

PREA Facility Audit Report: Final

Name of Facility: Central California Women's Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/27/2022

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: Julie Ustruck Wetzel	Date of Signature: 12/27/2022

AUDITOR INFORMATION	
Auditor name:	Ustruck Wetzel, Julie
Email:	Julie.UstruckWetzel@wisconsin.gov
Start Date of On-Site Audit:	04/19/2022
End Date of On-Site Audit:	04/21/2022

FACILITY INFORMATION	
Facility name:	Central California Women's Facility
Facility physical address:	23370 Road 22, Chowchilla, California - 93610
Facility mailing address:	

Primary Contact	
Name:	ALONZO PADILLA
Email Address:	CCWF
Telephone Number:	559-665-6027

Warden/Jail Administrator/Sheriff/Director	
Name:	Pallares
Email Address:	Michael.Pallares
Telephone Number:	559-665-5531 ext 5

Facility PREA Compliance Manager	
Name:	Alonzo Padilla
Email Address:	alonzo.padilla@cdcr.ca.gov
Telephone Number:	
Name:	David Villegas
Email Address:	david.villegas@cdcr.ca.gov
Telephone Number:	
Name:	Jack Crabtree
Email Address:	jack.crabtree@cdcr.ca.gov
Telephone Number:	
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Name:	Joanna Warren
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Telephone Number:	
Name:	Crystal Henderson
Email Address:	crystal.henderson@cdcr.ca.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	DE LA CERDA, Rojirio
Email Address:	Rojirio.DelaCerde@cdcr.ca.gov
Telephone Number:	559-665-5531 ext7000

Facility Characteristics	
Designed facility capacity:	3529
Current population of facility:	2214
Average daily population for the past 12 months:	2100
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-99
Facility security levels/inmate custody levels:	1-4
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1175
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	87
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	87

AGENCY INFORMATION	
Name of agency:	California Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	1515 S Street, Sacramento, California - 95811
Mailing Address:	
Telephone number:	9163246688

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

Agency-Wide PREA Coordinator Information			
Name:	Matthew Rustad	Email Address:	matthew.rustad@cdcr.ca.gov

SUMMARY OF AUDIT FINDINGS

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.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-19
2. End date of the onsite portion of the audit:	2022-04-21

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>The program manager for the Sexual Assault Team at San Joaquin General Hospital was interviewed by phone during the post-audit. Attempts were made by phone and electronically through the agency website to interview the program manager from the Community Action Partnership of Madera County, inc. Community Action Partnership of Madera County, inc provides advocacy and support services to inmates at CCWF. Attempts to interview staff were unsuccessful.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3529
15. Average daily population for the past 12 months:	2100
16. Number of inmate/resident/detainee housing units:	16

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p style="text-align: center;">2259</p>
<p>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:</p>	<p style="text-align: center;">242</p>
<p>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:</p>	<p style="text-align: center;">0</p>
<p>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:</p>	<p style="text-align: center;">0</p>
<p>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:</p>	<p style="text-align: center;">0</p>

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:	127
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:	229
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:	270
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:	0
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:	207
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:	1

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>CDCR submitted the Disability Inmate Roster which included 242 inmates. This roster identifies inmates who have a learning disability, are hard of hearing or deaf, or have other mobility challenges. Many of the inmates have multiple challenges, including the requirement for canes and eyeglasses. The zeros identifying the number of inmates in each category represent data that was not pared down for review. The Zero entered as the number of inmates who reported sexual abuse in the facility represents data that is not available.</p>
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Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>79</p>
<p>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:</p>	<p>87</p>
<p>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:</p>	<p>Zeros represent data that was not available.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	25
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	To ensure a random and thorough sampling of inmate interviewees, Twenty-eight individuals were selected for an interview. They represented all four yards, age, ethnicity, and length of time in the facility. One inmate refused the interview and two were unavailable.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>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):</p>	<p>Inmate interviews began on day two of the onsite portion of the audit. Interviews took place in the visiting area in private attorney booths. This required inmates to move from their assigned yard to the visiting area. This movement resulted in delays and at times, inmates being directed by staff to return to the housing unit, not knowing why the inmate was on movement. On the second day of interviews, auditors interviewed inmates on their yard which allowed for a more efficient process.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>27</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>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:</p>	<p>2</p>
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<p>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:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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>	<p>An inmate identified as learning disabled was not selected for an interview by the auditors.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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>	<p>An inmate identified as blind or low vision was not selected for an interview.</p>
<p>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:</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:	4
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:	11
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	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:	1
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:	3

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):

CDCR provided a Disability Inmate Roster log containing 242 individuals. They included differing physical abilities, hearing and sight broken down into housing yards. Four individuals were selected for an interview from this list. Four people were interviewed. It should be noted on the roster, that individuals may have more than one disability noted.

Four Inmates identified as limited in English were interviewed. Inmates were selected based on their primary language as well as if an interpreter was needed. For instance, three inmates were identified with Spanish as their primary language, two required an interpreter and one did not. This sampling tested the accuracy of the identification and allowed for the use of interpreter services, staff and contracted interpreters.

Seventeen individuals who identified at LGBTQ were selected for interview using a previously submitted roster. Two individuals refused the interview, one had transferred to another institution, and one person released.

Ultimately Thirteen people were interviewed. Based on confidential correspondence and investigation information, four inmates were interviewed to learn about processes at CCWF when an allegation of sexual abuse occurs. According to the PAQ, CCWF reported one inmate was placed in segregated housing for the risk of sexual victimization. Based on confidential correspondence, inmate interviews, and a tour of segregation, four inmates were offered a interview and three accepted.

Three inmates in segregated housing were interviewed, in addition to random conversations with inmates on the housing unit. After further investigation, it does not appear these individuals were placed in segregated housing due to risk of sexual victimization.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	26
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 type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	To ensure an accurate representation of CCWF staff, at least two staff from each watch from each yard was interviewed. Of those selected, male and female staff were selected from each yard with varying years of CDCR service.
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):	No text provided.

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.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>This audit was conducted through an auditing consortium. The Agency Head was interviewed by Auditor Leigha Weber on December 21, 2021. The information gathered from that interview was considered and referenced in this report.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the PREA Coordinator:</p>	<p>Through the auditing consortium, the PREA Coordinator was interviewed by Auditor Leigha Weber on December 21, 2021. The interview was considered and referenced in this report.</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Two contractors and four volunteers were contacted by phone or email requesting an interview. One contractor and two volunteers provided an interview. One additional volunteer was not formally interviewed, but did provide information by email regarding the volunteer's experiences in CDCR specific to training and PREA.</p>
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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: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>All areas of the institution were available to auditors while on site. While on site, auditors viewed signage, log books, search areas and witnessed cross gender announcements. Additionally auditors were able to assess for cross gender viewing via officer stations, cameras, mirrors, and various common areas of the housing units. Informal conversations with staff and inmates occurred during the tour. During inmate interviews, contracted interpretation services were utilized. Although the risk screening processes was not viewed, staff assigned to conduct risk screening described the process in detail.</p>

Documentation Sampling

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

<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the pre-audit, ten photos of log books depicting supervisory rounds, was submitted by email. While conducting the the tour of the institution, log books on each housing unit were reviewed, confirming population census and supervisory rounds.

During the post-audit, 51 volunteer/contractor training records were submitted and reviewed. In reviewing these documents, clarifying questions were asked and answered of the institution.

During the post-audit, the following additional information was reviewed:

Personnel changes to CCWF and training documentation.

Fifteen PREA Risk Screen, Twelve inmate education verification forms and thirteen PREA Risk Screen Reassessments.

During corrective action, the following documents were reviewed:

Institution Roster with Arrival Date. Based on the information contained in the Institution Roster of inmates admitted to CCWF from October 20, 2022 to November 25, 2022, 10% or 23 inmates were selected to review the Reception Center - Prison Rape Elimination Act (PREA) Reassessment. Given their date of arrival to the institution, 17 reassessments were submitted for review and indicated they were completed thoroughly and timely.

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	48	0	48	0
Staff-on-inmate sexual abuse	24	6	24	6
Total	72	6	72	6

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	8	0	8	0
Staff-on-inmate sexual harassment	8	0	8	0
Total	16	0	8	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	0	0	0	0
Staff-on-inmate sexual abuse	0	2	4	0	0
Total	0	2	4	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	22	4	23	0
Staff-on-inmate sexual abuse	12	0	6	6
Total	34	4	29	6

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	5	0	3	0
Staff-on-inmate sexual harassment	8	0	1	0
Total	13	0	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	19
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	18
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>Auditors were allowed access to all investigative files. Auditors reviewed 18 investigation files covering a total of 23 allegations of sexual abuse and sexual harassment. CDCR assigned PREA log numbers for each incident of sexual abuse and sexual harassment. When the victim and suspects are involved in multiple incidents, the allegations are investigated together. Reviewed investigations included open, unfounded, substantiated, and unsubstantiated investigations over the past 12 months.</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 type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>1</p>

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>3</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
Identify your state/territory or county government employer by name:	Western States and Counties Consortium
Was this audit conducted as part of a consortium or circular auditing arrangement?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <p>Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM) Chapter 5, Article 44 Prison Rape Elimination Policy</p> <p>Department of Corrections and Rehabilitation (CDCR) California Code of Regulations Title 15, Section 3401.5 Staff Sexual Misconduct</p> 3. Documents <p>PREA Implementation packet: Memo dated August 13, 2015 - 5 pages; PREA Information for Orientation Handbook - 2 pages; Institution PREA Review Committee blank form 2 pages</p> <p>Email dated August 13, 2015 conference call to discuss PREA implementation</p> <p>CDCR Organizational Chart</p> <p>CDCR PREA Captain Duty Statement</p> <p>Email dated August 24, 2015 Duty Statement for PREA Compliance Managers</p> <p>PREA Compliance Manager List</p> 4. Interviews <p>PREA Coordinator</p> <p>PREA Office Designee</p> 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>California Department of Corrections and Rehabilitation (CDCR) facility Central California Women's Facility, hereinafter referred to as CCWF, follows the CDCR Department Operations Manual (DOM) Chapter 5, Article 44 - Prison Rape Elimination</p>

Policy. DOM Articles are further broken down into Sections, with specific sections being identified throughout this report. Prison Rape Elimination Act Standards were implemented in CDCR August 13, 2015 with amendments to the Department Operations Manual and was revised on May 15, 2018 and again May 19, 2020. DOM Chapter 5, Article 44 addresses the CDCR zero tolerance for sexual violence by an offender, staff sexual misconduct, and sexual harassment in institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. Within DOM Chapter 5, Article 44, education, prevention, detection and response protocols are outlined. This includes investigative and disciplinary process.

DOM Chapter 5 Article 44, Section 54040.3 contains definitions of prohibited behavior and includes sexual violence by an offender, sexual harassment by an offender, staff sexual harassment towards an offender and staff sexual misconduct. The definition of staff sexual misconduct includes " Any threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders". The definition also references California Penal Code of Regulations, Title 15 Section 3401.5 and Penal Code Section 289.6. Both codes define sexual activity as sexual intercourse, sodomy, oral copulation, any type of sexual penetration, rubbing or touching someone else's sexual organs, including their breasts, for sexual gratification, and rubbing or touching him or herself in the presence of another person for sexual gratification.

Further, Article 44 addresses inmate Disciplinary Process in Section 54040.15 specifically noting the potential for criminal prosecution and classification determinations. Staff discipline is less robust in description. Section 54040.12 notes that all investigations of sexual violence, staff sexual misconduct, and sexual harassment are investigated. Allegations of staff misconduct is reported to the Hiring Authority who assigns a Locally Designated Investigators (LDI) to investigate. According to Title 15, Section 3401.5, the investigation into Staff Sexual Misconduct may lead to disciplinary action and/or criminal prosecution.

Subsection (b):

CDCR employs a state-wide PREA Coordinator housed in the Female Offender Programs and Services/Special Housing. The PREA Coordinator reports directly to the Associate Warden. The PREA Coordinator reports having sufficient time to manage statewide PREA responsibilities as PREA compliance is the sole responsibility for the Coordinator. In addition to the PREA Coordinator, PREA Compliance Unit employs two lieutenants, staff services manager, and four retired annuitants.

Subsection (c):

CDCR has identified 36 PREA Compliance Managers (PCM) and additional backup PREA Compliance Managers supporting PREA initiatives within institutions and the Contract Beds Unit. The PCM position at CCWF is held by the Facility Captain, who reports directly to the Chief Deputy Warden.

