utilize inmate interpreters within the last twelve (12) months. Interviews with random staff indicated that they are aware of the policy and does not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations.</p> <p data-bbox="242 1612 895 1641">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1691 1307 1888" style="list-style-type: none"> <li>1. SQSP Completed PAQ</li> <li>2. California Code of Regulations - Title 15</li> <li>3. CDCR Policy - Department Operations Manual (DOM) <ol style="list-style-type: none"> <li>1. Section 5, 54040.4 - Education and Prevention</li> <li>2. Section 5, 54040.12 - Investigations</li> </ol> </li> <li>4. CDCR Memorandum Re: Notification of Interpretation and Translation Services, dated June 15, 2009</li> </ol>

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 450 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 499">115.17 (a)-(b) - CDCR DOM, Section 31060.3, Power of Appointment addresses this standard by prohibiting the hiring and promoting of anyone, or utilizing the services of any contractor or volunteer, who: 1) has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described above. Further, hiring authorities shall 1) implement and enforce departmental EEO policy and 2) maintain the highest standards of personnel selection.</p> <p data-bbox="242 528 1465 689">CDCR Supplemental Application for all CDCR Employees (Form 1951, Rev.7/18) must be completed for any applicant, transfers, and promotional opportunities. Section D for Form 1951 includes questions that are specific to PREA and this substandard. In the past twelve (12) months, (62) people were hired, (27) were promoted and (5) transferred to SQSP who may have contact with inmates. Interview with SQSP Personnel Officer and review of human resource files of new hires, promotions and transfers confirmed compliance with this process.</p> <p data-bbox="242 719 1484 1014">115.17 (c) - CDCR DOM, Section, 31060.16 states that a criminal records check is a requirement for employment with the Department. The process for checks involved using CI&amp;I SSCH, Live Scan finger printing alert system, USINS Form I-9, Physical examination report and CDCR Form 1951, Supplemental Application for all CDCR employees. This process is used for internal and external applicants. The Live Scan system allows CDCR HR to be alerted 24/7 on relevant background information for staff, contractors, and volunteers. The CDCR 2164 Form – Live Scan Response Form is used to verify that a request and response for a background check was completed, date it was completed and the staff that received it. In the past twelve (12) months, SQSP hired (62) people, (27) were promoted, and (5) transferred to SQSP who may have contact with inmates. Interview with SQSP Institutional Personnel Officer confirmed this process and the background check process is completed utilizing the CDCR 2164 Form – Live Scan Response Form.</p> <p data-bbox="242 1043 1484 1339">115.17(d) - CDCR Contract Agreement (Exhibit D) states “Security Clearance/Fingerprinting” as one of the special terms and conditions. The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification, and Information (BCII), prior to award and at any time during the term of the Agreement, to permit Contractor and/or Contractor’s employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined. It stipulates that the contractor shall conduct a criminal background records check for each contract employee, who will have contact with CDCR inmates and provide a written certification that it was done. Contract employees, who have contact with inmates, shall be provided training to learn their responsibilities under the agency’s sexual abuse and harassment prevention, detection, and response policies and procedures. Interviews with SQSP Human Resource staff and Community Resource Manager confirmed this process.</p> <p data-bbox="242 1368 1484 1731">115.17(e) - California Code of Regulations, Title 15, Section 3411 states that if an employee is arrested or convicted of any violations of law; the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. CDCR memorandum Re: Standard 115.17(e) dated October 6, 2017, requires that all employees who may have contact with inmates to be Live Scanned (fingerprinted) at the time of hire. The Live Scan system notifies CDCR of any subsequent arrest an employee or contact has in an on-going basis. CDCR memorandum dated February 26, 2016, Personnel Identification Card Issuance states the procedure for issuance of identification cards. The pre-employment procedures found in CDCR DOM 31060.16 apply to all employees, contractor, or volunteer. Interviews with SQSP Human Resource Staff and Community Resources Manager confirmed that all employees, contractors, and volunteers are required to participate in the Live Scan system. CDCR/SQSP also uses information from the California Law Enforcement Telecommunications System (CLETS) to access confidential criminal records through the Department of Motor Vehicle or other criminal justice information.</p> <p data-bbox="242 1760 1468 1888">115.17(f) - (h)-CDCR Form 1951- Supplemental Application, includes background and PREA misconduct questions for all CDCR employees. Prior to signature acknowledge of CDCR Form 1951, it states that the applicant understands and agrees that if material facts are later discovered which are inconsistent with or differ from the facts they furnished before beginning employment, they may be disciplined, up to and including dismissal from State service.</p> <p data-bbox="242 1917 1468 2045">California Code of Regulations, Title 15, Section 3401.5, Staff Sexual Misconduct describes employee sexual misconduct and penalties that all allegations of sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution. Interview with SQSP Personal Officer, review of CDCR Form 1951 and human resource files confirmed compliance with sub-standards (f) – (h).</p> <p data-bbox="242 2074 893 2101">Interviews, Policy, Documentation and Other Evidence Reviewed:</p>

1. SQSP Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations, Title 15, Section 3401.5 – Staff Sexual Misconduct
3. CDCR Policy – Department Operations Manual (DOM), Chapter 3
  1. Section 31060 - Appointments
  2. Section 31060.16 - Criminal Records Checks
  3. Section 3106.17 - Pre-Employment Documentation
  4. Section 31070.1 - Personnel Identification Cards
  5. Section 33030.16 - Employee Disciplinary Matrix Penalty Levels
4. CDCR Supplemental Application - CDCR 1951 (Rev. 07/18)
5. CDCR Employment Reference Questionnaire - CDCR Form 2025
6. CDCR Personal Information Bulletin #2016-005
7. CDCR Contract Agreement (Exhibit D)
8. CDCR Memorandum: Completion of Background Checks Under PREA - Dated July 14, 2017
9. CDCR Memorandum Re: Personal Identification Card - Dated February 26, 2016
10. CDCR Memorandum Re: Standard 115.17 (e)-1 - Dated October 6, 2017
11. CDCR 2164 Form - Live Scan Response Form
12. SQSP Human Resource Files
13. Interviews with SQSP Personnel Officer, SQSP Community Resources Manager

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">115.18(a) – (b) -CDCR Design and Construction Policy Guidelines were amended on August 14, 2017, to include that for any future CDCR projects, when designing or acquiring any new facility in planning any substantial expansion or modification of existing facilities, and when installing or updating a video monitoring system, the department shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p data-bbox="240 427 1485 591">SQSP has not had any substantial expansions or modifications to its existing facilities since August 20, 2012. Interviews with the CDCR Agency Head/Designee and SQSP Warden affirmed that CDCR/SQSP take into consideration ensuring a level of privacy for inmates in addition to protecting inmates from sexual abuse. SQSP Warden further stated that every PREA allegation is reviewed, and recommendations have been made to the hiring authority for more video monitoring technology to be installed throughout the facility to assist in the facility’s ability to protect inmates from sexual abuse.</p> <p data-bbox="240 620 895 649">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 701 1098 1028" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Design and Construction Policy Guidelines <ol style="list-style-type: none"> <li>1. Section H.1.c</li> <li>2. Section H.1.n</li> </ol> </li> <li>3. Design Change Request - PREA</li> <li>4. PREA Consideration for CONstruction, Expansion</li> <li>5. Security Statement for PREA, published supplement</li> <li>6. Div 27 51 23 CSO CSC Technology Project Manual Specifications</li> <li>7. Facility Planning, Construction and Management Notice of Change Supplement</li> <li>8. Interviews with CDCR Agency Head/Designee, SQSP Warden</li> </ol>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

115.21(c) - CDCR DOM Section 54040.9, Forensic Medical Examination states that the victim will be taken to the designated hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The designated hospital for SQSP is the Queen of the Valley Hospital located in Napa, California. CDCR has a standard agreement with Napa Solano SANE/SART to perform sexual assault forensic examinations for inmates/patients referred by CDCR. This agreement effective dates are July 1, 2020 to June 30, 2023 and automatically renews yearly unless terminated by either party. California Health Care Services Policy, Chapter 10, 1.10 states that copayment shall not be charged to the inmate if health care service(s) is considered to be treatment services related to sexual abuse or assault. Interview with the SANE/SAFE at Napa Solano SANE/SART verified that they conduct the sexual assault forensic exams for SQSP and that they are on call twenty-four (24) hours a day, seven (7) days a week. SQSP PAQ reported that there were no forensic medical exams conducted in the last 12 months.

115.21(d) – (e) – CDCR/SQSP has a Memorandum of Understanding (MOU) with Community Violence Solutions to provide victim support and emotional support services related to sexual abuse. This agreement is effective July 13, 2021. CDCR DOM, Section 5, 54040.8.1 requires that the facility Watch Commander contact the Rape Crisis Center to request a Victim Advocate to be dispatched. This is documented via the Watch Commander Notifications Checklist. Additionally, posters were visible throughout SQSP for additional services for victims of sexual abuse that include a hotline number and address in which they can contact the Community Violence Solutions. The auditor reviewed SQSP PREA investigation files which contained the completed Watch Commander Notifications Checklist confirming SQSP's practice in requesting for victim advocates for inmates.

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

115.21(h) - CDCR DOM Section 54040.3, states that if cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available; an employee who has been certified by a rape crisis center as training in counseling of sexual assault victims and who either: 1) is a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse, staff person with a master's degree in counseling, or others listed in Evidence Code section 1010; or 2) has 40 hours of specialized training listed in Evidence Code 1035.2 and is supervised by a staff member in sub-section (1) above.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. SQSP Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations Manual (DOM), Chapter 5
  1. Section 54040 - Prison Rape Elimination Act
  2. Section 54040.8.1 - Custody Supervisor Responsibilities
  3. Section 54040.8.2 - Victim Advocate and Victim Support Person
  4. Section 54040.9 - Forensic Medical Examinations
3. California Health Care Services Policy
  1. Volume 1, Chapter 10, 1.10 - Co-Payment Program Plan
4. CDCR Memorandum Re: Standard 115.21 (a)-3 - Dated October 6, 2017
5. CDCR PREA Specialized Training for Locally Designated Investigators Curriculum
6. CDCR and Forensic Nurse Specialists of Central California, Inc. (FNSSC) Standard Agreement
7. CDCR and Community Violence Solutions Memorandum of Understanding (MOU)
8. SQSP PREA Investigation files
9. Interviews with SQSP Medical, Investigative, Random Staff, SANE/SART Nurse at Napa Solano SANE/SART, Advocate from Community Violence Solutions and SQSP inmates who reported sexual abuse

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="240 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1477 533">115.22(a) - CDCR DOM, Section 54040.12, Investigations requires that all allegations of sexual violence, staff sexual misconduct, sexual abuse and sexual harassment shall be investigated, and the findings documented in writing. Further, all terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, are reported to any relevant licensing body by the hiring authority or designee. This also applies to CDCR contractors and volunteers. A review of CDCR DOM, Chapter 5, 54040.3, Definitions confirms that CDCR's definitions for sexual violence, sexual abuse, and sexual harassment are in line with PREA Standards. Further, review of SQSP PREA investigation files confirmed that allegations of sexual violence, staff sexual misconduct, sexual abuse and sexual harassment are being investigated and documented.</p> <p data-bbox="240 568 1485 855">115.22(b) – CDCR Memorandum Re: Standard 115.22(b) 1 dated October 6, 2017, states that inmate on inmate sexual abuse and sexual harassment are investigated by the Investigative Services Unit (ISU) and if the allegations are found to be substantiated, ISU collaborates with the District Attorney to decide on criminal prosecution. If the incident involves staff sexual conduct and sexual harassment, ISU conducts a preliminary investigation and if the allegations are found to have potentially occurred, ISU refers the case to the Office of Internal Affairs (OIA). OIA is an entity within CDCR with authority to investigate all staff misconduct allegations. OIA completes the investigation and collaborates with the District Attorney to decide on criminal prosecution. This process was confirmed during interviews with the CDCR Agency Head/Designee, CDCR PREA Coordinator and ISU staff. Additionally, a review of SQSP PREA investigation files further confirmed the process is in place.</p> <p data-bbox="240 891 1477 981">CDCR ISU are mandated to complete the Bureau of Justice Statistics' Survey of Sexual Victimization Incident form as a data collection tool, which is then forwarded to the CDCR PREA Coordinator. CDCR's website has links for the CDCR DOM, Article 44-PREA Policy, CDCR PREA annual reports and final PREA audit reports, which was verified by the auditor.</p> <p data-bbox="240 1016 1206 1043">(c)- (e) – Not applicable as all CDCR SQSP investigations are completed through the ISU or OIA.</p> <p data-bbox="240 1079 895 1106">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1142 1294 1447" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.12 - Investigations</li> <li>2. Section 54040.3 - Definitions</li> <li>3. Article 14 - Internal Affairs Investigations</li> </ol> </li> <li>3. CDCR PREA Annual Report - Calendar Year 2019</li> <li>4. CDCR PREA Investigations</li> <li>5. CDCR Memorandum Re: Standard 115.22 (b)-1 - Dated October 6, 2017</li> <li>6. Interviews with CDCR Agency Head/Designee, CDCR PREA Coordinator, SQSP Investigative Staff</li> </ol>