Corrective Action: None

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures 3. Documents <p>Standard Agreement between CDCR and WestCare California effective July 1, 2020 through June 30, 2025; 200 pages</p> <p>Standard Agreement between CDCR and Mental Health Systems effective July 1, 2020 through June 30, 2025; 200 pages</p> <p>Standard Agreement between CDCR and St. John's Program for Real Change effective July 1, 2021 through June 30, 2026, 202 pages</p> <p>Standard Agreement between CDCR and Epidaurus DBA Amity Foundation effective Upon Approval through June 30, 2024; 204 pages</p> <p>Standard Agreement between CDCR and WestCare California effective July 1, 2018 through June 30, 2023; 210 pages</p> <p>Standard Agreement between CDCR and Los Angeles Centers for Alcohol and Drug Abuse effective July 1, 2018 through June 30, 2023; 208 pages</p> <p>Standard Agreement between CDCR and Butte County Probation Department effective November 1 through June 30, 2024; 187 pages</p> <p>Standard Agreement between CDCR and HEALTHRIGHT 360 effective November 1, 2019 through June 30, 2024; 187 pages</p> <p>Standard Agreement between CDCR and CORECIVIC INC effective November 1, 2019 through June 30, 2024; 187 pages</p> <p>Standard Agreement between CDCR and Epidaurus DBA Amity Foundation effective November 1, 2019 through June 30, 2024; 187 pages</p> <p>Standard Agreement between CDCR and Community Education Centers Inc. effective November 1, 2019 through June 30, 2024; 187 pages</p> <p>Standard Agreement between CDCR and Turning Point of Central California effective November 1, 2019 through June 30, 2024; 187 pages</p> <p>Memorandum dated February 1, 2022 from PREA Coordinator to PREA Auditors; Subject: Contracting with other entities for the confinement of inmates - 115.12</p>

CDCR Special Terms and Conditions Exhibit D

CDCR Volunteer/Contractor Informational Sheet

4. Interviews

Agency Contract Monitor

5. Tour of the Facility

Findings:

Subsection (a) and (b):

CDCR holds twelve contracts for the placement and care of inmates. All twelve contracts contain Exhibit D which addresses CDCR's commitment to the PREA standards and the expectation that the contracted agency "adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with the CDCR's Department Operations Manual, Chapter 5, Article 44". Exhibit D further addresses both CDCR staff and outside audit personnel conducting audits to ensure compliance with the PREA standards. Further, Contractors and Volunteers receive CDCR Prison Rape Elimination Policy - Volunteer/Contractor Information Sheet Exhibit M, which details CDCR's PREA policy and expectations.

Although language is present in the current contracts, formal PREA compliance monitoring has not occurred. During previous CDCR PREA audits, the failure to formally monitor for PREA compliance has been addressed and CDCR has developed and has begun to implement formal PREA compliance monitoring of contract facilities. According to the Agency Contract Administrator, Contract Beds Unit is tasked with contract oversight. This unit has been moved to the Female Offender Programs and Services which also houses the PREA Unit. The Division has established a PCM to support all contracted facilities and work in tandem with the site specific PCM to ensure the sexual safety of inmates and compliance monitoring. According to the PREA Coordinator a monitoring tool is being finalized for implementation. It is expected that by cycle 4, the Contract Compliance Review Report will be implemented for contract monitoring and all contracted facilities will be audited by a US DOJ Certified Auditor during cycle 4. Finally, CDCR staff are on site at each of the contracted facilities to provide further oversight with CDCR contract expectations and standards. Given CDCR's acknowledgement of the monitoring requirement and their deficiency in meeting the requirement and having developed a specific plan to correct the oversight, corrective action is in progress and further action is neither recommended nor required at this time.

Corrective Action: None

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <p>CDCR Department Operations Manual Chapter 1, Article 26 - American Correctional Association Standards</p> <p>CDCR Department Operations Manual Chapter 5, Article 44</p> 3. Documents <p>Staff Vacancy Codes</p> <p>"Future of California Corrections" report 6 pages</p> <p>Staffing Plan Analysis template</p> <p>Staffing Plan Analysis template corrected (current staffing plan)</p> <p>Log Book entries</p> <p>CDCR In-Service Training (IST) Prison Rape Elimination Act (PREA) Participant Workbook</p> <p>CCWF Standardized Staffing - Operations</p> <p>Standardized Staffing - OPRS CCWF FYI 20-21</p> 4. Interviews <p>Warden</p> 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.18 addresses the institutional staffing plan for each facility operated by CDCR. Article 44 requires each facility develop, document and make its best effort to comply with the staffing plan to protect inmates against sexual abuse. Facilities are required to consider the 11 factors as noted in 28 C.F.R. Part 115 section 115.13. Further, DOM Chapter 1, Article 26 notes that the CDCR utilizes the American</p>

Correctional Association (ACA) Manual of Standards for Adult Correctional Institutions.

Subsection (b):

DOM Section 54040.18 requires facilities to document when a staffing plan is not complied and justify the deviations. This documentation is completed using the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for the reporting. According to the Pre-Audit Questionnaire, CCWF does not deviate from the staffing pattern. The Warden confirmed he receives a daily report from the Watch Commander which notes vacancies and when staffing levels are not adequate. He furthered that during the COVID pandemic, CCWF did experience inadequate staffing levels.

Subsection (c):

DOM Section 54040.17.1 requires at a minimum, an annual review of the staffing plan. During this annual review, the PREA Coordinator, PCM, and the Program Support Unit assess the staffing plan, the facilities deployment of video monitoring technology, and resources assigned to ensure adherence to the staffing plan. CDCR facilities utilize a Staffing Plan Analysis template to guide discussions and document considerations. According to the Pre-Audit Questionnaire, CTF staffing plan is based on the average daily population of 2328. Although not dated, the submitted staffing plan is based on the average daily population as of January 14, 2019 of 2874 and incidents of sexual abuse, staff sexual misconduct and sexual harassment are based on reports from 2018 leading this auditor to believe the Staffing Plan is from 2019. A more up to date staffing plan was requested during the audit or documentation indicating the staffing plan had been reviewed during the past year. The most recent Standardized Staffing Plans were provided. CCWF does not have record of an annual staffing plan review. CCWF Staffing packages are discussed every fiscal year within the Program Support Unit at Headquarters. The Standardized Staffing Plans speak to the number of staff assigned to CCWF but do not address inmate sexual safety. CCWF has previously completed a staff plan considering criteria in 115.13; however, given the 2019 data, staff's unfamiliarity with the document, and lack of documentation when the plan was reviewed, it is likely the CCWF Staffing Plan was not been reviewed in 2020 or 2021.

Corrective Action: 115.13(a)(c) Assess, determine, and document if adjustments are needed to the current staffing plan, CCWF's deployment of monitoring technologies, and resources the facility has available to commit to ensure adherence to the staffing plan. Ensure current data is used to assess if adjustments are needed to the plan; considering a more recent average daily population, staffing levels, and 2021 numbers of sexual abuse, staff sexual misconduct, and sexual harassment.

On July 21, 2021, CCWF submitted an updated six page Staffing Plan Analysis based on the average daily population as of March 7, 2022 and 2021 numbers of sexual abuse, staff sexual misconduct, and sexual harassment. The plan indicates consideration was given to current institution factors and meets the standards of 115.13.

Subsection (d):

DOM Section 54040.4 addresses Security Rounds as a means of identifying and deterring sexual violence, staff sexual misconduct and sexual harassment. A custody supervisor is required to conduct weekly unscheduled security checks. The security checks are documented in the Unit Log Book in red pen and indicates date, time, and location in which the security check was completed. By policy, staff are permitted from alerting other staff of the security rounds unless such announcement is related to a legitimate operational function of the facility.

The In-Service Training PREA training workbook was submitted for review which confirms staff are trained that custody supervisors will conduct weekly security checks on all watches and document security checks in the unit log book using red pen. The unit log entry indicates the date, time, and location of the security check. Although staff are trained not to notify other staff when supervisors are conducting rounds, supervisors did acknowledge they suspect it does occur.

Twenty-one log book entries were submitted during the pre-audit for review. Entries specific to PREA rounds were made in red ink and were signed by the supervisory staff, noting PREA. The unit log noted the date and time which confirmed all three watches had tours completed. Additionally, log books were reviewed during the onsite tour and consistently showed security supervisors signature in red at various times and watches. Further, supervisory interviews confirmed unannounced rounds are completed and documented in the log book with red pen.

Recommendation: It is recommended that the PREA Compliance Unit tracks on the development and annual review of each institution's PREA Staffing Plan, asking PCMS to complete an update or review at the same time each year. With staff turnover and vacancies, central tracking will ensure that this requirement does not get overlooked.

Further corrective action is not needed at this time.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures 3. Documents <p>Currently Incarcerated Inmate Roster</p> <p>Inmate Roster by Facility</p> <ol style="list-style-type: none"> 4. Interviews <p>Warden</p> <ol style="list-style-type: none"> 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a)-(c):</p> <p>CCWF does not house any inmate under the age of 18 years old, as noted in the Pre-Audit Questionnaire and confirmed by the Warden. A review of the CCWF Currently Incarcerated Inmate Roster dated May 27, 2022 and the Inmate Roster dated May 24, 2022 confirmed all of the inmates were over the age of 18 years, the youngest being 19 years of age.</p> <p>Corrective Action: None</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 5, Article 44 CDCR Department Operations Manual Chapter 5, Article 19 - Arrest, Search, and Seizure 3. Documents <ul style="list-style-type: none"> PREA BET Codes Memorandum dated February 8, 2019 subject: Changes in the use of the ADANI COMPASS low dose scanner Memorandum dated November 6, 2020 subject: Overview of Senate Bill 132 - Training Memorandum dated September 24, 2019 subject: Policies and procedures related to working with transgender and gender non-conforming inmates. Transgender Inmates Version 1.0 In-Service Training slides, lesson Plan, and Participant Workbook CDCR On-the-Job Training (OJT) Module Version 1.0 Inmate Body Search Lesson Plan CDCR In-Service Training version 1.1 Prison rape Elimination Act (PREA) Lesson Plan CDCR In-Service Training (IST) version 2.0 Working Successfully with Transgender, Intersex, and Non-Binary Inmates Lesson Plan CDCR Overview of Senate Bill 132 slides Office of Training and Professional Development Searches and Inmate Property Instructor Guide 4. Interviews <ul style="list-style-type: none"> PREA Compliance Manager Random Staff Random Inmates

5. Tour of the Facility

Findings:

Subsection (a):

According to Department Operations Manual Chapter 5, Article 19, cross gender unclothed body searches by correctional staff other than qualified medical staff should not be conducted unless an emergency exists. According to the Pre-Audit Questionnaire, in the past year, there have not been any cross-gender strip or body cavity searches at CCWF.

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

Subsection (b):

DOM Section 52050.16.4 limits clothed body searches of female inmates as a function of female correctional staff unless an emergency exists such that threatens death, inmate escape, or great bodily injury to staff, inmates, or visitors. Neither Section 54040.5 or 52050.16.4 addresses facilities not restricting female inmate's access to regularly available programming or other out of cell opportunities in order to comply with policy. According to staff, there are always female custody staff on duty. Should one not be available, a female custody staff from another yard will be called to assist. Inmate movement may be delayed but not restricted for this reason. Additionally, staff noted the availability of a handheld wand to scan inmates in lieu of a pat search. Inmates consistently denied being restricted from out of cell activities because female staff were not available. The Pre-Audit Questionnaire indicated 526 female pat searches were conducted by male staff outside of exigent circumstances. The PREA Compliance Manager reviewed this number, and it was determined to have been entered in error. Zero cross gender searches were completed.

Subsection (c):

DOM Section 52050.16.4 and 54040.5 requires documentation of any cross-gender strip or visual body cavity search or a cross-gender pat search of female inmates with the use of the Notice of Unusual Occurrence. This is reviewed by a supervisor and

routed to the institution's PREA Compliance Manager for review and document retention. Training materials indicate staff are trained to document a cross-gender clothed pat search. No cross-gender pat searches of female inmates occurred, and therefore, there were no Notice of Unusual Occurrence to review.

Subsection (d):

According to DOM Section 54040.4, each institution is required to enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Modesty screens are permitted by policy to prevent incidental viewing.

Most of the housing units consisted of eight-person wet cells. These cells are designed with large windows to view into the cell, allowing no blind spots from the hallway. Eight-person cells contain a single shower stall and toilet with a door open at the bottom and the top. Two housing units are designed with two tiers consisting of two-person wet cells with toilets and common showers outside of cell. Each cell has a window but allows for toileting privacy other than security rounds. The common showers are single stalls with privacy screens open on the top and bottom. Based on inmate interviews and the tour, the showers afford inmates privacy while ensuring inmate sexual safety. Most inmates reported they are able to shower, use the toilet, and change clothing without being observed by male staff. Although a few mentioned the toilet stall door does not afford as much privacy as some would like. This was evident during the tour in which some toilet and shower stalls had either a sheet blocking the top or toilet paper rolls in a laundry bag blocking the bottom. Some staff redirect the inmate to remove the coverings. Some inmates furthered their answer to clarify that many staff will announce when they are walking down a hall and if the staff does not make an additional announcement, any viewing of inmates have been incidental. Staff also confirmed that inmates are able to shower, toilet and dress in private, noting the privacy partition on the doors of the toilet and shower.

DOM Section 54040.4 also addresses cross gender announcements which, by policy, occur at the beginning of each shift and/or when the status quo within the housing unit changes. PREA In-Service training addresses when and who should make the announcement.

Above the entrance of each housing unit is a posted notice that "All male staff must announce their presence on the unit". During the tour, the custody staff on duty announced male staff presence using the overhead public announcement system. Thirty-eight inmates reported that the presence of male staff is announced and ten inmates reported that this usually or sometimes occurs. No one stated announcements are not made. The language of the announcement varied by inmate accounts but met the standard requirement; "male staff in the building", "male staff working", and "male on tier".

Subsection (e):

DOM Article 19, Section 52050.16.7 addresses Unclothed and Clothed Body Searches

of Transgender and Intersex Inmates. The process is outlined and provides clear direction to staff that if staff are unable to determine the genital status of an inmate through medical records or an interview with the inmate, the inmate is placed on single-cell status until a medical evaluation is completed. Submitted training materials verify that staff are trained that correctional staff may not search or physically examine a transgender inmate for the sole purpose of determining the inmate's genital status and provides other options for making the determination. All random staff interviewed acknowledged a policy or at a minimum, stated they would not conduct an unclothed search of an inmate to determine genital status. Inmates interviewed confirmed they were not searched for the sole purpose of determining genital status.