115.31	<b>Employee training</b>
	<p data-bbox="240 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1474 465">115.31(a)–(d) - CDCR DOM, 54040.4, Education and Prevention requires that all staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. Training is gender specific based on the inmate population at the assigned institution. PREA training is conducted during new employee orientation with annual refresher trainings occurring subsequently through CDCR On-the-Job Training. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.</p> <p data-bbox="240 501 1474 689">CDCR's In-Service PREA Training lesson plan and OJT lesson plan were provided and reviewed by the auditor. CDCR's In-Service PREA Training lesson plan covers all categories listed in subsection a (1-10). CDCR documents completion of the required training with CDCR 844 and the PREA OJT/LMS Acknowledgement form certifying that the employee has read, understood, and agrees to comply with the PREA OJT/LMS training. Interviews with random staff and review of training records confirmed that they receive refresher PREA training annually on OJT/LMS and in service block training every (2) years.</p> <p data-bbox="240 725 1474 882">115.31 (c) - Substandard required corrective action as while CDCR and SQSP have a training process in place SQSP employee training percentage is at 82% not including staff who are out on extended leave. SQSP would need to provide documentation showing employee training at 90% or higher. There are 1,649 staff at SQSP, and 1,345 have completed their annual PREA training as of October 8, 2021. A list of employees who are not current with PREA training to include training memorandums showing the staff are scheduled for training within the next few months.</p> <p data-bbox="240 918 1474 1039">As off January 2022, SQSP provided verification of training for all staff on the annual in-service PREA training through submission of training logs. there were 84 employees identified as out on long term leaves. All employees returning to duty will be provided the required in-service PREA training upon their return. SQSP demonstrated compliance with this substandard.</p> <p data-bbox="240 1075 895 1102">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1151 1417 1415" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040 - Prison Rape Elimination Act</li> <li>2. Section 54040.4 - Education and Prevention</li> </ol> </li> <li>3. CDCR In-Service PREA Training Lesson Plan</li> <li>4. CDCR On the Job Training (OJT) PREA Lesson Plan</li> <li>5. SQSP Training RecordsCDCR Memorandum Re: PREA Policy Training Proof of Practice - Dated June 19, 2015</li> <li>6. Memorandum dated September 3, 2020 - Mandated OJT for all Staff (Covid)</li> </ol>

115.32	<b>Volunteer and contractor training</b>
	<p data-bbox="240 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1477 499">115.32(a) – CDCR DOM, 54040.4, Education and Prevention requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. All contractors and volunteers are required to complete a background check and acknowledge CDCR’s PREA policy prior to entry into a state prison by certifying their responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct or sexual harassment. SQSP reported to have 1,000 volunteers and contractors who have contact with inmates that have been trained on the agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response.</p> <p data-bbox="240 530 1477 824">115.32(b) - CDCR Memorandum Re: Standard 115.32(b) 1, requires that all volunteer and contract staff participate in a one-hour mandatory training regarding inmate/staff interactions. This training covers understanding the dynamics of establishing positive, professional interactions with inmates, maintaining professional distance while maintaining effective communication with inmates, and avoiding becoming overly familiar and/ or other inappropriate behavior. Although all volunteer and contract staff are required to complete the required one-hour training, staff who work 8 hour shifts with little to no custody staff supervision at times are mandated by the institutions to complete more extensive training based on their level of contact with inmates. Volunteers and contractors are also required to complete the CDCR PREA Policy Volunteer/Contractor Informational Sheet which acknowledges their responsibilities and duties to immediately report any information on any PREA related incidences.</p> <p data-bbox="240 855 1433 916">115.32(c) -CDCR, DOM, Section 32010.8.3, Record Keeping Forms outlines record keeping and documentation through CDC form 843 Training Record and Instruction Sheet and CDCR 844 Training Participation Sign-in Sheet.</p> <p data-bbox="240 947 1465 1106">Interviews with volunteers and contractors indicated that they have been trained and are knowledgeable on their responsibilities as it relates to PREA. However, the on-site review of training records and human resource files for contractors and volunteers found that some files are kept with the Institutional Personnel Office and others are kept with the Community Resource Office. The auditor was able to review five (5) volunteer training records for volunteers with Brown Card (escorted) status found that all five (5) had completed PREA training.</p> <p data-bbox="240 1137 895 1164">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1218 1477 1579" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM) <ol style="list-style-type: none"> <li>1. Chapter 3, Section 32010.8.3 - Record Keeping Forms</li> <li>2. Chapter 5, Section 54040.4 - Education and Prevention</li> </ol> </li> <li>3. CDCR PREA Information and Acknowledgement Form</li> <li>4. CDCR PREA Policy Volunteer/Contractor Informational Sheet</li> <li>5. CDCR PREA Policy Information for Volunteers and Contractors Part A, CDCR Form 2301 (Rev. 05/20)</li> <li>6. SQSP Volunteer/Contractor Training Files</li> <li>7. CDCR Memorandum Re: Standard 115.32 (b) - Volunteer and Contractor Training - Dated October 6, 2017</li> <li>8. Interviews with SQSP Volunteers and Contractors who have contact with inmates, SQSP Personnel Officer and SQSP Community Resource Manager</li> </ol>

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1484 999">115.33(a) and (f) - CDCR DOM, Section 54040.4, Education and Prevention requires that verbal and written information shall be provided to offenders which will address: Prevention/Intervention, Reporting, Treatment and Counseling. Initial offender orientation on PREA is provided to the offender population in Reception Centers (RC) via either written or multi-media presentation on a weekly basis in both English, Spanish, and Hmong. Approved PREA posters which contains departmental policy and sexual violence, staff sexual misconduct, and harassment reporting telephone numbers shall be posted in designated locations throughout the institution. The PREA brochures titled "Sexual Assault Awareness" and the PREA booklet titled "Sexual Abuse/Assault: Prevention and Intervention" are distributed during initial processing and the materials are also available through the correctional counselors and the institution's offender orientation handbook. Upon admission to SQSP, all inmates are provided information on the agency's zero-tolerance policy on sexual abuse and sexual harassment, how to report an incident or suspicion of sexual abuse and sexual harassment, and support services for those that have been sexually abused. This information is provided to inmates through posters, inmate orientation handbooks and brochures. All inmates must sign-off on the CDCR General Chrono form acknowledging that they received this handbook and PREA brochures, booklets and viewed the PREA educational Just Detention International video "What you need to know", provided in English, Spanish, and Hmong with American Sign Language. Interviews with Intake Staff affirmed that inmates are provided with this information as part of the intake process before they are released to their assigned housing unit. Interviews with random inmates were inconsistent. Several inmates confirmed in their interview that they are provided this information and watched the video in the facilities R&amp;R, and there were several inmates that stated they did not receive the information until they were there for a week or two. During interviews with the R&amp;R staff and the onsite review through R&amp;R, the process of issuing PREA informational material was confirmed but there was (1) television screen that was inoperable that faces the first few holding cells and was told that a repair order was submitted, when the inmates were being processed they are moved from cell to cell while the PREA education video plays over in a loop that gave them the opportunity to view the PREA educational video. The (1) television screen that was inoperable was fixed prior to the end of the onsite review.</p> <p data-bbox="240 1032 1484 1223">115.33(b) – Upon admission to SQSP, the inmates are given comprehensive education for PREA through a PREA Education video and is played as part of the inmate orientation process at Receiving and Release (R&amp;R), prior to the inmate being released to their assigned housing unit. The PREA educational video informs inmates on their right to be free from sexual abuse and sexual harassment and from retaliation for reporting sexual abuse and sexual harassment and the agency's policies and procedures to responding to a reported incident. Further, CDCR PREA posters which contain departmental policy on sexual violence, sexual harassment reporting contact information are posted throughout the institution.</p> <p data-bbox="240 1256 1484 1413">115.33(c) –All inmates at SQSP are provided information on the agency's zero-tolerance policy on sexual abuse and sexual harassment, how to report an incident or suspicion of sexual abuse and sexual harassment, and support services for those that have been sexually abused. This information is provided to inmates that are transferred from other facilities through posters, inmate orientation handbooks and brochure titled "Sexual Violence Awareness" and the PREA booklet titled, "Sexual Abuse/Assault – Prevention and Intervention" through the initial processing process into the facility at R&amp;R.</p> <p data-bbox="240 1447 1484 1738">115.33(d) – CDCR DOM, Section 54040.4, Education and Prevention requires that appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider using offender peer educations to enhance the offender's knowledge and understanding of PREA. Interview with intake staff confirmed this practice. All inmates sign an acknowledgement form that they have seen the PREA Education video and are able to ask any questions if they have any. Interpreter services with Interpreting and Consulting Services, Inc. and Voiance Language Services are available for use to for inmates who are Limited English proficient to ensure that they receive inmate PREA education. Additionally, the facility has some staff who are bilingual certified to provide translation services. CDCR provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.</p> <p data-bbox="240 1771 1484 1861">115.33(e)- Inmate education on PREA are documented on General Chrono- CDCR 128B form that is signed by the offender indicating that they received the information and training and is forwarded to the inmate's records for scanning into the Electronic Records Management System (ERMS).</p> <p data-bbox="240 1895 895 1924">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="272 1973 1249 2141" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM) Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.4 - Education and Prevention</li> </ol> </li> <li>3. CDCR PREA Sexual Abuse/Assault Prevention and Intervention Booklet (English and Spanish)</li> <li>4. CDCR PREA Sexual Violence Awareness Brochure (English and Spanish)</li> </ol>

5. SQSP Inmate Orientation Handbook (English and Spanish)
6. CDCR PREA "Help is Available" Posters (English, Spanish, Hmong)
7. CDCR PREA Posters (English and Spanish)
8. SQSP General Chrono - PREA Acknowledgement Form (CDCR 128-B)
9. Review of inmate records
10. Interviews with SQSP Intake staff, Random and LEP inmates

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1469 432">115.34(a) – CDCR DOM, Section 54040.3, Definitions defines the Locally Designated Investigator (LDI) as institutional staff, who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. Section 54040.4, Education and Prevention also states that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the institution PREA Compliance Manager shall ensure employees investigating PREA incidents are properly trained.</p> <p data-bbox="244 465 1469 589">115.34(b) –(d) - The curriculum for the CDCR PREA Specialized Training for Locally Designated Investigators was reviewed by the auditor and includes training on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="244 622 1469 745">SQSP has (13) Locally Designated Investigators. Interviews with SQSP Investigative Staff (ISU) indicated that investigators are well trained in conducting sexual abuse and sexual harassment investigations and confirmed their understanding of the specialized training curriculum. Review of training records confirmed that LDIs completed CDCR’s PREA Specialized Training for Locally Designated Investigators.</p> <p data-bbox="244 779 895 806">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 857 1118 1081" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.3 - Definitions</li> <li>2. Section 4040.4 - Education and Prevention</li> </ol> </li> <li>3. CDCR PREA Specialized Training for Locally Designated Investigators Curriculum</li> <li>4. SQSP LDI Training Records</li> <li>5. Interviews with SQSP Investigative staff</li> </ol>

115.35	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="240 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 600">115.35(a) – CDCR DOM, Section 54040.4, Education and Prevention requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. The Specialized Training for Medical and Mental Health staff was reviewed by the auditor and covers how to identify potential signs of sexual abuse and sexual harassment; how and whom to report allegations or suspicions of sexual abuse and sexual harassment; methods to respond effectively and professionally to victims of sexual abuse and sexual harassment; and steps required to preserve evidence of sexual abuse. Review of training records and interviews with medical and mental health staff confirmed their knowledge and participation in PREA Specialized Training for Medical and Mental Health Staff.</p> <p data-bbox="240 629 1477 757">115.35(b) – CDCR DOM, Section 54040.3, Definitions states that unless an institution has been previously authorized for contracted onsite SART exams, they will utilize the resources available via contract at the local community hospital for SART examination of the victim and offender-suspect. As CDCR/SQSP contracts with a local hospital (Queen of the Valley/Napa Solano SANE/SART) to perform SART exams, this substandard is not applicable to SQSP.</p> <p data-bbox="240 786 1457 882">115.35(c) – CCHCS Memorandum Re: PREA Specialized Training for Medical and Mental Health Staff – dated August 9, 2017, requires that once staff have completed the specialized training on the Learning Management Systems (LMS), they must provide a copy of their certificate, with signature, to their local In-Service Training office.</p> <p data-bbox="240 911 1481 1106">115.35(d) - CDCR DOM, Section 54040.4, Education and Prevention requires that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. Review of training records confirmed that medical and mental health care practitioners employed by the agency received training as mandated for employees by §115.31.</p> <p data-bbox="240 1135 1485 1532">Standard 115.35(a), (c) and (d) required corrective action. SQSP must ensure that all medical and mental health staff, including contractors, received the PREA Specialized Training for Medical and Mental Health. SQSP is to provide verification of training. Additionally, SQSP must ensure that all medical and mental health care practitioners receive PREA training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner’s status at the agency. SQSP indicated that they employ 412 healthcare professionals. The auditor requested for the healthcare specialized training logs showing the staff who completed and who did not complete the training, and did not receive the logs requested, therefore, the compliance for specialized training could not be confirmed, to include a computation of compliance rate. The auditor did review the logs for PREA training that was attached to the PAQ, dated July 7, 2021. These logs showed 420 health care staff, which 235 of them completed PREA training and 185 of them did not, leaving this section at 56% compliance rate. There was a difference in the amount of health care professionals employed that SQSP reported between July and October 2021. Without receiving additional updates of PREA training logs the discrepancy could not be rectified prior to the issuance of this interim report.</p> <p data-bbox="240 1561 1449 1657">February 2022, SQSP submitted updated staff and specialized training logs as documented proof for health care staff and their training. Documentation clarified staffing levels and showed that all staff are up to date with specialized training, therefore, SQSP has demonstrated compliance with the substandard.</p> <p data-bbox="240 1686 895 1713">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1765 1442 2024" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.3 - Definitions</li> <li>2. Section 54040.4 - Education and Prevention</li> </ol> </li> <li>3. CCHCS Memorandum Re: PREA Specialized Training for Medical and Mental Health Staff - Dated August 9, 2017</li> <li>4. CDCR PREA Specialized Training for Medical and Mental Health Staff Curriculum</li> <li>5. SQSP Training Records for Medical and Mental Health Staff</li> <li>6. Interviews with SQSP Medical and Mental Health Staff</li> </ol>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.41(a) –(b) – CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017, requires that during the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for complete a PREA screening form for every inmate. In addition, if the PREA screening form identifies an inmate to be at risk of being sexually abused by other inmates or sexual abusive towards other inmates, the custody supervisor shall also enter an alert into the Inmate Precaution section in SOMS. All PREA Screening forms will be completed electronically and submitted directly into ERMS. During the on-site phase, Intake staff was able to demonstrate the screening process and provided a copy of the PREA risk screening to the auditor. In the past 12 months, 263 inmates entered SQSP and were screened. Interviews with intake staff confirmed that staff was informed and knowledgeable on the PREA risk screening process and that the screening occurs before inmates are placed into an assigned housing unit. This was further corroborated through interviews with inmates, who acknowledged receiving screening upon admission to SQSP, and review of inmate records.</p> <p>115.41(c) – (d) – CDCR’s PREA Risk Screening Tool was reviewed by the auditor and was determined to be an objective screening instrument that considers the minimum criteria listed in subsection d (1-10). The CDCR PREA Risk Screening Tool considers the following items when assessing inmates for risk of sexual victimization: 1) Victim of substantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years; 2) Victim of sexual victimization in a non-correctional setting; 3) Mental, Physical or Developmental disability; 4) Age ; 5) Physical build; 6) Any prior or current convictions for sex offenses against an adult or child; 7) Whether they consider themselves or have ever been perceived by others as Lesbian, Gay, Bi-Sexual, Transgender, Inter-sex or Gender Non-Conforming; 8) Prior incarcerations; 9) Exclusively non-violent criminal history; and 10) Whether they currently consider themselves vulnerable to sexual victimization. Interviews with staff responsible for conducting risk screening confirmed that all factors of this subsection are taken into consideration when they conduct the risk screening on inmates and that the information is gathered through interviewing the inmate as well as information in SOMS and ERMS.</p> <p>115.41 (e) – CDCR’s PREA Risk Screening Tool was reviewed by the auditor and considers risk for sexual abusiveness by considering: 1) History of sexual violence in a correctional setting; 2) Prior convictions for sex offenses in a non-correctional setting; 3) Conviction for non-sexual violent offenses in a non-correctional setting; and 4) any guilty finding for non-sexual violent offense in a correctional setting. Interviews with staff responsible for conducting risk screening confirmed that all factors of this subsection are taken into consideration when they conduct the risk screening on inmates and that the information is gathered through interviewing the inmate as well as information in SOMS and ERMS.</p> <p>115.41(f) – (g) -CDCR DOM, Section 54040.7, Detection, Notification, and Reporting, states that an inmate’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization. CDCR Memorandum Re: PREA Risk Screening – Correctional Counselor Responsibilities – dated September 29, 2017, states that Correctional Counselors will identify if any new information has been received related to PREA victimization or sexual abusiveness towards other inmates during the Classification Committee process. SQSP inmates appear before a classification committee generally within 14 days of their admission to the facility. During the classification committee meeting, the inmate is asked if they have any new or relevant information related to the PREA screening that was initially completed upon admission. Interviews with staff who complete screenings corroborate that staff is knowledgeable and aware of their responsibilities to complete 30-day reviews of the PREA risk screening.</p> <p>115.41(h) – CDCR DOM, Section 54040.6, Offender Housing, states that offenders will not be disciplined for refusing to answer, or not disclosing complete information related mental, physical, or developmental disabilities, their sexual orientation, sexual victimization, or perception of vulnerability. Interviews with intake staff and random inmates confirmed that inmates are not disciplined for refusing to answer, or not disclosing complete information on the PREA Risk Screening.</p> <p>115.41(i) – Interviews with CDCR PREA Coordinator, SQSP PREA Compliance Manager, Intake staff and staff responsible for risk screening affirm that only certain approved personnel within the facility and agency have access to the screening information and that access is given on a need-to-know basis. Approved personnel consist of Correctional Counselors, most supervisors, managers, and anyone involved with classification and housing process would have access to this information, however, the housing officers (line-staff) do not.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.6 - Offender Housing</li> </ol> </li> </ol>

2. Section 54040.7 - Detection, Notification and Reporting
3. Section 54046.5 - Initial Screening
3. CDCR Memorandum Re: PREA Risk Screening - Dated August 28, 2017
4. CDCR Memorandum Re: PREA Risk Screening - Correctional Counselor Responsibilities - Dated September 29, 2017
5. CDCR PREA Risk Screening Tool
6. Review of Inmate Records
7. Interviews with CDCR PREA Coordinator, SQSP PREA Compliance Manager, Intake Staff, Staff Responsible for Screening, Random Inmates.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 450 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 696">115.42(a) – (b) – CDCR DOM, Section 54040.6, Offender Housing indicates that factors for single cell housing includes the initial housing review assessment and responses to sexual violence and victimization. California Code of Regulations, Title 15, Section 3269 also notes a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner. CDCR’s CDCR Memorandum Re: PREA Risk Screening – dated August 28, 2017, directs the assigning staff to review the inmate precaution screen to determine if the inmate(s) are identified as being “at risk as a victim” or “at risk as an abuser”. If either precaution exists, the custody supervisor is required to review the potential cellmate’s precaution screen(s) and case factors to ensure potential victims and potential abusers are not housed together in a cell. The PREA Risk Screening is reassessed within 30 days (generally 14 days) of arrival at SQSP by the Initial Unit Classification Committee. During the committee, the PREA screening is reviewed and considered in all decisions affecting the inmate to include housing, work, education, and program assignments. Interviews with the SQSP’s PREA Compliance Manager and staff responsible for risk screening, in addition to review of inmate records, affirm that screening information is considered and used to make determinations to ensure the safety of each inmate.</p> <p data-bbox="242 730 1481 1189">115.42(c) – (d) &amp; (g) - CDCR DOM, Section 54040.14.2 - Transgender Biannual Reassessment for Safety in Placement and Programming states, If the inmate is not scheduled to be seen for his/her annual classification review during the identified review period (August through January or February through July), the assigned Correctional Counselor shall conduct a Transgender Biannual Assessment-PREA and complete a pre-formatted CDC Form 128-B, General Chrono. This form includes information to be asked of the inmate during a face-to-face interview to assess any threats to their safety. In addition to interviewing the inmate, the assigned Correctional Counselor shall review the inmate’s case factors in SOMS and ERMS for any additional information which may indicate the inmate has any placement or programming concerns. If, during the interview for either the annual review or the Transgender Biannual Assessment-PREA, the inmate discloses threats to safety, the assigned Correctional Counselor shall immediately notify a Custody Supervisor. Any information related to a PREA allegation shall be documented and forwarded to the institution’s Locally Designated Investigator according to the DOM, Article 44, Prison Rape Elimination Policy. The PCM shall coordinate with the Classification and Parole Representative to ensure the assessments are completed. The PCM shall maintain a copy of the biannual list with the dates the annual classification reviews or the PREA Biannual Assessments were completed. The PCM will forward a copy of this list to the PREA Coordinator in the Division of Adult Institutions within five days of completion of the review period.</p> <p data-bbox="242 1223 1481 1749">CDCR DOM Section 62080.14, Transgender Inmates specifies that inmates who have been diagnosed as transgendered shall be housed at designated facilities “to the maximum extent practical” based on the need to ensure the inmate’s medical care and mental health treatment. If the inmate has multiple case factors which make it difficult to house in the specified institutions, a case conference with key CDCR staff shall be conducted to determine the most appropriate level of care and institution suitable for the inmate’s case factors. Additionally, per California Code of Regulations, Title 15, Section 3375, the classification, and housing process shall take into consideration the inmate’s needs, interest and desires, his/her behavior, and placement score in keeping with the CDCR and institution’s/facility’s programs and security missions and public safety. Interview with the CDCR PREA Coordinator confirmed that CDCR has 14 designated transgender institutions and that the institutions were selected as they have more specialized medical and mental health staff that are experienced and able to provide services better in line with the needs of transgender inmates and that the classification and housing process considers all factors listed above and is done on a case-by-case basis. Further, CDCR PREA Coordinator affirmed that if transgender inmates are housed at a designated facility that they are housed throughout the facility in all housing types, not in one housing unit, and also affirmed that an inmates who identify as transgender is not housed at one of the designated facilities solely because they identify as transgender and that transgender inmates are housed throughout all CDCR facilities, not just designated facilities, depending on the needs and classification of the inmate. SQSP is one of the 14 designated institutions.</p> <p data-bbox="242 1783 1481 1973">115.42 (e) &amp; (f) - CDCR Memorandum Re: Transgender Biannual Reassessment for Safety in Placement and Programming requires that Correctional Counselors conduct a Bi-annual Assessment and complete CDCR Form 128-B, General Chrono. This form includes information that is asked of the inmate during a face-to-face interview to assess any threats to their safety. SQSP is a designated transgender institution, interviews with the SQSP PREA Compliance Manager and staff responsible for risk screening confirmed that housing and programming assignments are reassessed at least twice a year and that transgender inmates would be able to shower separately from other inmates.</p> <p data-bbox="242 2007 1481 2130">CDCR issues a Transgender Brochure in light of the the approved Senate Bill 132. The brochure contains information on authorized clothing allowed to be purchased/obtained based on their gender identity once confirmed, the ability to request separate showers if they identify as transgender, intersex or non-binary and notification of bi-annual assessments for safety and program placement. CDCR/SQSP staff were required to attend training for overview of Senate Bill 132 and what CDCR</p>