Subsection (f):

CDCR submitted training documents and memorandums for review. These memorandums and training lesson plans, manuals, workbooks, and power points consistently contained language outlining how a search should be completed as well as addressing staff professional and respectful communication and conduct.

The PAQ indicated that 87% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. All custody staff interviewed affirmed having completed training to conduct searches.

Recommendation: 115.15(b) Policy does not address inmates' access to programming should a female staff not be available for a pat-down, clothed body, search. However, it does not appear that programming is restricted for this purpose, as female staff are always available. Programming may be delayed but not fully restricted. To ensure practice continues, it is recommended that the policy language is updated to include " Facilities shall not restrict female inmates' access to regularly available programming or other out of cell opportunities in order to comply with PREA standards or this policy".

Recommendation: 115.15(d) To ensure inmates who have a hearing impairment receive notice that male staff are on the unit, it is recommended that lights or other visual sign be installed to visually alert inmates when male staff are on the housing unit.

Corrective Action: None

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operation Manual Chapter 5, Article 44 3. Documents <ul style="list-style-type: none"> Memorandum dated October 6, 2017 subject: Inmates with disabilities and inmates who are limited English proficient Disability Inmate Roster date February 4, 2022 DPP Code Definitions I Speak Card Employees with Bilingual Pay as of December 1, 2017 Telephone Interpreting Services California Correctional Health Care Services Standard Agreement between CDCR and Voiance Language Services LLC effective July 1, 2019 through June 30, 2021 Standard Agreement between CDCR and Interpreters Unlimited effective July 1, 2021 through June 30, 2024 Memorandum dated June 15, 2009; subject Notification of Interpretation and Translation Services Voiance Interpreter Access instructions Inmate Roster 4. Interviews <ul style="list-style-type: none"> Agency Head Staff Inmates 5. Tour of the Facility

Findings:

Subsection (a):

DOM Section 54040.4 addresses Offender Education and lists a number of PREA educational opportunities for inmates, including orientation while in reception center either written or multimedia presentations, PREA brochure, PREA Booklet, posters, and offender handbook. Section 54040.4 also states that provisions shall be made to ensure effective communication for those not fluent in English, those with low literacy levels, and those with disabilities. Section 54040.4 furthers that offender peer educators may be used to enhance knowledge and understanding of PREA and sexually transmitted diseases.

The language found in Section 54040.4 is reiterated in a memorandum dated October 6, 2017. The memorandum further provides examples of how to provide equal opportunity to participate in and benefit from all aspects of CDCR's efforts to prevent, detect and respond to sexual abuse and sexual harassment such as querying the inmate to determine whether or not assistance is needed to achieve effective communication, or giving priority to the inmate's primary means of communication, such as sign language interpreter or auxiliary communication aid.

In an interview with the Agency Head, it was confirmed that written materials are printed in both English and Spanish. Contracts are in place to utilize an interpreter service. Additionally, all staff are trained in "Effective Communication" which addresses how staff should communicate with those who have lower reading scores, are visually or hearing impaired, have a mental health diagnosis or developmental disability. Staff are trained to present information and then the inmate demonstrate an understanding of the material. Effective communication reminders and techniques were consistently noted on documents, both PREA and non-PREA related.

Inmates who were interviewed indicated they did receive information regarding sexual abuse and harassment in a manner in which they were able to understand. They identified ways to receive assistance in understating their rights should they need it, such as a mental health provider, an officer, or an interpreter.

Subsection (b):

DOM Section 54040.4 also requires written and verbal communications be available in English and Spanish. According to a memo dated June 15, 2019 to Associate Directors in the Division of Adult Institutions, Wardens, Community Correctional Facility Superintendents, and In-Service Training Staff, each institution is required to designate a staff member as a local limited English Proficiency (LEP) coordinator for issues related to inmates with LEP needs. LEP services include phone interpretation services, list of bilingual facility staff, other local interpreters or interpreters from neighboring institutions or agencies, and a list of translated forms. Additionally, the LEP Coordinator is tasked with providing I-Speak cards to all housing units.

A copy of the I-Speak Card was submitted through the Pre-Audit Questionnaire. Institutions maintain a list of staff who are bilingual and are able to serve as in interpreter. If staff are not available, interpreter services are available by phone through Interpreters Unlimited. The Standard Agreement between CDCR and Interpreters Unlimited was reviewed and confirmed the relationship between both organizations. The language service was utilized during the audit. The process to obtain services was easily navigated and accommodated the needs of the interview. Additionally, CCWF staff were available to interpret and assisted with interpretation needs. It should be noted that staff who serve as interpreters are trained and recognized as interpreters by CDCR.

The Non-English Speaking Roster was submitted through the Pre-Audit Questionnaire. Twenty-one individuals were listed as non-English speaking. Based on the roster provided, every seventh name was chosen for an interview. The list was mainly composed of individuals whose primary language is Spanish. One additional name was chosen whose primary language was other than English or Spanish. An Inmate Primary Language and English Comprehension roster was submitted on site. This list contained 127 names. Additional people were selected for an interview.

Subsection (c):

DOM Section 54040.7 mirrors language 28 CFR 115.16 (c) and Section 54040.12 further reiterates the standard specific to investigation; "Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation."

According to the Pre-Audit Questionnaire, during the past year, no inmate has been used to interpret for another inmate regarding a PREA related incident. Staff consistently reported they would use other staff to interpret or utilize the language line interpreter service. Inmates who are limited in English confirmed they would go to custody or medical staff. No staff stated they would use another inmate to interpret.

Corrective Action: None

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 3, Article 6 CDCR Department Operations Manual Chapter 3, Article 7 CDCR Department Operations Manual Chapter 10, Article 9 California Code of Regulations Title 15, Section 3411 3. Documents <ul style="list-style-type: none"> CDCR 2164 Live Scan Response; blank form CDCR 2164 Live Scan Response; 5 completed CDCR 1951 Supplemental Application For All CDCR Employees; 14 completed Personnel Information Bulletin dated September 16, 2016 CDCR 2025 State of California Employment Reference Questionnaire Memorandum dated July 14, 2017; Subject: Completion of Background Checks Under the Prison Rape Elimination Policy CDCR 1951 Supplemental Application For All CDCR Employees STD 678 Examination / Employment Application CDCR Special Terms and Conditions Exhibit D Memorandum dated February 26, 2016; Subject: Personnel Identification Card Issuance Memorandum dated October 6, 2017; Subject: Hiring and promotion decisions Personnel Changes spreadsheet CCWF Supervisory Reference Check 4. Interviews <ul style="list-style-type: none"> Human Resources

Contractors

5. Tour of the Facility

Findings:

Subsection (a):

According to DOM Chapter 3, Article 6, section 31060.3 the agency Secretary is the appointing authority for civil service positions in CDCR with delegated authority to include Undersecretaries, Assistant Secretaries, Directors, Deputy Directors, Assistant Directors, Wardens, RPAs and General Manager, CALPIA. This section specifically references 28 CFR Part 15, Standard 115.17 in that "hiring authorities shall not hire or promote anyone who may have contact with inmates, who:

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

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

DOM Section 5 Article 44 defines "staff" as including volunteers and independent contractors to an institution.

Although policy does not specifically address the hiring of contractors, contractors are required to answer questions regarding any past incidents of sexual abuse in a confined setting, convicted of engaging in or attempting to engage in sexual activity facilitated by force or threats of force, civil or administratively found to have engaged in such activity or received disciplinary action as a result of allegations of sexual harassment of an inmate in a correctional setting. Further, human resources supervisor confirmed that prior incidents of sexual abuse and sexual harassment are considered when deciding to hire a contractor. This was confirmed in an interview with two contractors.

Subsection (b):

DOM Chapter 3, Article 6 also requires hiring authorities to consider substantiated incidents of sexual harassment in all hiring decisions. This language is also found on

the CDCR 1951 Supplemental Application for All CDCR Employees which all applicants are required to complete. The Human Resources supervisor confirmed that CCWF considers incidents of sexual harassment when making decisions to hire or promote.

Subsection (c):

A criminal records check is a requirement for employment with CDCR. In 2017, the process of Criminal Records Checks and Pre-Employment Documentation was updated. This requirement is formalized in DOM Section 31060.16 updated in 2017.

Prior to hiring new employees who may have contact with inmates, all prior institutional employers are contacted to learn if the candidate was involved in a substantiated incident of sexual abuse or if the candidate resigned during a pending investigation. The CDCR 1951 Supplemental Application for All CDCR Employees is completed by all applicants, including candidates who transfer classification or are seeking promotion as noted in the Personnel Information Bulletin dated September 16, 2016. Section D of the CDCR 1951, includes a section for applicants to list all previous correctional institution employers for whom they have previously worked. In 2017, CDCR issued a memo to CDCR Background Investigators outlining PREA standard requirements and how CDCR resolved to follow the standard. One such change included amending form 2025 Employment Reference Questionnaire to include questions about substantiated incidents of sexual abuse and resignation during an investigation. In the 2017 memo to investigators, it was required that investigators attempt to contact all previous institutional employers.

According to the Pre-Audit Questionnaire, 245 people who have contact with inmates were hired during the past year.

Custody staff background and live scan checks are completed by the Office of Peace Officer Selection Unit. When hiring staff for transfer from another institution, a 2164 is not completed, as that is completed only for new staff, but an inquiry is sent to the Live Scan Unit to verify the staff has a live scan record on file. If a live scan inquiry shows a RAP, CDCR HR reaches out to the previous agency and requests a copy that was submitted to the Hiring Authority for review. One such inquiry was submitted for review.

Subsection (d):

The Special Terms and Conditions included with Contractor Bids includes PREA language which includes zero tolerance for sexual misconduct and requirements for contractors to refrain from assigning employees to position in which they may have contact with an inmate if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, been convicted of engaging or attempting to engage in sexual activity in the community by force or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in the activity described. The contractor is notified a criminal background check will be completed for each contracted employee. Interviews confirmed that contractors have Live Scan completed prior to entry into a facility.

DOM Section 31060.16 Criminal Records Check was submitted for review. The policy specifically requires a background check for employment with CDCR. DOM Section 31060.16.1 specifically identifies contractors and subcontractors as being mandated for live scan.

Subsection (e):

DOM Section 31060.16 requires all employees to have a criminal records check completed. DOM Chapter 3, Article 7 contains the policy for Personnel Identification Cards. The Personnel Identification cards are issued to employees, contractors, consultants, volunteers, advisory group members and Department retirees. Cards are issued after a criminal records check is complete. According to the memorandum issued February 26, 2016 with the Subject Personnel Identification Card Issuance, the CDCR employee Personnel Identification Card expires after five years. The Live Scan system is one which provides real time notification if an employee is arrested, thereby making subsequent criminal background checks unnecessary. Contractor Personnel Identification cards expire at the completion of a project or five years from the date of issue. Prior to receiving a new card, the contractor is required to complete a background check. The Live Scan process was confirmed with the human resources supervisor.

Subsection (f):

Using the CDCR 1951, applicants are asked about prior incidents of sexual abuse in a confined setting, if they had been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or civilly or administratively found to have engaged in said behavior. All new employees and those seeking promotion complete this form. The CDCR 1951 completed by applicants confirmed this information is obtained and considered. Additionally, Supervisory Reference Checks also ask if the candidate has any substantiated and/or pending allegations of staff sexual misconduct or any resignation during a pending investigation of an allegation of staff misconduct.

An employee or contractor is required to "promptly" notify the institution head or appropriate Director if the employee / contractor is arrested or convicted of any law violation. Employees and contractors must report in the same manner if they have engaged in any behavior noted in 28 CFR 115.17 (a). According to interviews, employees are required to report to the Director of Human Resources.

Subsection (g):

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

Additionally, the CDCR 1951 Supplemental Application for All CDCR Employees specifically states above the applicant signature line; "Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be rejected on probation and/or disciplined, up to and including dismissal from State service." Completed CDCR 1951s all contained the applicants signature certifying the application contains truthful information and if facts are later discovered inconsistent with what is contained in the application, the employee may be disciplined.

According to DOM Section 33030.19 Employee Disciplinary Matrix E.8, "Falsification of application or omission of information for employment or promotion when it materially affects acceptance or rejection for employment or promotion, is grounds for dismissal".

Subsection (h):

Background checks are completed in addition to contacting previous institutions in which the applicant was employed. According to human resources, when a former employee is attempting to reinstate or a current employee is being considered for transfer, the previous institutions are contacted for a reference check which includes information regarding substantiated allegations. The investigative Services Unit and Warden may provide information relevant to the individuals employment.

Corrective Action: None

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

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

Notice of Change Supplement - Design and Construction Policy Guidelines

28 23 00 Video Surveillance

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

- 3. Documents

Design Change Committee Log - Video Statement Surveillance System statement for PREA

Design Change Committee Log - Design Standard for PREA

Photographs of facility

- 4. Interviews

Agency Head

Warden

- 5. Tour of the Facility

Findings:

Subsection (a):

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

According to the Pre-Audit Questionnaire, CCWF has not acquired new facility or made any substantial modifications. However, during the tour of CCWF, construction trailers were present and there was active construction at the Firehouse, in Building 805 Hospital and A Yard Medical. The medical area of Receiving and Release was recently added, however is not yet operational. This area was designed with cameras,

windows in each room, and no blind spots. The Firehouse was adequately equipped with cameras. The Medical building on A Yard was adequately designed with cameras to eliminate blind spots. Based on a review of ISU investigative files, construction projects were underway at CCWF during the past year and was the location of at least one incident of sexual assault.