staff responsibilities are.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. SQSP Completed Pre-Audit Questionnaire (PAQ)
2. California Code of Regulations - Title 15
  1. Section 3269 - Inmate Hosing Assignments
  2. Section 3375 - Classification Process
3. CDCR Policy - Department Operations Manual (DOM), Chapter 5
  1. Section 54046.5 - Initial Screening
  2. Section 54040.6 - Offender Housing
  3. Section 54040.7 - Detection, Notification and Reporting
  4. Section 54040.14.2 - Transgender Biannual Reassessment for Safety in Placement and Programming
4. CDCR Policy - Department Operations Manual (DOM), Chapter 6
  1. Section 62080.14 - Transgender Inmates
5. CDCR Memorandum Re: PREA Risk Screening Correctional Counselor Responsibilities - Dated September 29, 2017
6. CDCR Memorandum Re: PREA Risk Screening - Dated August 28, 2017
7. CDCR Memorandum Re: PREA Risk Screening Mental Health Referral Process - Dated October 24, 2018
8. CDCR's Transgender Bi-annual Assessment (Form CDCR 128-B)
9. CDCR PREA Risk Screening Tool
10. CDCR Memorandum Re: Transgender Bi-annual Reassessment for Safety in Placement and Programming - Dated August 25, 2017
11. Transgender Brochure Senate Bill 132
12. CDCR Memorandum Re: Overview of Senate Bill 132 Training - Dated November 6, 2020
13. Review of Inmate Records
14. Interviews with CDCR PREA Coordinator, SQSP PREA Compliance Manager and Staff Responsible for PREA Screening

115.43	<p><b>Protective Custody</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.43(a) – CDCR DOM, Section 54040.6, Offender Housing states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing. SQSP Warden confirmed in his interview that the facility does their best to exhaust all means before placing an inmate in involuntary segregation. There were no inmates at high risk for sexual victimization placed in involuntary segregated housing in the last 12 months at SQSP and confirmed by facility list.</p> <p>115.43(b) – (e) – California Code of Regulations, Title 15, Article 7 states that, Non-Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include but are not limited to: (d) Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident. If the placement in NDS is related to being the victim, the inmate will be afforded all programs, privileges, and education in accordance with section 3044-Inmate Work Groups and subsection 3190 (b) (5) (c), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days, if so, a review by assigned supervisor shall be completed to determine whether there is a continuing need for separation.</p> <p>SQSP did not have any inmates in segregation for potential risk of sexual victimization. Interviews with SQSP Warden and PREA Compliance Manager confirmed that should an inmate be identified to be at risk they would be re-evaluated and only if no available alternative means of separation from likely abusers could be made, a transferred to another facility would be an option. Further, that access to programs, privileges and education is done through review with the assigned counselors.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.6 - Offender Housing</li> </ol> </li> <li>3. California Code of Regulations Title 15 - Article 7 - Segregation Housing</li> <li>4. SQSP Inmate Housing Roster</li> <li>5. Interviews with SQSP Warden and PREA Compliance Manager</li> </ol>
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115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 600">115.51(a) – (b) – CDCR DOM, Section 54040.7, Detection Notification and Reporting outlines that an offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member, volunteer, contractor, Office of Internal Affairs, Office of the Inspector General, the Inmate Appeals Process, the sexual assault hotline or through a third party. These reports can be verbally or in writing. In addition, offenders being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security. During the site review, posters were observed up all around the facility in both English and Spanish informing inmates of the various ways of reporting – to staff, Internal Affairs, Inspector General, or via third party through a family member. The Inmate Orientation Handbook provided to every inmate at intake likewise lists the above. Both interviews with intake staff and random inmates confirmed that they are aware of the various ways to report, to include but not limited to contacting the PREA hotline number, to staff in writing or in person, and on a form 602 (grievance form).</p> <p data-bbox="244 629 1477 790">115.51(c) – (d) - California Code of Regulations, Title 15, Section 3401.5 requires that any employee who observes, or receives information from any source concerning sexual misconduct, shall immediately report the information or incident directly to the institution head, unit supervisor or highest-ranking official on duty, show shall then immediately notify the Office of Internal Affairs. Interviews with staff confirmed that staff knew of the various ways to report privately. Interviews with staff confirmed that they would report it through their chain of command.</p> <p data-bbox="244 819 895 846">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 898 1102 1294" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. California Code of Regulations - Title 15       <ol style="list-style-type: none"> <li>1. Section 3401.5 - Employee Sexual Misconduct</li> </ol> </li> <li>3. CDCR Policy - Department Operations Manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.4 - Education and Prevention</li> <li>2. Section 54040.7 - Detection, Notification and Reporting</li> </ol> </li> <li>4. CDCR PREA Sexual Abuse/Assault Prevention and Intervention Booklet</li> <li>5. CDCR Sexual Violence Awareness Brochure</li> <li>6. CDCR PREA Volunteer/Contractor Training - Informational Sheet</li> <li>7. SQSP Inmate Orientation Handbook</li> <li>8. Review of Inmate Records (602) Inmate Grievances</li> <li>9. Interviews with SQSP Intake Staff, Grievance Coordinator and Random Inmates</li> </ol>

115.52	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="240 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1469 430">115.52(a) – The agency is not exempt from this standard as it has an appeals process to address inmate grievances regarding sexual abuse. California Code of Regulations, Title 15 – Article 8 states a grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal. As an emergency appeal, the appeal is immediately reviewed by the Hiring Authority or designee and processed directly at the second level of review.</p> <p data-bbox="240 465 1469 689">115.52(b)-(c) – California Code of Regulations, Title 15 – Article 8 states that there shall be no time limits for allegations of sexual violence of staff sexual misconduct. While the department maintains the right to defend against an inmate lawsuit on the grounds of the applicable statute of limitations, a time limit shall not be imposed upon when an appellant may file such a grievance. Further, Article 8, Section 3084.7 states that appeal responses shall not be reviewed and approved by a staff person who participate in the event of the decision being appealed. The Sexual Abuse/Assault Prevention and Intervention pamphlet that is provided to all inmates upon reception, informs inmates that appeals relating to the reporting of employee sexual misconduct will go directly to the Warden or Superintendent for immediate review and action.</p> <p data-bbox="240 725 1469 981">115.52(d) - California Code of Regulations, Title 15 – Article 8, Section 3084.8 states that appeal time limits indicates that the first and second level responses have a time limit of 30 days, third level responses have 60 days. If an exceptional delay prevents completion of the review within specified time limits, the inmate shall be provided an explanation of the reasons for the delay and the estimated completion date. Section 3084.9 states that second and third level reviews may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the appeals coordinator. The appellant may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level. SQSP had thirteen (13) grievances filed that alleged sexual abuse in the last 12 months. Grievances alleging sexual harassment were reviewed and it was confirmed that the final decision was within 90 days.</p> <p data-bbox="240 1016 1469 1240">115.52(e) – CDCR COM, Chapter 5, Section 54040.7.2, Notification via Third Party Reporting of Misconduct Against an Employee, Contractor or Volunteer discusses how a third party can file a complaint on behalf of an inmate and it is to be submitted to the hiring authority of the alleged perpetrator. When a third-party files a complaint on behalf of an inmate, a supervisory employee shall take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. The agency/facility does not require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf. A review of SQSP PREA Investigations files confirmed that all allegations of sexual misconduct are investigated, to include those received via third party and through grievance submittal.</p> <p data-bbox="240 1276 1469 1433">115.52(f) – California Code of Regulations, Title 15- Article 8, Section 3084.9 establishes a timeframe of 48 hours for an initial risk assessment to be conducted and documented upon submission of an emergency grievance. An inmate is allowed to file an emergency grievance should she be subject to a substantial risk of imminent sexual abuse, with an initial response within 48 hours, and a final decision within 5 calendar days. SQSP's PAQ and grievance records indicated that they had no emergency grievances alleging substantial risk of imminent sexual abuse in the last 12 months.</p> <p data-bbox="240 1469 1469 1590">115.52(g) – CDCR DOM, Section 54040.15.1, Alleged Victim – False Allegations states that following an investigation, if it is determined that the allegations were made not in good faith the offender making the allegations may be subject to disciplinary action. An allegation that is deemed to be unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. SQSP had no instances in the past 12 months of inmates filing grievances alleging sexual abuse in bad faith.</p> <p data-bbox="240 1626 895 1653">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="272 1697 1437 1993" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.15.1 - Alleged Victim - False Allegations</li> <li>2. Section 54040.7 - Notification via Third Party Reporting</li> </ol> </li> <li>3. Sexual Abuse/Assault Prevention and Intervention inmate pamphlet</li> <li>4. California Code of Regulations Title 15 - Article 8 - Appeals, Section 3084</li> <li>5. SQSP PREA Investigations Log</li> <li>6. SQSP Grievances Alleging Sexual Abuse or Staff Sexual Misconduct Interviews with SQSP Warden and Grievance Coordinator</li> </ol>

115.53	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.53(a) - CDCR DOM, Section 54040.8.2- requires that victims of rape, unlawful sexual intercourse with person under 18, rape of spouse, sodomy, oral copulation, forcible acts of sexual penetration have a right under PC 264.2 and PC 679.04 to victim advocate and victim support person for both the medical examination and investigatory interview. SQSP provides access to victim advocates for emotional support services related to sexual abuse through the local rape crisis center, Community Violence Solutions. Inmates are informed of these services and the contact information (phone and mailing address) of the Community Violence Solutions through the inmate handbook and the CDCR/SQSP "Sexual Abuse/Assault Prevention and Intervention" pamphlet, and the SQSP Additional Services of Sexual Abuse poster. The audit team tested the inmate phone system in several areas to contact the local rape crisis center, as listed on the posters throughout the facility. Calls to the rape crisis center using the inmate phone system (GTL) required an inmate pin in order to place the free call. The calls can be kept anonymous as verified through an interview with the Rape Crisis Center representative and inmate interviews. SQSP enables reasonable communication between inmates and the rape crisis center though, it was recommended that they remove the requirement of using an inmate pin number when contacting the rape crisis center.</p> <p>CDCR/SQSP has established a way to inform inmates through the PREA Informational Sheet for Orientation Handbook that services from the Rape Crisis Center will maintain confidentiality as required by state and federal laws for Sexual Assault Counselors. Additionally, if inmates chose to write to the Community Violence Solutions, they are informed that the letter must be sent attention to "PREA Advocate" and the envelope must state: "EVID. CODE 1035.4 PRIVILEGED COMMUNICATION" so that it is treated as confidential mail. Inmate interviews acknowledge that inmates are aware of the services, or at least where to find the information to contact them, should they feel the need for them. Inmates who reported sexual abuse affirmed through interviews that they were informed about support services available to them and knew where they could find the contact information should they choose to receive further services. Inmates reported that they received the information through paperwork at intake and that it is also located on posters throughout the facility.</p> <p>115.53(b) – CDCR/SQSP has established a way to inform inmates through the PREA Informational Sheet for Orientation Handbook that the telephone calls from the inmate telephone system are recorded and if PREA allegations are identified on this system, it will be referred to appropriate staff for inquiry and investigation. Interviews with inmates noted that they overall felt that the information they shared would be confidential but also noted that they understood that if it were regarding an incident that occurred at the facility that it would have to be reported so that it could be addressed.</p> <p>115.53(c) – CDCR/SQSP has a Memorandum of Understanding (MOU) with the Community Violence Solutions to provide emotional support services related to sexual abuse and victim advocate service. The MOU went into effect on July 13, 2021. Contact information for the Community Violence Solution is listed in the Inmate Orientation Handbook, and in the Sexual Violence Awareness brochures provided to inmates. The auditor facilitated a phone interview with the Community Violence Solutions staff who confirmed that they are presently providing emotional support services related to sexual abuse and victim advocate services to inmates at SQSP.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.8 - Victim Advocate and Victim Support Person</li> </ol> </li> <li>3. CDCR Sexual Violence Awareness Pamphlet</li> <li>4. CDCR Sexual Abuse/Assault Prevention and Intervention Pamphlet</li> <li>5. SQSP Inmate Orientation Handbook</li> <li>6. CDCR "Shine the Light on Sexual Abuse" Posters</li> <li>7. PREA Information for Orientation Handbook</li> <li>8. Memorandum of Understanding (MOU) between SQSP and Community Violence Solutions</li> <li>9. Review of Inmate Records</li> <li>10. Interviews with SQSP Random Inmates, Inmates who Reported Sexual Abuse, Victim Advocate</li> </ol>