According to the Warden, the construction project at the Firehouse is ultimately approved by the Fire Marshall. The pharmacy undergoing construction and is not accessible to the inmate population.

According to the Agency Head, all new construction follows the concept of direct line of sight. Institutions look at ways to enhance security and safety such as windows in doors, mirrors, and audio/video surveillance. CDCR requested money for additional resources, particularly video surveillance and upgrading technology systems.

Although documentation was not submitted to indicate that the CCWF considered inmate sexual safety when designing the facility upgrades, safety and security measures were utilized in all all of the projects.

Subsection (b):

According to the Pre-Audit Questionnaire, over the past year, CCWF has updated video monitoring systems.

The CDCR Design and Construction Policy Guidelines Manual dated April 2016 page 24 directs facilities to consider how technology may enhance the department's ability to protect inmates from sexual abuse. This policy requires a video surveillance system with recording cameras to be installed in areas where lines of sight cannot be adequately maintained from an Officer's Station or Officer's Podium.

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

During the tour, two areas of CCWF were identified as having blind spots. Canteen Cage, building 301 and storage area in Receiving and Release. This was addressed while on site, and both areas had mirrors installed to negate the areas of concern.

Recommendation: CCWF has cameras throughout the institution to address inmate and staff safety. The cameras are capable of visual and audio recording and are regularly utilized by authorized staff. It is recommended that a process be developed to monitor camera systems real time. Real time audio-visual monitoring does not take away from current procedures, as there is no better security monitoring practice than the presence of staff; however additional monitoring serves to strengthen current procedures.

Corrective Action: None

115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> Department Operations Manual Chapter 5, Article 44 California Correctional Health Care Services Chapter 10 1.10 Co-payment Program Policy 3. Documents <ul style="list-style-type: none"> Memorandum dated October 6, 2017 Evidence protocol and forensic medical examinations Initial PREA Check-Off - Supervisor Initial PREA Check-off - Staff PREA: Initial Contact Guide; 2 pages PREA: Custody Supervisor Checklist; 2 pages PREA: Transportation Guide; 2 pages Memorandum dated October 17, 2018 Sexual Assault Kit Processing CDCR Watch Command Notification Checklist (PREA) A National Protocol for Sexual Assault Medical Forensic Examinations; 144 pages CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators; Version 1.0 Basic Investigators Course Specialized PREA Training for Locally Designated Investigators; Version 1.0 Standard Agreement between CDCR and Eisenhower Medical Center; July 1, 2019 through June 30, 2022. PREA Poster; English and Spanish Memorandum of Understanding between CCWF and Madera Community Action Partnership; pages 1-4, unsigned Statewide Rape Crisis Center 24-hour Sexual Abuse Hotline Numbers; excel and word

document dated 7.16.2019

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

Standard Agreement between CDCR and San Joaquin General Hospital; July 1, 2020 through June 30, 2023

Agreement Summary between CDCR and San Joaquin General Hospital; dated August 20, 2020

4. Interviews

PREA Compliance Manager

Investigator

Random Staff

Inmates

SANE Program Manager

5. Tour of the Facility

Investigative File Review

Findings:

Subsection (a):

CCWF is responsible for investigating allegations of sexual abuse. Article 44 addresses crime scene preservation and evidence collection. The custody supervisor is responsible to ensure a perimeter is established and an officer is posted to keep persons out of the crime scene area. Investigative Services Unit (ISU) staff or trained personnel are responsible for evidence collection. These staff are required to identify, preserve, and collect evidence. An evidence officer may be designated to collect evidence that may be destroyed if not preserved and processed according to institution procedure. DNA evidence from the body is collected by a Sexual Assault Nurse Examiner (SANE) at a SART location.

A memorandum dated October 6, 2017, addresses sexual abuse investigations as it relates to potential evidence identification, preservation, collection and evidence processing based on institution procedure. Subsequently, a memorandum dated October 17, 2018 addresses sexual assault kit processing. The memo reminds staff that every allegation of sexual violence and staff sexual misconduct are investigated by a locally designated investigator trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. When collection of DNA related evidence from the body is necessary, this is to be completed by a Sexual Assault Nurse Examiner.

To ensure evidence is preserved and collected, checklists have been developed and provided to staff based on their area of responsibility in responding to a sexual assault. Specific checklists are provided to custody supervisors, first responders, and transportation staff outlining protocols for evidence preservation and collection. All three checklists remind staff to request, to the best of their ability, that the alleged victim does not shower, brush teeth, use the restroom or consume liquids. The checklist is specific to remind staff to ensure the suspect does not engage in those activities. The transportation Guide checklist list further provides step by step direction to preserve potential evidence should the victim or suspect need to change clothing prior to leaving the facility. Finally, the Watch Commander Notification Checklist also addresses evidence collection according to policy.

Staff understanding of evidence collection were varied. Most staff talked about separating the victim and suspect, clearing the area in which the alleged assault occurred, and notifying a supervisor. Staff also consistently spoke about their first responder duties in which they would ask the suspect and victim not to shower, eat, drink or use the bathroom. Some staff reported that they as housing unit staff would search the room and retrieve evidence such as weapons, clothing, take photos of the scene, and document. Other staff said they would secure the scene and wait for a Sergeant. Some staff also talked about the initial medical check or the offsite hospital to gather DNA evidence. Most staff identified Investigative Services Unit as the investigating body for PREA complaints, noting that sergeants conduct the initial interview and then forward the complaint to ISU.

Subsection (b):

CCWF does not house juvenile offenders as noted in the Pre-Audit Questionnaire and 115.14.

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

Subsection (c):

DOM Section 54040.9 indicates that victims of sexual assault are taken to a designated outside hospital or on-site location for forensic medical exams to be completed by a sexual assault nurse examiner. Co-pays for treatment services related to sexual abuse or assault are not charged according to the Co-Payment Program Policy of the California Health Care Services.

CDCR and Eisenhower Medical Center entered into a Standard Agreement beginning

July 1, 2019 through June 30, 2022, which was submitted for review through the Pre-Audit Questionnaire. This agreement formalizes the relationship in which Eisenhower Medical Center will provide sexual assault forensic examinations to any inmate under the care of CDCR. However, according to staff at CCWF, CCWF utilizes San Joaquin General Hospital (SJGH) for sexual assault examinations. The Program Manager for Sexual Assaults at San Joaquin General Hospital confirmed the relationship between CCWF and the SJGH. SJGH has had a formal relationship with CDCR for many years, and last year entered into and began providing sexual assault examinations for inmates at CCWF. According to the Program Manager, examiners are on call. Occasionally, a shift may not have a nurse on call. If that is the case, CCWF may be asked to call back or report in when a nurse is available on the next shift. Typically, if a nurse is needed, SJGH is able to call someone in to fulfill this role.

The Pre-Audit Questionnaire indicates that zero forensic examinations occurred during the past year. The Program Manager from SJGH reported they conducted two sexual assault examinations in January 2021 for CCWF and one in March 2022. This is outside of the timeframe used in reporting through the Pre-Audit Questionnaire. Additionally, for each sexual assault allegation, SJGH sexual assault nurse examiner was contacted for consultation. Based on time or nature of the allegations it would be determined if an examination was an appropriate response. This is consistent with findings during the investigative file review.

Subsection (d):

Inmates at CCWF receive victim advocacy services from Community Action Partnership of Madera County. According to the MOU, services include accompaniment to the hospital during a sexual assault forensic examination, support services through a hotline number, confidential written correspondence, and in person crisis counseling. This relationship is formalized through a Memorandum of Understanding dated November 2019 and valid through June 30, 2024.

According to DOM Section 54040.8.1 and the Watch Commander Notification Checklist, the Watch Commander contacts the rape crisis center to request a victim advocate be dispatched. This is done the same time the call is made requesting an ambulance.

Posters at CCWF in English and Spanish are displayed for inmates informing them how to contact Community Action Partnership of Madera County either by the hotline number or confidential written correspondence. Additionally, the Rape Crisis phone number is posted by the phone.

Subsection (e):

According to DOM Section 54040.8.1, 54040.82, and the Watch Commander Notification Checklist, notes that if a victim advocate is not available, designated, trained staff from the facility respond to the hospital to serve as the victim advocate and support person for the examination.

A Guide to Working with Rape Crisis Centers is given to PCMs. It includes services that

are available to victims of sexual assault. The guide specifically addresses phone counseling, letter writing, forensic exam accompaniment, investigatory, interviews, and in person services.

According to the Program Manager at SJGH, when a patient arrives for a sexual assault examination, the hospital contacts the Women's Center Youth and Family Services for San Joaquin County. An advocate responds to the hospital and provides an overview of services. SJGH is located approximately one and half hours from CCWF and one hour and 45 minutes from the Community Action Partnership of Madera County. Given the distance, SJGH contacts Women's Center Youth and Family Services, an already developed partnership for accompaniment.

Subsection (f):

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

Subsection (h):

CCWF does not utilize staff to conduct sexual assault examinations but utilizes qualified providers from San Joaquin General Hospital. SJGH utilizes on-call forensic nurse examiners. Victim Advocate is defined in DOM Section 54040.3 as someone employed by a Rape Crisis Center or a designated employee who has been certified by a rape crisis center and is trained in counseling of sexual assault victims. The definition further requires an employee to be a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse, or staff person with a master's degree in counseling or have completed 40 hours of specialized training and is supervised by a staff member as previously noted.

Corrective Action: None

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <p>CDCR Department Operations Manual Chapter 5, Article 44</p> <p>CDCR Department Operations Manual Chapter 3, Article 14</p> 3. Documents <p>Memorandum dated October 6, 2017; Subject: Policies to ensure referrals of allegations for investigations</p> <p>CDCR PREA Annual Report - Calendar Year 2020</p> 4. Interviews <p>Agency Head</p> <p>Investigator</p> 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>According to DOM Section 54040.12, all allegations of sexual violence, staff sexual misconduct, and sexual harassment are investigated and documented in writing. This section provides detailed processes for investigating allegations and continues to Sections 540.12.1 through 54040.12.5. All allegations are referred to and initially investigated by the LDI, Locally Designated Investigator.</p> <p>The Pre-Audit Questionnaire indicates there were 77 reports of sexual abuse or sexual harassment in the past year with three being referred for criminal investigation.</p> <p>The agency head indicated CDCR follows the requirements set forth in the Department Operations Manual regarding investigations related to sexual abuse and sexual harassment. Locally Designated Investigators are trained to respond to allegations and when it is identified as criminal in nature or staff involved incidents, referrals are made to the Internal Affairs Office and the District Attorney's Office.</p> <p>Staff consistently reported that when an allegation of sexual assault or sexual</p>

harassment occur, a supervisory staff gathers initial information and refers the investigation to ISU for a full investigation.

Subsection (b):

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

DOM Section 54040.12 requires all allegations of sexual violence, staff sexual misconduct, sexual harassment by staff, and all sexual assaults, attempted sexual assaults, and sexual battery by inmates be investigated by a Locally Designated Investigator (LDI). According to DOM Chapter 3, Section 14 - Internal Affairs Investigations, LDIs are authorized to conduct Internal Affairs investigations. Section 31140.20 further details the process for criminal investigations into staff misconduct. If probable cause exists to believe a crime has been committed, the investigation is referred to the appropriate agency for prosecution.

In a review of the CDCR public website, the Department Operations Manual is available in its entirety. As previously noted, the DOM includes PREA and investigation policies and procedures. The DOM is found on the website under Regulations and Policy > Department Operations Manual.

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

The CDCR PREA Annual Report - Calendar Year 2020 was submitted and reviewed. The Annual Report breaks down types of allegations and further provides numbers of substantiated, unsubstantiated, unfounded, and ongoing investigations.

ISU maintains investigative files which include documentation of the investigation, summary, and disposition. Investigations begin immediately.

Subsection (c):

This is not applicable as CDCR and LDI assigned to CCWF are responsible for conducting criminal investigations.

Corrective Action: None

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures Department Operations Manual Chapter 5, Article 44 3. Documents <p>Memorandum dated September 3, 2020; Subject: Mandated on-the-job training for all staff</p> <p>Memorandum dated November 6, 2020; Subject: Overview of Senate Bill 132 - Training</p> <p>CDCR In-Service Training Prison Rape Elimination Act (PREA) Version 1.1 and Version 2.0 BET Code 11054378; Lesson Plan</p> <p>CDCR Office of Training and Development Inmate/Staff Relations; Basic Correctional Office Academy BET Code 11055030 and In-Service Training BET Code 11053211; Instructor Guide, Power Point Slides, Lesson Plan</p> <p>CDCR Basic Correctional Officer Academy (BCOA) Prison Rape Elimination Act (PREA) Version 2.0 BET Code 11055014; Lesson Plan</p> <p>CDCR On-The-Job Training (OJT) Module Inmate/Staff Interaction Version 1.1 BET Code 11053491; Lesson Plan</p> <p>CDCR New Employee Orientation Prison Rape Elimination Act (PREA) Version 1.0 BET Code 11053846; Lesson Plan</p> <p>CDCR On-The-Job Training (OJT) Prison Rape Elimination Act (PREA) Version 2.0 BET 11053599; Lesson Plan</p> <p>Prison Rape Elimination Act (PREA) Knowledge Review; blank form</p> <p>Screen shot training acknowledgment</p> <p>Prison Rape Elimination Act (PREA) 2021 Online Training Records</p> 4. Interviews Random Staff Staff responsible for training

5. Tour of the Facility

Findings:

Subsection (a):

DOM Section 54040.4 addresses staff PREA training. Policy requires all staff, including employees, volunteers, and contractors receive training related to prevention, detection, response and investigation of sexual violence, staff sexual misconduct, and sexual harassment. Training is conducted during new employee orientation, annual training, and is included in the Correctional Training Academy. DOM specifies training to include: gender specific based on the offender population at the assigned institution, how to conduct cross-gender pat-down searches, transgender pat-down searches and unclothes body cavity searches, conducted searches in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs, how to communicate professionally with inmates including those who identify as Lesbian, Gay, Bi-sexual, Transgender, Intersex, and Gender Non-Conforming.

In review of the lesson plans for PREA Training 1.1 and 2.0, Basic Correctional Officer Academy (BCOA) PREA training, and New Employee Orientation the following information is addressed: zero tolerance policy; how staff fulfill their responsibilities to prevent, detect, report, and respond to sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions; how to detect and respond to signs of threatened and actual sexual abuse; professional relationships; professional communication, noting lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with reporting requirements.

Inmate/Staff Relations training offered during Basic Correctional Officer Academy and In-Service Training focuses on professional relationships between staff and inmates, communication, and consequences. Training dives into inmate's rights specific to due process, rights of inmates under State Statute and DOM, and rights protected by the constitution, such as the 14th Amendment. This section does not mention 28 C.F.R Part 115 or DOM Chapter 5, Article 44. Although PREA standards are trained to all staff through various other trainings, this section of the Inmate/Staff Relations presents an opportune time to address inmate's rights to be free from sexual abuse, sexual harassment, and retaliation.

In a memorandum dated September 3, 2020, CDCR mandatory training was removed from annual In-Service Training and moved to On-The-Job Training via live training in person or remotely. The following training is subject to the change: Inmate Disabilities/Staff Responsibilities, Working successfully with Transgender, Intersex, and Non-Binary Inmates, Suicide Prevention, Partnership in the Correctional Environment.

A memorandum dated November 6, 2020, was issued from the Director of the

Division of Adult Institutions regarding the Overview of Senate Bill 132- Training. This bill is also referred to as the Transgender Respect, Agency and Dignity Act and includes:

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

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

All staff reported completing training specific to PREA, citing annual training. They were able to articulate relevant training topics.

Subsection (b):

According to DOM Section 54040.4, training is gender specific based on the offender population at the assigned institution. Transfer staff noted completing an orientation upon transfer to CCWF, but it was not clear if the training included gender specific topics as they vary from working with male inmates. According to training staff, new staff are given the CDCR PREA OJT Module. Although this training does touch on sexual safety, it is limited in gender specific information. It is recommended that new, or at a minimum transfer staff, receive gender specific training when transferring to CCWF. This could include boundaries, communication, common reactions to sexual assault, and trauma.

Subsection (c):

DOM 54040.4 addresses new employee orientation training and annual training. Lesson plans for both trainings were submitted and reviewed. Additional training verification was requested for ten staff. Information for five staff was submitted. All new hires in 2021 either completed PREA training or Specialized PREA training, depending on their employment classification. Training records dated April 21, 2022 indicated that 1312 staff were assigned annual PREA refresher training. 307 staff or 23% of staff not on long term leave, have not completed the 2021 annual training which was due December 2021.

Subsection (d):

The PREA Knowledge review consists of 17 questions that the employee must complete at the end of training and affix their signature to the form. This is conducted

electronically as evidenced by the screen shot of PREA 2018 online OJT.

Recommendation: 115.31(b): It is recommended that new, or at a minimum transfer staff, receive gender specific training when transferring to CCWF from a male institution. This could include boundaries, communication, common reactions to sexual assault, and trauma.

Recommendation: 115.31(c): Immediately ensure staff who have contact with inmates have completed 2021 PREA refresher training as assigned and moving forward training is completed by the due date for all staff not on long term leave.

Corrective Action: None

115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 5, Article 44 CDCR Department Operations Manual Chapter 3, Article 18 CDCR Department Operations Manual Chapter 10, Article 9 3. Documents <ul style="list-style-type: none"> CDCR In-Service Training Prison Rape Elimination Act (PREA), Version 1.1; BET Code: 11054378 Memorandum dated October 6, 2017; Volunteer and Contractor Training Memorandum dated May 27, 2020; CDCR Form 2301 PREA Policy Information for Volunteers and Contractors PREA Policy Information for Volunteers and Contractors Part A Training records List of current volunteers 4. Interviews <ul style="list-style-type: none"> Volunteers Contractors 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.4 includes volunteers and contractors with all staff when requiring training related to prevention, detection, response, and investigation of inmate sexual violence, staff sexual misconduct, and sexual harassment. DOM Section 101090.7 Volunteer Orientation requires volunteers to complete orientation prior to an assignment as a volunteer. DOM also states that the Community Resource</p>

Manager in conjunction with In-Service Training provides PREA on-the job training courses for self-study. The CDCR In-Service Training Prison Rape Elimination Act Version 1.1 lesson plan was submitted for review. The intended target for training is "All Staff". In the lesson plan, "Staff" is defined as "any person employed by CDCR, including employees, volunteers, and independent contractors..."

According to the Pre-Audit Questionnaire, CCWF has 87 volunteers who have received the PREA In-Service Training.

Subsection (b):

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

In a memorandum dated May 27, 2020 to the PCM at California Health Care Facility from the PREA Coordinator, form CDCR 2301 for Volunteers and Contractors was updated to include language mirroring PREA standard 115.17 regarding hiring requirements and a continuing duty to report. This form is to be completed by each volunteer and contractor who may have contact with inmates.

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

Subsection (c):

DOM Chapter 3 requires the CDCR Form 844 and 854 to be used to record training participation and training requests, respectively. This policy does not specifically note volunteer and contractor staff. The CDCR 2301 PREA Policy Information for Volunteers and Contractors was submitted for review and requires a signature in Part A, acknowledging the information and Part B affirming truthful information and a continuing duty to report. According to DOM Section 32010.8.4, all training documentation is recorded in the electronic tracking system.

Fifty-one completed CDCR 2301 were submitted during the onsite. These consisted of three pages for each volunteer or contractor and were identified as attachment B, E, or H. Despite the varying attachment letter, the revised date is noted as 05/2020 and all were identical in content. All fifty-one CDCR 2301s contained signatures acknowledging an understanding of the information provided and a responsibility to report any information that indicates an offender is, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. Additionally, page 3 of 3 is completed, reporting sexual abuse, attempted sexual activity in the community facilitated by force or threats, administratively found to have engaged in the previously mentioned behavior, or received disciplinary action as a result of allegations of sexual harassment of an inmate. The contractor or volunteer also acknowledges a continuing duty to report.

Four volunteers and three contractors were contacted for an interview. One volunteer and two contractors responded and consented to an interview. They described similar processes for being granted access to CCWF including a written application, Live Scan, and training. Training covered CDCR's Zero Tolerance policy towards sexual abuse and sexual harassment and how to report any knowledge or suspicion. Once training was completed, there were knowledge-based questions. The contractors and volunteers interviewed believed training was required annually. They were newer volunteers / contractors, and as such, had not had an opportunity for update training.

Corrective Action: None

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operations Manual Chapter 5, Article 44 3. Documents Senate Bill 132 brochure CDCR-128-B Receipt of Inmate PREA Education; blank form Shine the Light on Sexual Abuse poster; English and Spanish PREA brochure ordering information PREA Office of Inspector General poster; English and Spanish Inmate Education records; 10 4. Interviews Inmates 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.4 Offender Education outlines Offender PREA Education to include verbal and written information specific to prevention/intervention; reporting; and treatment and counseling. According to Section 54040.4, initial PREA offender orientation is provided in the reception centers either in writing or multi-media presentation on a weekly basis. PREA posters which contain department policy reporting numbers are to be posted in designated locations throughout the institution. Additionally, the PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" is to be distributed during initial processing in reception centers. While in Receiving and Release (R & R), inmates are provided a PREA Brochure, orientation handbook which contains PREA information, an explanation of the opposite gender announcement, and the What You Need To Know" PREA video. This was confirmed during the tour by</p>

speaking with a Sergeant assigned to R & R as well as with inmates who were recently admitted to the institution. Additionally, during the tour of R & R, the PREA video was being shown, which according to interviews, is played when new inmates arrive.

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

According to the Pre-Audit Questionnaire, 2265 inmates were admitted to CCWF during the past year, and all received PREA information during intake.

Subsection (b):

According to the Pre-Audit Questionnaire, 2035 inmates were admitted whose stay was longer than 30 days. All 2035 inmates received comprehensive PREA education through Inmate Peer Counseling workshop. The workshop covers what PREA means, terms and definitions, how to report an incident, and how to seek medical and mental health treatment due to PREA situations. An informational pamphlet is provided which contains phone numbers and addresses to contact someone outside of the institution that the inmate can talk to about their experience. Upon completion, the inmate signs an informational chrono which is placed in their E-file. This training occurs one to two months after arriving in the institution and is typically completed while the inmate is in RC.

Subsection (c):

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

Eleven inmates interviewed did not recall receiving PREA Education, seven having arrived prior to the PREA standards being implemented. Despite not recalling formal PREA education, most of the inmates were aware of their rights to be free from sexual abuse, harassment, and retaliation as well as how to report incidents of such. According to R&R staff, all inmates receive PREA Education upon intake.

Subsection (d):

DOM Section 54040.4 states "Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy and those with disabilities". DOM also allows for institutions to utilize offender peer educations to enhance inmate knowledge and understanding of PREA and sexually transmitted diseases.

Inmate interviews confirmed that CCWF provides information in a format that they

could understand. Completed CDCR 128-B Receipt of Inmate PREA Education forms from 2022 include a section "Ensure Effective Communication. This section requires the staff to be aware of inmate limitations and gives staff the option to check a box indicating the inmate "has a TABE score of 4.0 or higher, can read and write, and understands PREA material given" or "Effective Communication (EC) is required". If EC is required the staff checks a disability code, what accommodation was made, if the inmate asked questions, and if the inmate summed information.

Subsection (e):

DOM Section 54040.4 further requires PREA offender education to be documented on form CDCR 128-B, Receipt of Inmate PREA Education. in which the inmate signs the form indicating they received the training. This form is then scanned into the Electronic Records Management System. The CDCR 128-B includes the following training:

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

Additionally, a CDC128 B General Chrono is entered when an inmate attends or refuses to PREA Education - Inmate Peer Counseling workshop.

To verify inmates received education and CCWF documents the education, fifteen names were submitted, requesting verification of PREA education. Eleven CDCR 128-Bs were submitted, confirming initial PREA education during R&R. One CDCR 128-B from 2018 confirmed PREA Education - Inmate Peer Counseling workshop, and two did not have a CDCR 128-B submitted for review. However, both inmates reported having received education at intake, having received a pamphlet and handbook. It should be noted that the types of education received were not consistent. Not all inmate CDCR 128-B indicated they received all four components of education. Five did not confirm having received an explanation of the Opposite gender announcement and two did not receive an orientation handbook.

Two posters were submitted for review:

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

Both posters provide means in which inmates may report incidents of sexual abuse. Contact information for the Office of the Inspector General is noted on both and provide an address and phone number. The Shine the Light on Sexual Abuse also informs inmates that CDCR has a zero tolerance policy and several ways in which an inmate may report sexual abuse, sexual harassment, or retaliation; such as the Office of Internal Affairs, tell any staff member, and have a family or friend contact the institution.

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

PREA posters were displayed on each housing unit, in the visiting area, and randomly throughout the institution where inmates or visitors would have an opportunity to view them.

Recommendation: It is recommended that R&R continue to educate all new arrivals by providing the handbook and brochure and playing the video prior to transferring to reception. This education should be documented. Subsequent education should be formalized, clearly outlining content and delivery method and ensure that it is completed within 30 days of arrival, documenting the education.

Corrective Action: None

115.34	Specialized training: Investigations
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 542 376">Evidence Reviewed:</p> <ol data-bbox="256 412 632 519" style="list-style-type: none"> <li data-bbox="256 412 632 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 604 519">2. Policy and Procedures <p data-bbox="256 555 1094 591">CDCR Department Operations Manual Chapter 5, Article 44</p> <ol data-bbox="256 627 456 663" style="list-style-type: none"> <li data-bbox="256 627 456 663">3. Documents <p data-bbox="256 698 1420 815">CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Version 1.0; BET 11055853 and 11057915; Lesson Plan, Participant Workbook, Training Power Point</p> <p data-bbox="256 851 1362 887">Course Enrollment - Completed Report - PREA Locally Designated Investigator</p> <p data-bbox="256 922 1206 958">Course Enrollment - Completed Report - Basic Investigators Course</p> <p data-bbox="256 994 536 1030">Training certificates</p> <ol data-bbox="256 1066 440 1102" style="list-style-type: none"> <li data-bbox="256 1066 440 1102">4. Interviews <p data-bbox="256 1137 526 1173">PREA Investigators</p> <ol data-bbox="256 1209 552 1245" style="list-style-type: none"> <li data-bbox="256 1209 552 1245">5. Tour of the Facility <p data-bbox="256 1352 386 1388">Findings:</p> <p data-bbox="256 1424 472 1460">Subsection (a):</p> <p data-bbox="256 1496 1461 1953">CCWF follows DOM Section 54040.4 Education and Prevention which states, "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c)". Additionally, Section 54040.3 defines Locally Designated Investigator (LDI) as "The Investigative Services Unit Investigator or designated Institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct". A CCWF investigator confirmed having completed the training in 2015 with subsequent basic investigator training which included PREA information, as well as completing the annual training required of all staff. Another investigator reported completing specialized PREA Investigator Training in 2017. Training certificates confirmed their report.</p> <p data-bbox="256 1989 472 2024">Subsection (b):</p>

CDCR Specialized PREA Training for Locally Designated Investigators Lesson Plan, Power Point, and Participant Workbook were submitted in their entirety for review. Based on these documents, training included interviewing techniques, the use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case. One investigator articulated that training topics included crime scene preservation, evidence collection and handling, interviewing techniques, CDCR policy, victim advocacy, documentation, and referral for prosecution. Both investigators reported the training included topics as noted in this standard, specifically addressing in detail preservation of evidence, conducting interviews, and policy.