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1458 465">115.54(a) - The CDCR website: provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The website outlines ways that visitors, inmate family members or associates, and other community members can privately report sexual abuse or sexual harassment. Additionally, PREA posters are posted throughout the facility, to include visitation areas, which provide information on how to report sexual abuse or sexual harassment. The website information was verified and during interviews with staff and inmates it was confirmed that they had knowledge of the information and website.</p> <p data-bbox="244 499 895 526">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 573 1442 801" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR, DOM, Section 54040.7.3 – Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender</li> <li>3. CDCR Agency web page: <a href="https://www.cdcr.ca.gov/prea/prea/reporting/">https://www.cdcr.ca.gov/prea/prea/reporting/</a></li> <li>4. CDCR/SQSP PREA Posters</li> <li>5. SQSP Sexual Abuse/Assault Prevention and Intervention inmate pamphlet</li> <li>6. Interviews with SQSP Random Staff and Inmates</li> </ol>

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="244 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1458 564">115.61(a) - (b) - CDCR DOM, Section 54040.7, Detection, Notification and Reporting requires that staff immediately and confidentially report any PREA violation by staff or inmates whether witnessed or reported to the appropriate supervisor. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical and mental health for evaluation. Volunteers/Contractors are also required to report incidents of sexual violence, harassment, and staff sexual misconduct to appropriate staff. CDCR DOM, Section 54040.8 outlines the expectations of staff to ensure that reporting of information is done in a confidential manner and that incident-specific information shall be treated as confidential, and disclosure made only to employees who have a “need to know” and to other entities as permitted or requested by law. All staff interviews confirmed that all staff are aware of the agency’s policy for reporting any information related to an inmate sexual abuse and compliance with this substandard.</p> <p data-bbox="244 600 1458 788">115.61(c) - CDCR Health Care Services Policy, Chapter 16, 1.16.1 requires that providers report allegations of sexual violence, staff sexual misconduct, and sexual harassment to include informing patients of the provider’s duty to report, and the limitation of confidentiality, at the initiation of services. Medical and Mental Health staff interviews confirmed that the inmates are advised at the beginning of treatment, that there’s limitations to confidentiality when it comes to their obligation to reporting sexual abuse incidents that occurred within its institution. SQSP also utilizes Informed Consent forms during the medical and mental health orientation.</p> <p data-bbox="244 824 1458 981">115.61(d) – SQSP does not house inmates under that age of 18. Current litigation against CDCR regarding vulnerable adults which resulted in the remedial plans and the State of California – Health and Human Services Agency, there is no requirement for CDCR to report to state of local services agency such as Adult Protective Services. It should be noted that CDCR Investigators are classified as Peace Officers and receive specialized training in conducting sexual abuse investigations of all persons incarcerated up to and including criminal cases.</p> <p data-bbox="244 1016 1458 1173">115.61(e) - CDCR DOM, Section 54040.12, Investigations requires that all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing, it further states that for allegations reported to the Hiring Authority, the allegation will be assigned to an LDI to investigate and utilizing standard investigatory procedures. Interview with the SQSP Warden confirmed this practice. Review of SQSP PREA investigations completed during the audit period confirmed compliance with this substandard.</p> <p data-bbox="244 1209 895 1236">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1281 1299 1581" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department of Operations Manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.12 - Investigations</li> <li>2. Section 54040.7 - Detection, Notification and Reporting</li> <li>3. Section 54040.8 - Response</li> </ol> </li> <li>3. CDCR Health Care Services Policy, Chapter 16, 1.16.1</li> <li>4. CDCR Memorandum Re: Standard 115.61 - Dated January 27, 2020</li> <li>5. SQSP PREA Investigation Files</li> <li>6. Interviews with SQSP Warden, Medical and Mental Health Practitioners, Random Inmates and Staff</li> </ol>

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 499">115.62(a) - CDCR DOM, Section 54040.7, Detection, Notification and Reporting establishes a responsibility for CDCR employees to protect the inmates in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. CDCR DOM, Section 54040.6 states that inmates at high risk for sexual victimization, as identified on the electronic Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p data-bbox="240 528 1481 790">SQSP reported on the PAQ to have no instances in the past 12 months of determining that an inmate was at risk of imminent sexual abuse. Agency Head/Designee and SQSP Warden both confirmed in interviews that housing alternatives are always available to ensure protection of inmates at risk of imminent sexual abuse. Some of the alternatives considered would be moving the inmate to a different housing unit, single cell placements, and recommending a transfer to a different facility if deemed necessary. Based on staff interviews, it was evident that staff is aware of their responsibility to protect inmates in their care and that any perceived threat of harm including sexual abuse would result in immediate reporting and preventative action by staff. CDCR and SQSP does not limit PREA to actual reported incidents, but will consider any information related to imminent harm based on the potential for sexual abuse.</p> <p data-bbox="240 819 895 848">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 898 1078 1061" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.6 - Offender Housing</li> <li>2. Section 54040.7 - Detection, Notification and Reporting</li> </ol> </li> <li>3. Interviews with CDCR Agency Head/Designee, SQSP Warden, Random Staff</li> </ol>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 432">115.63(a) – (c) – CDCR DOM, Section 54040.7.4, Notification from/to Other Confinement Facilities states that upon receiving an allegation that an upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged incident occurred. The notification shall be made via telephone contact or electronic mail and will be followed up with a written summary. Notifications must be made as soon as possible but no later than 72 hours. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. In the past 12 months, SQSP received two (2) allegations of an inmate being sexually abused while confined at another confinement facility. SQSP ISU were assigned the investigations and investigation files reviewed by the auditor which verified that SQSP completes an investigation report and documentation of notification to the other confinement facility.</p> <p data-bbox="244 629 1469 824">115.63(d) – CDCR DOM, Section 54070.7.4, Notification from/to Other Confinement Facilities further states that the agency receiving notification that an incident occurred at their institution, shall assign, and ensure that the allegation is investigated and reported in according with DOM Section 54040.12. Upon completion, a closure report shall be returned to the institution where the alleged incident was reported. In the past twelve months, SQSP received five (5) allegations of sexual abuse occurring at SQSP from other facilities. PREA investigation file reviews and interviews with investigative staff confirmed the practice.</p> <p data-bbox="244 853 895 880">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 931 1433 1061" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.7.4 - Notification from/to Other Confinement Facilities</li> </ol> </li> <li>3. SQSP Investigation Files Interviews with CDCR Agency Head/Designee, SQSP Warden, SQSP Investigative Staff</li> </ol>

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1474 562">115.64(a) – (b)- CDCR DOM Section 54040.8, Response requires that the employee who the inmate makes initial contact with will take the alleged victim to a private secure location and utilize the Initial Contact Guide to complete the tasks associated with the initial contact which includes preservation of evidence, requesting that the alleged victim and alleged abuser not take any actions that could destroy physical evidence. The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area and keep a chronological log of all persons entering the crime scene area and purposes for doing so. CDCR developed a checklist for watch commanders to follow in these incidents and is currently in use, in addition to this checklist, CDCR has a PREA Initial Contact Guide for staff. The CDCR Custody Supervisor PREA checklist and the PREA Initial Contact Guide clearly outlines the steps and covers items (1) through (4) in this substandard.</p> <p data-bbox="244 595 1490 685">Review of SQSP PREA Investigation files confirmed that the CDCR Custody Supervisor PREA checklist and the PREA Initial Contact Guide is followed and completed. Interviews with Custody and Non-Custody staff confirmed that staff is aware of the procedures and their responsibilities as a first responder to a PREA incident.</p> <p data-bbox="244 719 895 745">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 797 1465 1059" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.8 - Response</li> </ol> </li> <li>3. CDCR Custody Supervisor PREA Checklist</li> <li>4. CDCR PREA Initial Contact Guide</li> <li>5. SQSP PREA Investigations Files</li> <li>6. Interviews with Random Custody and Non-Custody Staff, Custody and Non-Custody First Responders, Inmates Who Reported Sexual Abuse</li> </ol>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1469 432">115.65(a) – SQSP Supplement to CDCR DOM Section 54040 outlines and addresses SQSP’s institutional plan to responding to incident and coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, required by PREA standard 115.65. SQSP Supplement to CDCR DOM Section 54040.3 is reviewed annually by the SQSP PREA Compliance Manager. Interviews with SQSP Warden and facility staff confirmed that staff is aware of the coordinated response in place at SQSP.</p> <p data-bbox="244 465 895 492">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 544 1062 768" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.8 - Response</li> <li>2. Section 54040.8.1 - Custody Supervisor Responsibility</li> </ol> </li> <li>3. SQSP Supplemental to CDCR DOM Section 54040</li> <li>4. CDCR CCHCS, Chapter 16, 1.16.2 - Prison Rape Elimination Act Procedure</li> <li>5. Interviews with SQSP Warden and Random Staff</li> </ol>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 499">115.66(a) - CDCR Collective Bargaining Agreement (CBA) for Unit 6 contract is effective July 3, 2020, through July 2, 2022. The CBA does not limit management's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The CBA section 4.01: Management Rights states that management has the authority to hire, transfer, promote and demote employees as the employer may determine to be necessary for the orderly, efficient, and economical operation of CDCR. Interview with the CDCR Agency Head/Designee confirmed that involuntary actions related to the removal and reassignment of staff is within their authority.</p> <p data-bbox="244 530 895 557">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="277 609 1098 703" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. California Correctional Peace Officers Association Bargaining Unit 6 Agreement</li> <li>3. Interviews with CDCR Agency Head/Designee</li> </ol>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.67(a) – (e) – CDCR DOM, Section 54040.13, Allegation Follow-Up requires that for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PREA Compliance Manager shall assign a supervisory staff member to monitor the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation. The assigned supervisor shall notify the PREA Compliance Manager of any changes and the PREA Compliance Manager shall act promptly to remedy any such retaliation and ensure a CDCR form 2304 or 2305, Protection Against Retaliation (PAR) is initiated which includes; periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. This section also states that the monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need and that the obligation to monitor shall terminate if the investigation determines that the allegation is unfounded or proven false.</p> <p>Additionally, CDCR DOM, Chapter 5, Section 54040.1, PREA Policy states that retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. This is also reiterated in California Code of Regulations, Title 15, Section 3401.5.</p> <p>The SQSP PCM reported that he assigns the monitoring of retaliation to ISU who will inform him of any changes to the CDCR Form 2304. ISU staff that are tasked to monitor retaliation were interviewed and were very knowledgeable on their responsibilities and duties to monitor and report any changes to the PREA Compliance Manager. Review of the SQSP PREA Investigation Files revealed that while SQSP does have policy and practice in place, monitoring the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation are not occurring immediately after the initial report. In the 12 months prior to the audit, SQSP did not receive any reports of retaliation from PREA related incidents.</p> <p>Interviews with the CDCR Agency Head/Designee, SQSP Warden, PREA Compliance Manager and staff charged with monitoring retaliation affirmed the zero-tolerance for retaliation and are knowledgeable on the responsibilities and duties to monitor and report any changes to the PREA Compliance Manager.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.1 - Prison Rape Elimination Act Policy</li> <li>2. Section 54040.13 - Allegation Follow-Up</li> </ol> </li> <li>3. California Code of Regulations - Title 15       <ol style="list-style-type: none"> <li>1. Section 3401.5 - Employee Sexual Misconduct</li> </ol> </li> <li>4. CDCR Protection Against Retaliation Forms (PAR-CDCR 2304, 2305)</li> <li>5. SQSP PREA Investigation Files</li> <li>6. Interviews with CDCR Agency Head/Designee, SQSP Warden, PREA Compliance Manager and supervisors charged with monitoring retaliation</li> </ol>