Subsection (c):

According to DOM Section 54040.4, it is the responsibility of the PCM to ensure employees investigating incidents of sexual violence or staff sexual misconduct are properly trained. Staff training is documented on the CDCR 844, Training Participation Sign in Sheet.

According to the Pre-Audit Questionnaire, there are 23 specially trained PREA investigators at CCWF. Course Enrollments for Basic Investigators Course and PREA Locally Designated Investigator course were submitted.

Corrective Action: None

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 3, Article 18 CDCR Department Operations Manual Chapter 5, Article 44 3. Documents <ul style="list-style-type: none"> Course Enrollment Prison Rape Elimination Act (PREA) - Specialized Training Online - HCS - OJT dated 4/20/2022 training report Course Enrollment Prison Rape Elimination Act (PREA) - Specialized Training Online - HCS - OJT dated 4/20/2022 negative training report Prison Rape Elimination Act (PREA) 2021 Online OJT training report Personnel Changes Report 4. Interviews <ul style="list-style-type: none"> Medical Staff Mental Health Staff 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 32010.10.1 makes it a condition of employment that all employees complete training required for their job classification/position. DOM Section 54040.4 specifically addresses PREA Training. It states that all staff "receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment". It further states that "training will be conducted during new employee orientation, annual training and in the curriculum of the Correctional Training Academy".</p> <p>According to the Pre-Audit Questionnaire, 194 Medical and Mental Health Staff regularly work at CCWF and 50% have completed training. However, a review of training records dated April 20, 2022, indicate four medical and mental health staff</p>

have not fully completed training, with one being on long term leave. 366 staff have completed specialized training. This includes direct practitioners as well as Office Technicians and Information Technology Specialists. Four staff from medical and mental health were interviewed. Although they could not recall specialized PREA training, they did talk about annual refresher training being offered during block training. Despite not recalling the specialist training, they were listed on the training records as having completed the specialized training.

Subsection (b):

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

Subsection (c):

File review was completed of new hires from the past twelve months. Ten new staff in 2021 and 2022 were hired for medical or mental health services. Seven completed specialized training for medical and mental health. The three who were not noted to have completed specialized training, transferred from another institution.

Subsection (d):

Mental Health and Mental Health Staff reported completing PREA training and described training components from the In-Service Training for all staff in addition to annual update training. Training records confirmed that the medical and mental health staff complete PREA training required of all staff.

Corrective Action: None

115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedure <p>CDCR Department Operation Manual Chapter 5, Article 44</p> <p>California Penal Code Section 667.5(c) defines "violent felony"</p> <p>California Code of Regulation Title 15 Section 3269 Inmate Housing Assignments</p> 3. Documents <p>Memorandum dated August 28, 2017, Subject: Prison Rape Elimination Act Risk Screening</p> <p>PREA Screening Instructions, 4 pages</p> <p>Instructions for Completion of the PREA screening Tool</p> <p>PREA Screening, blank</p> <p>PREA Screening electronic screen shot</p> <p>Memorandum dated July 23, 2020; Subject: Changes to the Prison Rape Elimination Act Screening Form - Standard 115.41 Compliance</p> <p>Memorandum dated September 29, 2017, Subject: Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities</p> <p>Memorandum dated July 23, 2020, Subject: Changes To The Prison Rape Elimination Act Screening Form - Standards 115.41 Compliance</p> <p>Memorandum dated March 13, 2019, Subject: Prison Rape Elimination Act- Reassessments at Reception Centers</p> <p>Memorandum dated November 6, 2020, Subject: Overview of Senate Bill 132 - Training</p> <p>Memorandum dated August 28, 2017, Subject: Prison rape Elimination Act Risk Screening</p> <p>PREA 30 Day Reassessment Report, December 1, 2019</p> <p>CDCR 128-MH5 Mental Health Referral Chrono, blank</p>

Sampling Roster with arrival date

PREA Screening and Rescreening samples

Email from the PREA office to PREA Compliance Managers dated April 27, 2022

Classification Committee Chrono

Investigation File Review

Memorandum dated October 2, 2022; Update to Prison Rape Elimination Act - 30 Day Reassessments at Receptions Center

Reception center - Prison Rape Elimination Act (PREA) Reassessment

CDCR 844 Training Participation Sign In Sheet; Title: PREA Reassessments at Reception center; 4 pages

Sampling Roster with Arrival Date

Memorandum dated July 27, 2022; Reassessment of Substantiated Victims and Perpetrators of Sexual Assault

CDCR 844 Training Participation Sign In Sheet; Title: Confidential Info and CDCR 1030 Disclosure; 4 pages

Reception center - PREA Reassessment; revised October 6, 2022

4. Interviews

PREA Compliance Manager

Staff Responsible for risk screening

Inmates

5. Tour of the Facility

Findings:

Subsection (a):

DOM Chapter 5, Article 44 does not address a formal process for screening for risk of victimization and abusiveness. DOM Section 54040.6 references offenders who are identified on the PREA Screening form as high risk for sexual victimization and how to address their placement in segregated housing. The process was defined in a memorandum dated August 28, 2017 to Associate Wardens, Wardens, and PREA Compliance Managers from the Director of the Division of Adult Institutions. According to the memorandum, the memorandum addressed non-compliance with this standard. This memorandum specified that "all inmates be assessed during intake and upon transfer to another institution for their risk of being sexually victimized by

other inmates or sexually abusive toward other inmates". It is the responsibility of the custody supervisor conducting the Initial Housing Review in Receiving and Release to complete the screening during the intake process. At CCWF this assessment is completed in Receiving and Release prior to the inmate being assigned housing. Staff responsible for screening inmates at intake confirmed that risk screening takes place at receiving. Over half of the inmates who were admitted to CCWF in 2018 or later, recalled being asked the risk screening questions.

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

Also submitted for review, was California Penal Code Section 667.5(c) defining "violent felony", which may be referenced to answer questions on the PREA Screening tool.

Subsection (b):

According to DOM Section 54046.5 Initial Screening, "Upon arrival at an institution reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment". At this time, restrictions are determined. Further, the Department Operations Manual states the "screening authority shall review prior in-cell behavior towards cell partner. Verification an inmate is or has been predatory towards a cell partner, has a history of in-cell sexual abuse, is or has been assaultive towards a cell partner, has been the victim of in-cell physical or sexual abuse or demonstrates any significant in-cell violence against a cell partner". As noted above, this does not specify the completion of the PREA screen nor does this section address the time frame of within 72 hours. According to the August 28, 2017 memorandum, it is during this process that the PREA Screening takes place. The memorandum does not specify a time frame, as it is understood that the intake process occurs the same day of arrival. At this time process is aligned with the expectations of the standard, however, given the lack of formal direction in either policy or memorandum, this practice could change in the future, causing non-compliance. Therefore, it is recommended that the practice be formalized in the Department Operations Manual Chapter 5, Article 44.

According to the Pre-Audit Questionnaire, 2259 individuals were admitted to CCWF during the past year and remained at CCWF longer than 72 hours and were screened for risk of victimization or abusiveness. In a review of risk screen data of fifteen inmates, all fifteen inmates were screened on the day of arrival. Additionally, interviews of most inmates arriving in 2018 and later confirmed that the screening was completed the day of arrival.

Subsection (c):

CCWF utilizes the PREA Screening. This screening tool was implemented in August 2017, as noted in a memorandum to Associate Directors, Wardens and PREA Compliance Managers. In September 2017, further direction was provided to ensure inmates who had previously been through intake were screened for risk of

victimization and abusiveness. In the same memorandum to Associate Directors of the Division of Adult Institutions, Wardens and PREA Compliance Managers, direction was provided for subsequent reviews and documentation. In July 2020 the tool was modified to better assess for risk of victimization. This modification was announced on July 23, 2020 in a memorandum to Associate Directors, Wardens, Prison Rape Elimination Act Compliance Managers and Chief Executive Officers. These memorandums, in conjunction with the PREA Screening Instructions, ensures the PREA Screening is administered consistently to all inmates.

The PREA Screening consists of fifteen standard questions asked of all inmates. Eleven questions are objective, in that they are written in a manner which does not elicit the screeners opinion but addresses information which may be obtained or validated through inmate records. The four remaining questions are appropriately subjective and in line with the 115.41(d). These questions require the inmate to respond according to self-assessment and their perception of themselves and unconfirmed incidents. Additionally, questions are weighted and the scoring methods to determine final risk levels are prescribed.

Submitted for review in the Pre-Audit Questionnaire was Title 15 Section 3269 Inmate Housing assignments which further discusses when an inmate is screened for housing assignment and what information is utilized in making that determination. Further, screen shots demonstrating how the PREA Screen is accessed was submitted and reviewed.

Subsection (d):

The PREA Screening tool considers nine of the ten criteria as noted in this standard. CDCR does not consider whether an inmate is detained solely for civil immigration purposes as a risk factor, as CDCR does not house individuals solely for immigration. Criteria seven of the standard asks whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Question seven on the PREA Screening asks "Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming?" The wording of the question does not explicitly ask for the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTQI. It was confirmed that staff administering the PREA Screening do not answer according to their perception, but solely on what is reported by the inmate. On April 27, 2022, an email was sent from the PREA Office to all PREA Compliance Managers regarding compliance with 115.41. The email reminds all staff conducting PREA Screening (related to 115.41(c)) to ensure they are using the current tool and following the instructions properly. The instructions contain directions that question seven should be answered "yes" if the inmate identifies as LGBTI, has been perceived to be LGBTI, or if the custody supervisor (person conducting the screening) perceives the inmate to be LGBTI or gender non-conforming. This is a change from previous direction and does not change the wording of the question. To change the wording of the question, separating the inmate report and the rater's perception, will strengthen the assessment and will be clearer to the rater to ensure the assessment remains objective and in line with standard 115.41.

Subsection (e):

The CDCR PREA Screening tool includes criteria set forth in the standards. The PREA Screening assesses for history of sexual violence in a correctional setting, prior convictions for sex offenses in a non-correctional setting, convictions for non-sexual violent offenses in a non-correctional setting within five years, and guilty finding for non-sexual violent offenses in a correctional setting within five years.

Subsection (f):

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

The reassessment process was formalized and addressed in a memorandum dated March 13, 2019 to Associate Directors, Wardens, Classification and Parole Representatives, Correctional Counselor II Supervisors, and PREA Compliance Managers. This memo provides instruction to Reception Centers regarding the Reception Center - PREA Reassessment form. This form is comprised of four questions completed by the Corrections Counselor. If there are any "yes" answers, the Corrections Counselor will interview the inmate the same day.

Five PREA Reassessments were submitted for review, but were unable to be opened. During the post audit, fifteen assessments and reassessments were requested. Thirteen individuals were received at CCWF after the March 13, 2019 memorandum and two were within the 30 day time frame for reassessment, resulting in reassessment information for eleven inmates. Four records included a Classification Committee Chrono which addressed the PREA Assessment and were likely transfer inmates, not Reception Center Inmates. Transfer inmates are seen face to face within 30 days of arrival. This meeting serves as the reassessment and information gleaned from the meeting is addressed at committee. Reception Center Inmates are reassessed using the Reception Center - PREA Reassessment. Most were completed within thirty days. None of the PREA Reassessments reviewed included a face to face meeting .

According to the Pre-Audit Questionnaire, 2037 individuals were admitted to CCWF with a stay of over 30 days. All 2037 individuals were reassessed for risk of sexual victimization and abuse. The PREA 30 Day Reassessment Report from December 1, 2019, was submitted for review. This report indicated one of 49 individuals were reassessed. The PREA 30 Day Reassessment Report from 2021 was requested but not available for review. Corrections Counselors reported that every person has a Reassessment completed, which usually occurs about two to three weeks after the

first screening.

Subsection (g):

DOM Section 54040.7 Screening for Appropriate Placement requires "the inmate's risk level be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness". It is not clear who administers the screening or how the screener becomes aware of the need to reassess. In a review of assessments and reassessments, there was no indication that reassessments are completed due to an incident of sexual abuse. One specific reassessment completed in response to a sexual abuse allegation was requested for review. The allegation was reported in August 2021. In November, the alleged victim was seen for classification for an annual review. It is noted in the Classification Committee Chrono that the inmate victim participated in the completion of the PREA Screening tool as part of the annual classification review. Although policy states that a reassessment be completed when there is an incident of sexual abuse, it does not appear CCWF consistently practices policy.

Subsection (h):

DOM Section 54040.6 forbids inmate discipline when the inmate refuses to answer or not completely disclose information related to: mental, physical, or development disabilities; sexual orientation, sexual victimization, or perception of vulnerability.

As noted in the memorandum dated November 6, 2020 to Associate Directors, Wardens, PREA Compliance Managers, and In-Service Training Lieutenants regarding the training of Senate Bill 132, CDCR is prohibited from "disciplining any individual for refusing to answer or not disclosing complete information in response to questions about their gender identity".

Corrections Counselors reported that inmates are not disciplined for refusing to answer a question and furthered that some of the questions allow for a "No Response".

Subsection (i):

According to the PCM and PREA Coordinator, only counselors and supervisors have access to the PREA Screen information, as they have a need to know for the purpose of housing and programming.

Recommendation: 115.41(a)(b)(f)(g) It is recommended that the screening process be formalized in Department Operations Manual Chapter 5, Article 44 Section 54040.7 to expressly state a sexual abuse risk screening is required within 72 hours of intake, within 30 days of intake, and again when warranted due to a referral, request, incident of sexual abuse, or a receipt of additional information that bears upon risk. Language should identify who is responsible to conduct PREA risk screening.

Recommendation: 115.41(a)(b)(f)(g) It is further recommended that a reassessment process be formalized in Department Operations Manual Chapter 5, Article 44,

Section 54040.7 by expressly stating that a sexual abuse risk rescreening be completed within 30 days of arrival and shall include an in person meeting using an objective screening tool. By allowing an in-person meeting, the inmate is given an opportunity in a private setting to share information and concerns. Should the reassessment process be taken out of the initial committee, tracking will need to be completed in order to ensure reassessments are completed timely. It is recommended that the PREA 30 Day Reassessment Tracking be made available for individual institutions and facilities to track compliance rather than solely relying on a report from Central Office. During the audit process, staff at CCWF were unable to provide reports with CCWF specific information to verify compliance with the standard 115.41.

Corrective Action: Within a set time period of not more than 30 days from the inmate's arrival at the facility, the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening. Each assessment must include a face-to-face meeting. According to the PREA Resource Center FAQ dated August 2, 2019, "the 30-day affirmative reassessment requires, at a minimum, that screening staff consult available sources (including the inmate) to determine whether any previously unknown triggering event or information has become available and to document such review. In short, as opposed to the "passive" requirements under standards 115.41(g), standard 115.41(f) requires screening staff to affirmatively "look and inquire."

Corrective Action: Amend the current reassessment tool to remove the direction "A face to face interview with the inmate is only required if any of the above questions were answered yes".

During corrective action, the Reception Center - Prison Rape Elimination Act (PREA) Reassessment was amended to read on page 1, "A face to face interview with the inmate is required to determine whether any previously unknown triggering event or information has become available". Page 3 contains the instructions for staff completing the PREA Reassessment and further addresses the face to face interview with the inmate. The following sentence was removed: "A face to face interview with the inmate is only required if any of the above questions were answered yes".

During the corrective action period, a memorandum dated October 1, 2022 was issued, updating the 30 day reassessments at reception centers. This memo clarifies the requirement to interview the inmate to determine if any new information is available which may change the inmate's "at risk" designation. If the designation may change, a new PREA Screening form will be completed. Additionally, this memorandum clarifies that weekly, the Classification and Parole Representative will provide a list of inmates who arrived at the reception center 8 to 14 day prior to the list date. The assigned Correctional Counselor then has 14 days to complete the reassessment. Documentation was provided indicating twenty Corrections Counselors received training on the PREA Reassessment which included reviewing the memorandum and requirements listed.

Interviews with Correctional Counselors administering the PREA Reassessment

confirmed receipt of the memo and the revised version of the the reassessment. Corrections Counselors described the changes, specifically the requirement to interview all inmates face to face and the process for completing the reassessment. Corrections Counselors receive a weekly listing of inmates who were admitted to CCWF with the past 8-14 days.

A list of 223 inmates received at CCWF from October 20, 2022 to November 28, 2022 was submitted and reviewed. From that list, 23 Reassessments were submitted for review. The reassessments were completed within 30 days of reception, utilizing the revised Reception Center PREA Reassessment.

Corrective Action: Ensure all inmate victims and inmate suspects of sexual abuse are reassessed using an objective screening tool. The reassessment should be completed in the same manner as a 30-day reassessment in that it is completed during a face-to-face meeting. The reassessment in this case should not wait until an annual or bi-annual review but take place as soon as possible after the allegations are made.

To address corrective action, the Warden issued a Memorandum dated July 27, 2022 to all CCWF LDI Staff regarding the Reassessment of Substantiated Victims and Perpetrators of Sexual Assault. This memo clarifies DOM and specifically tasks the LDI Correctional Supervisor or ISU Supervisor to complete a PREA Screening form with the victim or perpetrator of a substantiated sexual assault. If the investigator is not a supervisor, it is the responsibility of the investigator to contact a supervisor. Documentation was provided indicating seventeen staff received the directive and instructions how to fulfill this requirement. Since the memorandum was issued, there has not been an investigation that has substantiated allegations of sexual assault.

Interview conducted with LDI PREA Investigator and supervisor confirmed receipt of the memorandum and process in which a reassessment would take place when a sexual abuse allegation is substantiated through an investigation. The reassessment would occur as soon as the allegations are substantiated through an investigation.

Corrective Action has been satisfied and CCWF meets standards.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> California Penal Code Section 667.5(c) defines "violent felony" CDCR Department Operations Manual Chapter 5, Article 44 CDCR Department Operations Manual Chapter 6, Article 2 CDCR Department Operations Manual Chapter 6, Article 12 California Correctional Health Services Chapter 26, 4.26 CDCR Title 15 3. Document <ul style="list-style-type: none"> Letter dated October 6, 2017, Use of Screening Information PREA Screening Instructions, 4 pages Instruction for Completing of the PREA Screening Tool, 3 pages Memorandum dated October 24, 2018; Subject: Changes to Prison Rape Elimination Act Screening Form - Mental Health Referral Process Memorandum dated September 29, 2017; Subject: Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities Memorandum dated November 6, 2020; Overview of Senate Bill 132- Training Transgender Biannual Assessment - PREA General Chrono; blank PREA Screening Senate Bill 132 Brochure; English and Spanish Memorandum dated October 2, 2022; Update to Prison Rape Elimination Act - 30 Day Reassessments at Receptions Center Reception center - PREA Reassessment; revised October 6, 2022 CDCR 844 Training Participation Sign In Sheet; Title: PREA Reassessments at Reception center; 4 pages

4. Interviews

PREA Compliance Manager

Staff responsible for risk screening

5. Tour of the Facility

Findings:

Subsection (a) & (b):

DOM Section 54040.6 addresses Offender Housing in relation to the PREA Screen. "Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregation housing unless an assessment of all available alternatives has been completed...". Offenders at high risk for sexual victimization must have a housing reassessment within 24 hours of placement into segregated housing. Additionally, the process for review and evaluation for single cell status includes the completion of a PREA Screen.

A memorandum dated September 29, 2017 to Associate Directors, Wardens, and PREA Compliance Managers regarding Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities also reiterates that the information gathered from the PREA Screening tool is to be used when assigning inmate housing and work/program assignments. The Correctional Counselor is a member of the Initial Classification Committee which makes program assignments.

A memorandum dated October 6, 2017 further details the use of PREA screening information. The Initial Unit Classification Committee convenes within fourteen days of an inmates arrival at an institution. During the Initial Unit Classification Committee, as noted in DOM Section 63010.8.3, the team reviews the PREA Screening form to develop a program for each inmate. The program may include educational, vocational training, work program, and privilege group designation.

DOM Section 54040.7 states that if during the initial intake screen or any other time during confinement with CDCR, an inmate reports having experienced sexual victimization or previously perpetrated sexual abuse whether in an institutional setting or in the community, staff shall refer the inmate to mental health. In a memorandum dated October 24, 2018 to Associate Directors, Wardens, PREA Compliance Managers, and Chief Executive Officer the mental health referral was further explained as it relates to the PREA Screening tool implemented in August 2017. If there is a "yes" answer to specific questions, the security supervisor completing the screening will be prompted to complete a CDCR Form 128-MH5, a referral to mental health.

According Title 15 Article 1.6, Inmate Housing Assignments, the inmate's history of sexual assault or previous single cell designation, history of in-cell abuse, significant in-cell violence toward a cell partner, and verification of having been victimized in cell

is taken into consideration when assigning single cell status.

The PREA Compliance Manager confirmed that the PREA Screening is reviewed during the initial and annual reviews. The committee uses the information to ensure appropriate housing and mental health referrals. Additionally, those who complete the PREA Screening also talked about housing decisions and referrals to mental health as well as gender identity safety concerns. In a review of the Initial Classification Chrono, the PREA Screening is reviewed with the inmate and safety concerns addressed at this time. Although policy directs staff to consider educational, vocational training, work program, and privilege group designation as it relates to sexual safety, it is unclear based on interviews and documentation that PREA Screening is considered for other assignments. Furthermore, the manner in which information is obtained could prohibit the fidelity of the information. Inmates are not allotted a private conversation to report any new information but asked within a larger group setting if there is further information to report regarding their safety. Inmates are also not consistently reassessed when they have been sexually victimized, lending itself to the credibility of the information. Even if CCWF consistently used this information to address program and housing decisions, the information may be flawed not providing for separation of those at risk for victimization or abuse.

Subsection (c):

Based on DOM Section 62080.14, inmates who have been diagnosed as transgender or intersex are referred to classification committee for review to determine appropriate institutional placement and housing assignment. Fourteen institutions are identified as having the necessary medical and mental health services available to appropriately serve the transgender and intersex population. However, based on other case factors, inmates identifying as transgender or intersex may be placed at another institution. CCWF is identified as one of the institutions with appropriate medical and mental health services to support transgender and intersex individuals.

The Gender Dysphoria Management Policy provides guidance to California Correctional Health Care Services medical and mental health care staff in the management of patients diagnosed with gender dysphoria. This policy addresses psychological, medical, and social/environmental treatment and details the effects of hormone therapy.

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

Senate Bill 132 brochure written in English and Spanish was submitted for review. The brochure shares with inmates the requirement to be evaluated twice per year to check for safety in placement and programming. The brochure provides a Frequently

Asked Questions with addresses housing requests, accommodations, and searches.

According to the PREA Compliance Manager, there is no designated housing area for inmates who identify at transgender or intersex. All rooms are designed to accommodate eight people, however inmates are reviewed for single cell designation. Inmates who identified as transgender confirmed that there is no designated housing. This was confirmed during a tour of the facility and a review of the housing unit rosters.

Subsection (d)

In a memorandum dated August 25, 2017 to Associate Directors, Wardens, PREA Compliance Managers, Classification and Parole Representatives, CDCR implemented biannual reviews for each person identified as transgender or intersex. Twice a year, The PREA Compliance Managers receive a list of inmates identified transgender or intersex known to the Department. If the inmate is scheduled for a classification review during that review period, the inmate will be assessed during the pre-committee review. If the inmate is not scheduled for classification, during the review period, the assigned Correctional Counselor will conduct a Transgender Biannual Assessment - PREA and complete a CDCR Form 128-B.

According to the PREA Compliance Manager everyone is reviewed for housing within fourteen days of admission and annually thereafter to review job and classification levels. Inmates with certain identifications are reviewed every six months.

Subsection (e)

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

The PREA Compliance Manager confirmed that CCWF attempts to accommodate all inmate housing requests. Most inmates who were asked confirmed they are asked about their safety, although some inmates were quick to report that staff don't really care for the safety of transgender individuals. Classification Chronos note that the inmate was asked about their own safety as well as their response.

Subsection (f):

According to the PREA Compliance Manager, each room has one shower with privacy screens allowing for only one person to shower at any given time. A tour of the facility confirmed that inmates are able to shower individually and privately. Inmates did not express concern about the showering accommodations.

Corrective Action: Ensure PREA Screening and reassessments are completed with an in-person interview to make individualized program and housing assignments based on the need of the individual. Document safety concerns and considerations when assigning programming, housing, and work assignments.

During the corrective action period, CDCR amended the Reception Center - PREA Reassessment to include language requiring a face to face interview with the inmate.

To inform staff, a memorandum dated October 1, 2022 was issued. The memorandum clarifies the requirement to interview the inmate to determine if any new information is available which may change the inmate's "at risk" designation. If new information is presented, a new PREA Screening form is completed. Additionally, staff who complete PREA reassessments were trained on the new requirement and the revised form. PREA Reassessments submitted for review and interviews of staff confirm that the updated PREA Reassessments are utilized as required by CDCR, in that inmates are interviewed, in addition to other sources, to determine if there is new information to warrant a new screening. Information gleaned from PREA Assessments and Reassessments are utilized to assign housing and program decisions.

Corrective Action has been satisfied and CCWF meets standards.

115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operations Manual Chapter 5, Article 44 California Code of Regulations Title 15, Article 7 3. Documents Classification Review, example Administrative Segregation Notice and Classification Committee Chrono Administrative Segregation Notice; 2 4. Interviews Agency Head Warden 5. Tour of the Facility Investigation File Review <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.6 prohibits the placement of inmates at high risk for sexual victimization as identified on the PREA Screening to be placed in segregated housing. Segregated housing may only be used when an assessment of all available alternatives has been completed and deemed not available. If an inmate is placed in segregated housing, a housing assessment is completed immediately or within 24 hours of placement. The inmate is issued an Administrative Segregation Placement notice explaining the reason for segregation.</p> <p>DOM Section 54040.7 prohibits the custody supervisor from automatically placing an inmate who has been the victim of sexual violence or victimization into administrative segregation. The custody supervisor should consider housing the inmate with another inmate who has compatible house needs or placing in single cell status.</p>

According to the Pre- Audit Questionnaire, during the past year, zero inmates have been placed into involuntary segregation pending an assessment.