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1465 432">115.68(a) -CDCR DOM, Section 54040.6, Offender Housing states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing.</p> <p data-bbox="240 463 1465 824">California Code of Regulations, Title 15 – Section 3335, Administrative Segregation states that non-disciplinary segregation (NDS) means segregated housing placement for administrative reasons to include investigations related to being the victim of a PREA incident. If the placement in NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with CCR, Title 15, sections 3044-Inmate Work Groups and subsection 3190 (b)(5)(c). If programs, privileges, and education are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days. If NDS will exceed the 30 days, then it shall be documented on CDCR Form 128-G, General Chrono. The inmate is reviewed every 30 days to determine whether there is a continuing need for segregation from the general population and documented on CDCR Form 128-B, General Chrono. If the custody supervisor determines the need for continued segregation no longer exists, the inmate is referred to the classification committee for a programmatic review.</p> <p data-bbox="240 833 1490 958">Further, when the reasons for ordering an inmate's placement in administrative segregation shall be clearly articulated on an CDCR Form 114-D - Order and Hearing on Segregated Housing, by the initial segregating authority. The CDCR Form 114-D shall include sufficient information and detail to allow the inmate to present a written or verbal defense to the state reason and circumstances for segregation during the classification hearing.</p> <p data-bbox="240 990 1477 1151">SQSP reported no instances of involuntary non-disciplinary segregation (NDS) to protect an inmate who is alleged to have suffered sexual abuse within the last 12 months. Interview with the SQSP Warden confirmed they do not place inmates who have alleged to have suffered sexual abuse in involuntary segregation though, if there was an inmate that was identified as a risk they would re-evaluate and only if no available alternative means of separation from likely abusers could be made, a transfer to another facility would be an option.</p> <p data-bbox="240 1182 895 1209">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1258 1362 1388" style="list-style-type: none"> <li data-bbox="276 1258 799 1285">1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li data-bbox="276 1290 957 1352">2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol data-bbox="395 1326 775 1352" style="list-style-type: none"> <li data-bbox="395 1326 775 1352">1. Section 54040.6 - Offender Hosing</li> </ol> </li> <li data-bbox="276 1357 1362 1388">3. California Code of Regulations - Title 15, Article 7 - Segregation Housing Interviews with the SQSP Warden</li> </ol>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 450 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 663">115.71(a) – CDCR DOM, Section 54040.12, Investigations requires that all allegations of sexual violence, staff sexual misconduct, and sexual harassment be investigated, and findings documented in writing. This includes any allegations made through a third-party or anonymous report. CDCR DOM, Section 54040.8., Custody Supervisor Responsibilities requires immediate notification to the Hiring Authority which will assign an LDI to conduct inquiry work-until sufficient information is obtained to warrant an Office of Internal Affairs (OIA) investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. Information will be thoroughly documented on a Confidential Memorandum that shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion the alleged victim will be provided written notification of the findings as described in section 54040.12.5, Investigations. This section states that all incidents shall be investigated, and the findings documented in writing. Further, CDCR DOM, Section 54040.8.1, Custody Supervisor Responsibilities state that if it is believed by staff to constitute an emergency they shall report immediately to a supervisor where notifications to OIA, Regional Office, SAC or OIA AOD can be made.</p> <p data-bbox="242 696 1477 824">Interviews with Investigative Staff confirmed that an investigation is immediately started when there is an allegation of sexual abuse or sexual harassment. When there is an anonymous or third-party report, Investigative Staff handles it immediately and appropriately. Investigation files of sexual abuse/sexual harassment completed during audit period were provided to auditor for review and review of the files confirmed that investigations are completely promptly and thoroughly.</p> <p data-bbox="242 857 1481 1182">115.71(b) – (c) - CDCR DOM, Section 54040.4, Education and Prevention requires that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the Facility PREA Compliance Manager shall ensure employees investigating these incidents are properly trained. CDCR DOM section 54040.1 has Locally Designated Investigators (LDI) who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. SQSP refers to their investigator as the Investigative Services Unit (ISU) and trained LDI's. CDCR PREA Specialized Training for LDI curriculum and training records for LDI's were provided and reviewed by the auditor. Review of training records confirmed that all LDI's received specialized training in sexual abuse investigations, interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and identifying evidence required to substantiate a case for administrative action or prosecution referral. Interviews with Investigation staff affirmed that they received specialized training and are highly knowledgeable in completing PREA related investigations.</p> <p data-bbox="242 1216 1485 1406">115.71(d) –California Code of Regulations, Title 15, Section 3316, states that all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution, when there is evidence substantiating each of the elements of the crime to be charge. Review of PREA investigation files and interviews with the CDCR PREA Coordinator and SQSP Investigation staff affirmed that this process was being followed and that when quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors.</p> <p data-bbox="242 1440 1469 1630">115.71(e) – CDCR DOM, Section 14030.5, Who May Request a Polygraph states that no person shall be ordered to take a polygraph examination. No coercion or of offer of reward shall be used to induce any person to take a polygraph examination. Interviews with SQSP Investigations staff confirmed that they treat any alleged victim as a victim and do not discriminate or have a bias based on the inmate or staff's status during an investigation. Interviews with SQSP Investigation staff and inmates who reported sexual abuse confirmed that SQSP does not require alleged victims, suspects, or witnesses to submit to a polygraph examination as a condition of proceeding with an investigation.</p> <p data-bbox="242 1664 1474 1955">115.71(f) – (h) – Interviews with SQSP Investigative staff verified that thorough investigations are done and that all pertinent information such a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings is gathered and documented, to include an effort to determine whether staff actions or failures of actions contributed to the abuse. This includes statements, staff rosters and inmate housing assignments. Interviews also confirmed that all investigations are documented in writing and that all cases that appear to be criminal are referred for prosecution. In the past 12 months, SQSP had ten (10) completed investigations of sexual abuse that were referred for prosecution. Investigation files were reviewed and confirmed that investigations include an effort to determine whether staff actions or failures to act may have contributed to the abuse, description of physical and testimonial evidence, reasoning behind credibility of statements, and investigative facts and findings.</p> <p data-bbox="242 1989 1474 2116">115.71(i) – CDCR DOM, Section 54040.20, PREA Data Storage and Destruction states that CDCR shall ensure that all PREA data collected are securely retained and are maintained for 10 years after the date of the initial collection. The PREA Instructions for Records Retention Schedule (RRS) states that Investigatory files are retained in the ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.</p>

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

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

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. SQSP Completed Pre-Audit Questionnaire (PAQ)
2. CDCR Policy - Department Operations manual (DOM)
  1. Chapter 2, Section 14030.5 - Who May Request a Polygraph Examination
  2. Chapter 3, Section 31140.6 - Authority to Conduct Investigations
  3. Chapter 5, Section 54040 - Prison Rape Elimination Act
  4. Chapter 5, Section 54040.4 - Education and Prevention (Staff Training)
  5. Chapter 5, Section 54040.8.1 - Custody Supervisor Responsibilities
  6. Chapter 5, Section 54040.12 - Investigations
  7. Chapter 5, Section 54040.17 - Records Retention
  8. Chapter 5, Section 54040.20 - PREA Data Storage and Destruction
3. California Code of Regulations - Title 15, Section 3316 - Referral for Criminal Prosecution
4. CDCR Office of Internal Affairs (OIA) Investigator's Field Guide - Compelled Interviews
5. CDCR PREA Specialized Training for Locally Designated Investigators Curriculum
6. CDCR - PREA Instructions for Records Retention Schedule (RRS) updated
7. SQSP Investigation Files
8. Interviews with CDCR PREA Coordinator, SQSP Warden, PREA Compliance Manager, Investigative Staff and Inmates Who Reported Sexual Abuse

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 622">115.72(a) - CDCR, DOM, Section 33030.13.1, Investigative Findings defined the findings of each allegation shall be determined by the Hiring Authority in consultation with the Vertical Advocate for designated cases and the SAIG. For a case to be SUSTAINED or substantiated, this section states, "The investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint." Further, CDCR DOM, Section 33030.17, Applying the Employee Disciplinary Matrix requires that sufficient evidence establishing a preponderance is necessary before any disciplinary action can be taken. The Employee Disciplinary Matrix shall be the foundation for all disciplinary action considered and imposed by the Department and shall be utilized by the Hiring Authority to determine the penalty to impose for misconduct. Auditor review of documentation of standard of proof used in investigative findings followed the standard. The auditor reviewed SQSP PREA investigative files and conducted interviews with investigative staff which verified the same level of standard in substantiating a sexual harassment or sexual abuse allegation.</p> <p data-bbox="229 622 1509 658">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="229 703 1509 904" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 3       <ol style="list-style-type: none"> <li>1. Section 33030.13.1 - Investigative Findings</li> <li>2. Section 33030.17 - Applying the Employee Disciplinary Matrix</li> </ol> </li> <li>3. SQSP PREA Investigation Files</li> <li>4. Interviews with Investigative Staff</li> </ol>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1473 629">115.73(a) – (f) - CDCR DOM, 54040.12.5, Reporting to Offenders states for staff on offender that following an offender’s allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PREA Compliance Manager or designee shall inform that offender unless determined to be unfounded, whenever the alleged abuser is no longer posted within the inmate’s unit, is no longer employed at the facility, has been indicted or convicted of the alleged sexual misconduct. This section further states that following an investigation into an offender’s allegation of sexual violence by another offender, the institution shall inform the alleged victim of the outcome of the investigation and whenever the alleged abuse has been indicted or convicted of the alleged sexual violence. The agency’s obligation to report/inform the offender of changes shall terminate if the offender is released from the agency’s custody. CDCR DOM, Section 54040.8.1, Custody Supervisor Responsibilities states that upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5.</p> <p data-bbox="240 663 1453 824">Interviews with the SQSP PREA Compliance Manager and Investigative staff found that they were very knowledgeable on their responsibilities and duties of the notification process to alleged victims upon conclusion of the investigation. Additionally, a review of the SQSP PREA Investigation Files revealed that SQSP does have a policy in place and is consistent with documenting notification of the findings to the victim as described in DOM Sections 54040.8.1 and 54040.12.5.</p> <p data-bbox="240 857 895 887">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 936 1445 1160" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.8.1 - Custody Supervisor Responsibilities</li> <li>2. Section 54040.12.5 - Reporting to Offenders</li> </ol> </li> <li>3. SQSP Investigative Files</li> <li>4. Interviews with SQSP Warden, PREA Compliance Manager, Investigative Staff and Inmates Who Reported Sexual Abuse</li> </ol>

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="242 145 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 600">115.76(a) – (d) - California Code of Regulations, Title 15, Section 3401.5, Staff Sexual Misconduct states that any sexual behavior between an inmate/parolee, departmental employee, volunteer, agent, or individual working on behalf of CDCR shall subject the employee to disciplinary action and/or prosecution under the law. Additionally, CDCR DOM, Section - Types of Adverse Action Penalties outlines the five types of adverse action penalties; (15.1) Letter of Reprimand, (15.2) Salary Reduction, (15.3) Suspension without Pay, (15.4) Demotion to a Lower Class, (15.5) Dismissal from State Service. Per the Employee Disciplinary Matrix Penalty Levels in CDCR DOM, Section 33030.16 there are nine levels ranging from official reprimands, suspensions, salary reductions and dismissals. According to DOM section 33030.19 - Employee Disciplinary Matrix (EDM) number (18)-Over-familiarity with an inmate(s)/parolee(s) would follow a penalty of (6) which is, salary reduction of 10 for 13-24 months or suspension without pay for 26-48 workdays. EDM number (19)-Sexual Misconduct with an inmate(s)/Parolee(s) would follow a penalty of (9) which is, Dismissal.</p> <p data-bbox="242 629 1485 757">CDCR DOM, Section 54040.12.3 and 54040.12.4, Reporting to Outside Agencies states that for all employees, contractor or volunteers that are terminated for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.</p> <p data-bbox="242 786 1469 882">In the past 12 months, there have been no employees, volunteer, contractor, or individuals working on behalf of CDCR that were terminated for violating agency sexual abuse or sexual harassment policies at SQSP. SQSP PREA Investigative files were reviewed and interviews with CDCR and SQSP leadership verified compliance with this standard.</p> <p data-bbox="242 911 895 940">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 990 1394 1319" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM) <ol style="list-style-type: none"> <li>1. Chapter 3, Section 33030.15 – Types of Adverse Action Penalties</li> <li>2. Chapter 3, Section 33030.16 – Employee Disciplinary Matrix Penalty Levels employee</li> <li>3. Chapter 5, Section 54040.12.3 – Reporting to Outside Agencies</li> <li>4. Chapter 5, Section 54040.12.4 – Report to Outside Agencies for Contractors</li> </ol> </li> <li>3. California Code of Regulations – Title 15, Chapter 3, Section 3401.5 – Staff Sexual Misconduct</li> <li>4. SQSP Investigative Files</li> <li>5. Interviews with CDCR Agency Head/Designee, CDCR PREA Coordinator, SQSP Warden, PREA Compliance Manager and Investigative Staff</li> </ol>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1474 533">115.77(a) - CDCR DOM, Section 54040.12.4, Reporting to Outside Agencies for Contractors states that any contractor or volunteers who engages in staff sexual misconduct shall be prohibited from contact with the offenders and shall be reported to relevant licensing body by the hiring authority or designee. Further, CDCR Contractor Bid/Agreement (Exhibit D) provision (59) informs the contractor that any contract employee who engages in sexual abuse of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal, and shall be subject to reporting to relevant licensing bodies. The agreement also states that by signing the contract they agree to all provisions and shall abide by the laws, rules and regulations governing conduct in associating with prison inmates or wards.</p> <p data-bbox="244 562 1474 723">115.77(b) – CDCR DOM, Section 101090.9, Termination states that the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation or threatens security and safety of the volunteer, employees, public, or inmates. Termination can be carried out in an expeditious manner if there is evidence of volunteer misconduct that includes acts of inappropriate familiarity with inmates, parolees, participating in behavior either on or off duty that is of such nature that it may cause discredit to CDCR or its services.</p> <p data-bbox="244 752 1474 880">SQSP reported that there were no substantiated PREA incidents involving a contractor or volunteer within the past 12 months. Interview with SQSP Warden affirmed that appropriate and immediate measures would be taken to assure contact with inmates would cease, investigation conducted to include reporting to relevant licensing body and referral to law enforcement agencies.</p> <p data-bbox="244 909 895 936">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 987 1145 1182" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM) <ol style="list-style-type: none"> <li>1. Chapter 5, Section 54040.12.4 - Report to Outside Agencies for Contractors</li> <li>2. Chapter 10, Section 101090.9 - Termination</li> </ol> </li> <li>3. CDCR Contractor Bid/Agreement Contract Special Terms and Conditions (Exhibit D)</li> <li>4. Interviews with SQSP Warden</li> </ol>

115.78	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="242 145 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 448 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 562">115.78(a) – (b) - CDCR subject inmates to a disciplinary process and sanctions for those who engage in sexual abuse and sexual misconduct. Sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history as described in California Code of Regulations Title 15, Section 3323, which describes the level of rule violation and CDCR DOM, Section 54040.15. CDCR DOM, Section 54040.15, Disciplinary Process states, that upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCD Section 3316, Referral for Criminal Prosecution.</p> <p data-bbox="242 595 1465 790">115.78(c) – California Code of Regulation, Title 15, Section 3317, Mental Health Evaluations for Disciplinary Hearings 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 rule’s violation shall be referred for a Mental Health Assessment. Interviews with SQSP Warden and mental health staff confirmed that SQSP considers an inmate’s mental health status when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="242 819 1477 1048">115.78(d) – CDCR DOM, Section 54040.7, Referral for Mental Health Screening states that an offender who during the initial intake screening reports that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, mental health referral chronological. Interviews with SQSP’s mental health staff confirmed that the services are offered by mental health practitioners to offenders who have sexually abused another offender, and that they do not require the offending inmate to participate in interventions as a condition of access to programming or other benefits.</p> <p data-bbox="242 1077 1461 1205">115.78(e) – California Code of Regulations, Title 15, Section 3323, Discipline Credit Forfeiture Schedule outlines that in inmate who commits Rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim’s will shall be assessed credit forfeiture ranging from 181-360 days. SQSP had no instances of inmate on staff sexual abuse within the past 12 months.</p> <p data-bbox="242 1234 1474 1397">115.78(f) – CDCR DOM, Section 54040.15.1, Alleged Victim – False Allegations states that CDCR and its facility will not apply disciplinary action against an inmate for filing any report of sexual violence, or staff sexual misconduct, unless it is clearly demonstrated and documented that the inmate knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. SQSP had no instances of taking disciplinary action against an inmate for making a false report within the last 12 months.</p> <p data-bbox="242 1426 1442 1554">115.78(g) – California Code of Regulations, Title 15, Section 3007, Sexual Behavior indicates that inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which report legal restraints from acts between consenting adults. SQSP also investigates any “consensual sex” misconduct to avoid abuse under consent as means to deter sexual abuse in the facility and that inmates are disciplined accordingly should they participate in illegal sexual acts.</p> <p data-bbox="242 1583 895 1612">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1664 1469 2024" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.7 - Referral for Mental Health Screening</li> <li>2. Section 54040.15 - Disciplinary Process</li> <li>3. Section 54040.15.1 - Alleged Victim - False Allegations</li> </ol> </li> <li>3. California Code of Regulations - Title 15 <ol style="list-style-type: none"> <li>1. Section 3007 - Sexual Behavior</li> <li>2. Section 3317 - Mental Health Evaluations for Disciplinary Hearings</li> <li>3. Section 3323 - Disciplinary Credit Forfeiture Schedule</li> </ol> </li> <li>4. SQSP PREA Investigation Files and Inmate Disciplinary Sanctions Report Interviews with SQSP Warden, Medical and Mental Health Staff</li> </ol>

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.81(a) –(d) – CDCR DOM, Section 54040.7, Referral for Mental Health Screening states that if it is reported by an offender during the initial intake screening, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, Mental Health Referral Chrono. During the on-site review of the intake area an observation of a medical/mental health satellite office where all new intakes are seen as part of the initial screening prior to being assigned to a housing unit. During the interview of the Intake Officer, it was verified that all inmates who disclose either previous sexual abuse or previously perpetrating sexual abuse, will immediately be offered a follow-up meeting with a mental health practitioner. Documentation of the referral utilizing the CDCR Form 128-MH5 was reviewed by the auditor and interview with the inmates who disclosed sexual victimization at Risk Screening confirmed that the practice of referrals and follow ups were being conducted by mental health staff.</p> <p>CCHCS PREA Health Care Guidelines outline the mental health referral process. Referrals to mental health may be made on an Emergent, Urgent, or Routine Basis. Emergent referrals are seen immediately, Urgent referrals are seen within 24 hours and a Routine referral are seen within five working days. All referrals are made on the CDCR-MH5 Mental Health Referral Chrono and forwarded to the mental health office. Emergent and Urgent referrals should also be made by phone to facilitate a timely response. Interviews with mental health staff and reviews of mental health referrals confirmed that these guidelines are in practice. Interviews with staff also verified that information related to sexual victimization or abusiveness of an inmate is shared with the appropriate staff on a need-to-know basis.</p> <p>115.81(e) - CDCR utilizes Authorization for Release of Information (CDCR 7552) to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Information may be released to others including but not limited to authorized law enforcement agencies, authorized prosecutors, and other appropriate agencies to include health care information. Informed Consent for Mental Health Care (Form CDCR MH-7448) is provided to the inmate for all CDCR mental health services. Interviews with mental health staff confirmed the practice of obtaining informed consent.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.7 - Referral for Mental Health Screening</li> </ol> </li> <li>3. CCHCS PREA Health Care Guidelines</li> <li>4. CDCR PREA Authorization to Release Information Form (CDCR 7552)</li> <li>5. CDCR Informed Consent for Mental Health Care Form (CDCR MH 7448)</li> <li>6. CDCR PREA Screening Forms</li> <li>7. CDCR Memorandum Re: Standard 115.81 (d)-1, Dated December 5, 2017</li> <li>8. SQSP Mental Health Referrals Interviews with SQSP Inmates Who Disclosed Sexual Victimization at Risk Screening, Mental Health Staff and Staff Responsible for Risk Screening</li> </ol>

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.82(a) – (d) – CCHCS Volume 1, Chapter 16, outlines the procedures of CCHCS to provide medically necessary emergency and follow-up treatment; follow-up plans; and necessary referrals to CCHCS patients who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties under CDCR PREA policy. Health care staff are responsible to provide emergency care until the alleged victim or suspect can be sent to the county Sexual Assault Response Team (SART) facility for forensic clinical evaluation and treatment, and/or hospital for medical stabilization, determine if the injuries sustained by the alleged victim qualify as serious bodily injury as defined in the CCR and report the injuries. The policy further states that health care must ensure a follow-up testing for pregnancy, sexually transmitted infections/diseases (STI/STD), and HIV, as indicated; and provide follow-up clinical care as indicated. Interviews with medical, mental health staff and inmates who reported sexual abuse confirmed this practice.</p> <p>115.82(b) - Interviews with custody and non-custody staff confirmed that staff are aware of the preliminary steps to protect the victim and to report the incident to medical and mental health in the event a report of sexual abuse is made.</p> <p>115.82(c) - CDCR DOM, Section 54040.10, Return to Triage and Treatment Area states that upon return of the victim from the SART/SANE Exam one of the processes are that the offender, if appropriate, shall be given educational materials to provide information related to the medical and mental health conditions which may have resulted after a sexual violence/staff sexual misconduct incident.</p> <p>115.82(d) – CCHCS Volume 1. Chapter 10 indicates that there will be no copayment charge to the inmate if the health care service(s) are to be considered treatment services relating to sexual abuse or assault. Interviews with medical staff and inmates who reported sexual abuse confirmed that there is no copayment charge to the inmate.</p> <p>A review of medical and mental health documentation and referrals contained in SQSP's PREA Investigative files verified that CDCR and SQSP have proper policies and procedures in place and confirms practice as such.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.8.3 - Medical Services Responsibilities</li> <li>2. Section 54040.10 - Return to Triage and Treatment Area</li> </ol> </li> <li>3. California Correctional Health Care Services (CCHCS) <ol style="list-style-type: none"> <li>1. Volume 1, Governance and Administration, Chapter 10 - Copayment Program Policy</li> <li>2. Volume 1, Governance and Administration, Chapter 16 - PREA Procedures</li> <li>3. Volume 4, Medical Services, Chapter 12 - Emergency Medical Responses</li> </ol> </li> <li>4. Interviews with SQSP Medical and Mental Health Staff, Custody and Non-Custody Staff First Responders and Inmates who reported sexual abuse</li> </ol>

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1474 465">115.83(a) – (f) - CCHCS Volume 1, Chapter 16 and CDCR DOM, Section 54040.10, outlines the procedures and responsibilities of CCHCS and CDCR to provide medical and mental health evaluations, treatment, and follow-up services to all inmates who have been victims of sexual abuse in any institution. CDCR provides follow-up medical and mental health services to include treatment plans and when necessary referrals for continued care when transferred or placed in other facilities. Further, this includes follow-up testing for sexually transmitted infections/diseases (STI/STD), and HIV. Interviews with medical, mental health staff and inmates who reported sexual abuse confirm that is in practice at SQSP.</p> <p data-bbox="240 495 1461 557">SQSP is a male facility, therefore 115.83(d) and 115.83(e) are not applicable. CDCR agency policy does states that victims of vaginal penetration are offered pregnancy tests among other STD testing, treatment, and relevant information.</p> <p data-bbox="240 586 1458 714">115.83(g) - CCHCS Volume 1. Chapter 10 indicates that there will be no copayment charge to the inmate if the health care service(s) are to be considered treatment services relating to sexual abuse or assault. Interviews with medical staff and inmates who reported sexual abuse confirmed that there is no copayment charge to the inmate. The “no copayment” is not conditional upon cooperating with any investigation.</p> <p data-bbox="240 743 1477 1039">115.83(h) – CDCR DOM, Section 54040.11 states that all prisons shall 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. Health care procedures to reflect the obligation of staff to complete a Mental Health referral form when there is an inmate suspect in a PREA sexual abuse incident. This referral triggers an emergent or urgent mental health assessment immediately or within 5 days, which is well in advance of the standards 60-day requirement. The 30-day Institutional PREA Review Committee (IPRC), which functions as the sexual abuse incident review is a checks and balance for medical and mental staff of the identity of any inmate suspects to facilitate the mental health evaluation. Interviews with mental health staff confirmed that referrals for alleged perpetrators of sexual abuse are done and that the mental health evaluation conducted as with any other inmate.</p> <p data-bbox="240 1068 895 1095">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1149 1251 1411" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.10 - Return to Triage and Treatment Area</li> <li>2. Section 54040.11</li> </ol> </li> <li>3. CCHCS Volume 1, Governance and Administration       <ol style="list-style-type: none"> <li>1. Chapter 10 - Copayment Program Policy</li> <li>2. Chapter 16 - PREA Procedures</li> </ol> </li> <li>4. Interviews with SQSP Medical and Mental Health Staff and Inmates who reported sexual abuse</li> </ol>

115.86	<b>Sexual abuse incident reviews</b>
	<p data-bbox="240 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1474 432">115.86(a) – (b) – CDCR DOM, Section 54040.17, Institutional PREA Review Committee (IPRC) requires that the Hiring Authority conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegations that have been determined to be unfounded. Further, it requires that the facility PREA Compliance Manager normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 60 days of the date of discovery.</p> <p data-bbox="240 463 1461 622">115.86(c) – (d) - The Institutional PREA Review Committee (IPRC) is the designated sexual abuse incident review team for SQSP. The committee consist of institutional staff chaired by the respective Institution Head tasked with reviewing these PREA related incidents. The IPRC generally consist of the Hiring Authority or designee, PREA Compliance Manager, In-Service Training Manager, Health Care Clinician, Mental Health Clinician, and Incident Commander or ISU staff. When conducting a review, the IPRC must consider:</p> <ol data-bbox="272 676 1474 1137" style="list-style-type: none"> <li>1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li>2. Whether the incident or allegation was motivated by race; ethnicity; gender identity; LBGTI status, or perceived status; gang affiliation; or was it motivated or otherwise caused by other group dynamics at the facility;</li> <li>3. Examines the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse;</li> <li>4. If the staffing plan was not complied with and this fact shall be documented in the review as a part of the corrective action plan;</li> <li>5. Assess the adequacy of staffing levels in that area during different shifts;</li> <li>6. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;</li> <li>7. Prepare a report of the IPRC findings and any recommendations for improvement to correct any deficiencies;</li> <li>8. Determine a plan to correct findings and document in the report;</li> <li>9. Document implementation of the Action Plan or reasons for not doing so, and;</li> <li>10. Submit the report to the Hiring Authority for final review.</li> </ol> <p data-bbox="240 1169 1474 1261">The findings of the review are documented as a formal written report and shall be submitted to the Hiring Authority. The final report shall be provided to the Associate Director and the CDCR PREA Coordinator. Completed IPRC forms and IPRC meeting minutes related to that case are stored in the PREA investigation file.</p> <p data-bbox="240 1292 1437 1451">115.86 (e) - Interviews with the SQSP Warden verified that the recommendations on the sexual abuse reviews are highly considered and are implemented where possible. Recommendations that are out of his specified authority for implementation is forwarded for further review by those who would have such authority. The auditor reviewed SQSP's Institutional PREA Review Committee's reports which confirmed the policy and practice. The facility implements the recommendations for improvement and documents the reasons for not doing so.</p> <p data-bbox="240 1482 895 1509">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="272 1563 999 1724" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol data-bbox="395 1630 999 1657" style="list-style-type: none"> <li>1. Section 54040.17 - Institutional PREA Review Committee</li> </ol> </li> <li>3. SQSP PREA Investigative Files</li> <li>4. Interviews with the SQSP Warden and PREA Compliance Manager</li> </ol>

115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 365">115.87(a) – (f) - CDCR DOM, section 54040.17, Institutional PREA Review Committee states that the agency is required to review data collected pursuant to standard §115.87 to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training.</p> <p data-bbox="244 398 1481 891">CDCR DOM, Section 54040.19, outlines CDCR’s procedure to collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control. CDCR uses the Survey of Sexual Victimization Form (SSV-IA) as a standardized instrument with a set of definitions for all allegations of sexual abuse and misconduct incidents. CDCR DOM Section 54040.19 further states that the Office of Internal Affairs maintains records of investigations into allegations of staff/offender sexual misconduct, and will report by case number, the type of sexual misconduct, subcategory; whether the allegations were sustained; and whether a DA referral was made. CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30. The most recent annual report available is for Calendar Year 2019. The annual report can be found at: <a href="https://www.cdc.ca.gov/prea/wp-content/uploads/sites/186/2020/07/PREA-Annual-Report-2019.pdf">https://www.cdc.ca.gov/prea/wp-content/uploads/sites/186/2020/07/PREA-Annual-Report-2019.pdf</a>. This report includes a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse.</p> <p data-bbox="244 925 895 952">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="276 1003 1219 1227" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.17 - Institutional PREA Review Committee</li> <li>2. Section 54040.19 - Tracking - Data Collection and Monitoring</li> <li>3. Section 54040.20 - PREA Data Storage and Destruction</li> </ol> </li> <li>3. Survey of Sexual Victimization Form (SSV-IA)</li> <li>4. CDCR PREA Annual Report - Calendar Year 2019 Interviews with CDCR PREA Coordinator</li> </ol>

115.88	<b>Data review for corrective action</b>
	<p data-bbox="240 147 735 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 448 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 533">115.88(a) – CDCR DOM, Section 54040.17, requires CDCR to review data collected pursuant to standard §115.87 to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training. On an annual basis the Department PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PREA Compliance Manager to summarize information gathered through the institutional PREA committee. The departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. The final report will be routed through the chain of command to the agency Secretary for review and approval, once it is approved the report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website.</p> <p data-bbox="240 568 1469 721">The completed SSV-IA forms were reviewed and interviews with the CDCR Agency Head/Designee, CDCR PREA Coordinator, and SQSP's PREA Compliance Manager all confirmed that the facility collects data, aggregates data, and analyzes the information to assist them in creating a safer environment for the inmates and staff. These interviews revealed that the agency collects and uses aggregated data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</p> <p data-bbox="240 757 1485 1016">115.88(b)- (d)- CDCR DOM, Section 54040.19, Tracking – Data Collection and Monitoring states that CDCR shall aggregate the incident-based data at least annually, reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual violence and staff sexual misconduct. The report shall be approved by the CDCR Secretary and made available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility; however, the report must indicate the nature of the material redacted. CDCR's Agency Head/Designee stated that she approves the annual reports and the CDCR PREA Coordinator confirmed that personal identifiers are redacted from reports.</p> <p data-bbox="240 1052 895 1079">Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol data-bbox="272 1128 1469 1321" style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5       <ol style="list-style-type: none"> <li>1. Section 54040.17 - Institutional PREA Review Committee</li> <li>2. Section 54040.19 - Tracking - Data Collection and Monitoring</li> </ol> </li> <li>3. CDCR PREA Annual Report - Calendar Year 2019</li> <li>4. Interviews with CDCR Agency Head/Designee, CDCR PREA Coordinator and the SQSP PREA Compliance Manager</li> </ol>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.89(a) - (d) - CDCR DOM, Section 54040.20, PREA Data Storage and Destruction requires that CDCR ensures that PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. CDCR PREA Coordinator as well as a review of CDCR Annual PREA Reports confirmed that all personal identifiers are redacted.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. SQSP Completed Pre-Audit Questionnaire (PAQ)</li> <li>2. CDCR Policy - Department Operations manual (DOM), Chapter 5 <ol style="list-style-type: none"> <li>1. Section 54040.20 - PREA Data Storage and Destruction</li> </ol> </li> <li>3. CDCR PRA Annual Report - Calendar Year 2019</li> <li>4. CDCR Agency website (PREA)</li> <li>5. Interviews with CDCR Agency Head/Designee, CDCR PREA Coordinator, SQSP PREA Compliance Manager</li> </ol>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CDCR has in previous years submitted Governor Assurances of Intention to Adopt and Achieve Full Compliance with the standards. CDCR is currently working to ensure that one third of their facilities are audited in the third year of the three-year audit cycle. This commitment by CDCR was reiterated and confirmed during interviews with the Agency Head/Designee and PREA Coordinator. While onsite at SQSP, the audit team was provided with access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documents and was permitted to conduct private interviews with staff and inmates that enabled have social distancing for health and safety precautions. Inmates and staff were permitted to send confidential correspondence to the auditor. This standard is rated as a “meets standard”.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	CDCR has submitted Governor Assurances and California is working to ensure that their facilities are audited at least once during the three-year cycle by a DOJ Certified Auditor. The completed CDCR PREA Audit reports are located on the CDCR website at <a href="https://www.cdcr.ca.gov/PREA/Reports-Audits.html">https://www.cdcr.ca.gov/PREA/Reports-Audits.html</a> .

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.13 (d) Supervision and monitoring</b>		
	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
<b>115.14 (a) Youthful inmates</b>		
	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
<b>115.14 (b) Youthful inmates</b>		
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c) Youthful inmates</b>		
	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
<b>115.15 (a) Limits to cross-gender viewing and searches</b>		
	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
<b>115.15 (b) Limits to cross-gender viewing and searches</b>		
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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
<b>115.15 (c) Limits to cross-gender viewing and searches</b>		
	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

<b>115.15 (d) Limits to cross-gender viewing and searches</b>		
	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
<b>115.15 (e) Limits to cross-gender viewing and searches</b>		
	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
<b>115.15 (f) Limits to cross-gender viewing and searches</b>		
	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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f) Hiring and promotion decisions</b>		
	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
<b>115.17 (g) Hiring and promotion decisions</b>		
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h) Hiring and promotion decisions</b>		
	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
<b>115.18 (a) Upgrades to facilities and technologies</b>		
	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
<b>115.18 (b) Upgrades to facilities and technologies</b>		
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a) Evidence protocol and forensic medical examinations</b>		
	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
<b>115.21 (b) Evidence protocol and forensic medical examinations</b>		
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 evidentially 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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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

<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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

<b>115.33 (d) Inmate education</b>		
	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
<b>115.33 (e) Inmate education</b>		
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f) Inmate education</b>		
	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
<b>115.34 (a) Specialized training: Investigations</b>		
	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
<b>115.34 (b) Specialized training: Investigations</b>		
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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
<b>115.34 (c) Specialized training: Investigations</b>		
	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

<b>115.35 (a) Specialized training: Medical and mental health care</b>		
	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
<b>115.35 (b) Specialized training: Medical and mental health care</b>		
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c) Specialized training: Medical and mental health care</b>		
	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
<b>115.35 (d) Specialized training: Medical and mental health care</b>		
	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
<b>115.41 (a) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (b) Screening for risk of victimization and abusiveness</b>		
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c) Screening for risk of victimization and abusiveness</b>		
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (e) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (f) Screening for risk of victimization and abusiveness</b>		
	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

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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.)	yes
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.52 (d) Exhaustion of administrative remedies</b>		
	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
<b>115.52 (e) Exhaustion of administrative remedies</b>		
	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
<b>115.52 (f) Exhaustion of administrative remedies</b>		
	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
<b>115.52 (g) Exhaustion of administrative remedies</b>		
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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

<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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