Seven Administrative Segregation Placement Notices were requested during the Post-Audit phase. Two of the requested seven were received and indicated the inmates were not placed in segregations due to a risk of sexual victimization. The three of the remaining five requested Administrative Segregation Placement Notices were not sent but noted "Identified as an alleged victim, not placed into ASU" , one request indicated "No PREA related information within the file", and one indicated " Identified as an alleged victim". There is no indication that inmates were placed in administrative segregation waiting for a PREA Screening or housing assessment.

Subsection (b):

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

Opportunities in administrative segregation are based on mental health status. All inmates receive opportunities for shower and recreation. Treatment groups and indoor day room are dependent on a mental health diagnosis.

Subsection (c):

If the continued placement is deemed necessary to keep the inmate separate from likely abusers, the inmate will appear before the Institution Classification Committee (ICC) to discuss housing needs. This placement should not exceed 30 days. DOM Section 540.40.6 and 54040.14.1 outline in detail the review steps and documentation which are to occur when an inmate at high risk or victim of sexual abuse are placed in segregation. According to the Pre-Audit Questionnaire, during the past year, two inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

Subsection (d):

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

Subsection (e):

According to DOM 54040.14.1, the custody supervisor is required to conduct assessments every thirty days from the date the inmate is initially placed in non-disciplinary segregation. These assessments are documented on the CDCR Form

114-A. When the custody supervisor determines non-disciplinary segregation is no longer necessary, the supervisor submits CDCR Form 128-B requesting the inmate receive a housing review before Initial Classification Committee.

Completed Classification Review dated June 17, 2021 from Ironwood State Prison was submitted for review. Although not specific to CCWF or non-disciplinary segregation, it is a standard form which addresses, Critical Case Factors (Housing), Housing Assignment, and Prison Rape Elimination Act.

Corrective Action: None

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 5, Article 44 California Code of Regulations Title 15 Section 3401.5 3. Documents <ul style="list-style-type: none"> Sexual Abuse/Assault Prevention and Intervention booklet; English and Spanish Sexual Violence Awareness brochure Shine the Light on Sexual Abuse poster CDCR-128-B Receipt of Inmate PREA Education PREA Confidential Correspondence with Rape Crisis Center; mailroom notice CDCR Prison Rape Elimination Policy Volunteer/Contractor Informational Sheet Orientation Handbook Information T4T - PREA Training Instructor Text 4. Interviews <ul style="list-style-type: none"> PREA Compliance Manager Office of Internal Affairs Office of the Inspector General Random Staff Inmates 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a) & (b):</p>

Offender reporting is addressed in two sections of the Department Operations Manual. Section of 54040.4 Offender Education describes how the inmate receives the information. While in reception center, inmates receive written or multi-media presentations offered in both English and Spanish. Inmates are given a brochure entitled "Sexual Violence Awareness" and a booklet entitled "Sexual Abuse/Assault - Prevention and Intervention". Additionally, PREA information is posted throughout the facility, as observed during the tour.

Section 54040.7 Detection, Notification, and Reporting addresses how inmate may report. Inmates may report violations to the PREA policy directly to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline or through third party. The policy states "an offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff."

The PREA Brochure "Avoidance of Sexual Violence" and the booklet "Sexual Abuse/ Assault Prevention & Intervention" in both English and Spanish was submitted for review. The brochure and booklet instruct individuals who were sexually assaulted to report to a staff member immediately. The brochure and booklet also provide the option to write or call to report incidents of sexual violence and sexual harassment and provides address and phone number for the Office of Internal Affairs and the OIG PREA Ombudsperson Office of Inspector General. Further, they provide the address and phone number for the Community Action Partnership of Madera Co. and the address for Just Detention International. According to the brochure, the OIG PREA Ombudsperson will keep the inmate's name anonymous, should this be requested.

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

Inmates writing the Community Action Partnership of Madera County note on the envelope "Evid. Code 1035.4" which identifies the post as confidential or privileged communication. This mail will not be read by CDCR staff and is only opened in the presence of the addressee.

According to the PREA Compliance Manager, inmates may make a report using the inmate appeal process or may report directly to staff when alone. He indicated there are phone numbers for inmates to call outside of the institution, which are noted on the posters, however most reports are received through the inmate appeal process. Inmates may also report verbally, by anonymous note, or through another inmate. Inmates may report anonymously but investigators need to know who the victim is.

Investigators will begin an investigation without victim information and through interviews identify the victim.

The CDCR-128B is utilized to acknowledge receipt of the PREA Video, brochure, orientation handbook, and has been explained the Opposite Gender Announcement. This form confirms that the inmate has been provided the various ways in which to report sexual abuse, staff sexual misconduct, sexual harassment or retaliation.

Staff confirmed the various ways in which inmates may report sexual abuse, sexual harassment and retaliation. Staff consistently noted that inmates may report directly to any staff, by PREA hotline phone number or through the grievance process. In the same manner, inmates, consistently reported these options to report an incident of sexual abuse, sexual harassment and retaliation. Inmates furthered with specific staff they would speak to, including trusted custody staff, health care, or corrections counselors. Inmates consistently reported that family or friends would be who they reported to outside of CCWF. However, inmates were aware of the PREA hotline number, which is posted by all of the phones. The PREA hotline phone number directly connects inmates to the Office of Internal Affairs

During a previous audit conducted by this writer, staff from the Office of Internal Affairs (OIA) were interviewed. OIA staff confirmed they receive reports of sexual abuse and sexual harassment. The hotline number is a recorded line checked one time per day. Staff at OIA document these reports and forward the information to the Locally Designated Investigator at the institution. Reports may be anonymous and will be followed up and investigated in the same manner.

The Office of the Inspector General (OIG) was contacted through the hyperlink available on the public website on May 22, 2022. On May 23, 2022, an OIG Associate Governmental Program Analyst responded and provided the following explanation. When OIG receives an allegation of sexual misconduct, the office has 24 hours from the time of call or web inquiry to contact the PCM via email at the institution in which the allegation of sexual misconduct was made. The PCM is briefed of the allegation and the incident is forwarded to the institutions LDI for investigation, following DOM Section 54040.7 and 54040.3. In regard to inmates contacting OIG, the recording to inmate callers notes that they do not have to give their name. When the institution is notified of the PREA complaint, the inmate's identification remains confidential and is simply identified as the "reporting party".

Subsection (c):

According to DOM Section 54040.7, inmates may report violations to the PREA policy directly to any staff member verbally or in writing, through the hotline or through a third party. Inmates are informed in the PREA Information for Orientation Handbook, that they may remain anonymous when reporting. When staff learn an offender is being or has been the victim of sexual violence, staff sexual misconduct or sexual harassment, they have a duty to immediately and confidentially report to the appropriate supervisor. Additionally, a CDCR Form 837, Crime Incident Report is also submitted to document the incident.

In reviewing the T4T - PREA Training Instructor Text, staff are trained to accept third party reports.

All staff acknowledged that incidents may be made verbally, in writing, anonymously and through third party. All reports are documented and investigated in the same manner. Staff also consistently noted they would take the report, ensure the inmate's safety and contact a supervisor.

Subsection (d):

California Code of Regulations Title 15, Section 3401.5. Staff Sexual Misconduct encompasses staff, volunteer, agent, or individual working on behalf of the Department of Corrections and Rehabilitation. By policy, any employee who observes or receives information from any source concerning staff sexual misconduct or staff sexual harassment shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty.

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

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

Staff confirmed a variety of ways in which to report privately. They noted being comfortable talking privately with a supervisor, contacting OIA or OIG.

Corrective Action: None

115.52	Exhaustion of administrative remedies
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 542 376">Evidence Reviewed:</p> <ol data-bbox="256 412 632 519" style="list-style-type: none"> <li data-bbox="256 412 632 448">1. Pre-Audit Questionnaire <li data-bbox="256 483 604 519">2. Policy and Procedures <p data-bbox="256 555 932 591">California Code of Regulations Title 15, Article 8</p> <p data-bbox="256 627 1094 663">CDCR Department Operations Manual Chapter 5, Article 44</p> <ol data-bbox="256 698 456 734" style="list-style-type: none"> <li data-bbox="256 698 456 734">3. Documents <p data-bbox="256 770 783 806">CDCR 602 Inmate/Parolee Appeal; 12</p> <p data-bbox="256 842 963 878">Claimant Grievance claims Decision Response; 10</p> <p data-bbox="256 913 657 949">PREA Yearly Tracking Report</p> <p data-bbox="256 985 1417 1102">Memorandum dated April 13, 2022; Subject: Clarification Regarding Referral of All Unnecessary or Excessive Use Of Force And Specified Prison Rape Elimination Act Allegations To The Allegation Inquiry Management Section</p> <p data-bbox="256 1137 992 1173">Notice of Change to Regulations dated April 8, 2022</p> <p data-bbox="256 1209 1430 1290">California Code of Regulation Title 15; text of adopted regulations dated January 5, 2022</p> <ol data-bbox="256 1326 440 1361" style="list-style-type: none"> <li data-bbox="256 1326 440 1361">4. Interviews <p data-bbox="256 1397 604 1433">Office of Grievance staff</p> <p data-bbox="256 1469 443 1505">Investigators</p> <ol data-bbox="256 1541 552 1576" style="list-style-type: none"> <li data-bbox="256 1541 552 1576">5. Tour of the Facility <p data-bbox="256 1612 608 1648">Investigation File Review</p> <p data-bbox="256 1756 384 1792">Findings:</p> <p data-bbox="256 1827 464 1863">Subsection (a)</p> <p data-bbox="256 1899 1477 2060">The administrative procedure to address allegations of sexual violence or staff sexual misconduct is addressed in California Code of Regulations Title 15, Article 8 Appeals. Specifically, Section 3084.9(B)5 "Prison Rape Elimination Act (PREA) Sexual Violence (inmate-on-inmate) and staff sexual Misconduct Appeals". As of January 5, 2022, CCR</p>

Title 15 Article 8 was amended to Inmate Sexual Safety. Section 3084 specifically addresses "Inmate-on-Inmate Sexual Violence, Staff-on-Inmate Sexual Misconduct, and Sexual Harassment of Inmates. This section provides further direction in processing a grievance which contains in whole or in part such allegations.

Twelve Inmate / Parolee Appeals containing allegations of sexual abuse and sexual harassment were submitted during the post audit. They were accepted and responded to.

Subsection (b):

According to DOM Section 54040.7, inmates may report violations of the PREA policy utilizing the Inmate Appeals Process. Section 54040.7.1 further requires employees receiving notice of alleged staff sexual misconduct by the CDCR 602 Inmate/Parolee Appeal, to immediately notify the institution head, unit supervisor or highest ranking official on duty as required by CCR Title 15 Sections 3401.5, 3084.9(a)(5), 3084.9(a)(5)(A), or 3086.

CCR Title 15 Section 3084.9 (a)(5)(A) was in effect until January 2022 and specifically stated, "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". It furthered in Section 3084.9(a)(5)(A)(1) "There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinators, the appeal shall be screened in accordance with subsection 3084.5 (b)(4). Section 3084.9 (a)(5)(B) stated "PREA Allegations Against Another Offender; A time limit shall not be imposed upon when an appellant may file a grievance alleging inmate on inmate sexual violence". CCR Title 15 was amended in January 2022 repealing the above language and adopting language which issues no times limits for allegations of staff-on-inmate sexual misconduct or sexual harassment or inmate-on-inmate sexual violence. Additionally, language was added that inmates are not required to use any informal grievance process or attempt to resolve with staff.

The CDCR 602s and corresponding responses submitted for review, indicated that inmates are able to submit a grievance regarding an allegation of sexual abuse without any type of time limits. They are also not required to use any other process for reporting incidents of sexual abuse.

Subsection (c):

According to CCR Title 15 Section 3084.7 effective until January 2022, appeal responses are not reviewed and approved by staff who participated in the event or the decision being appealed. Staff may be involved with the appeal response as long as: their involvement with the appeal response is necessary in order to determine the facts or to provide administrative remedy and the staff is not the reviewing authority and/or their involvement in the process will not compromise the integrity or outcome of the process. This section of CCR Title 15 was rescinded and is now addressed in Section 3483 Grievance Review.

The CDCR 602s and corresponding responses indicated CCWF is following policy. Staff named in a grievance were not involved with receiving the grievance, investigating or responding to the grievance or allegations.

Subsection (d):

According to the Pre-Audit Questionnaire, within the past year, 67 grievances filed alleged sexual abuse. The PAQ also reported zero allegations reached a final decision after 90 days or required an extension. The Pre-Audit Questionnaire, explained that all grievances containing an allegation of staff sexual misconduct receive a written response within 60 days from the date of receipt. Although the written response may not have been a final decision. The response further *indicated the new Grievance/ Appeals regulations only provide the inmate with a response of "Allegation of Staff Misconduct" and the inmate is advised, "Pursuant to the California Code of Regulations, title 15, your claim has been identified as an allegation of staff misconduct, meaning it will be referred outside the grievance and appeal process to an appropriate authority within the Department for the purpose of gathering facts needed to prove or disprove the allegation. A separate response will be provided to you at the conclusion of that process. This decision exhausts all administrative remedies available to you."*

According to CCR Title 15 Section 3084.9, grievances alleging inmate-on-inmate sexual violence or staff sexual violence is processed as an emergency appeal and immediately reviewed by the Hiring Authority or designee and processed at the Second Level of Review. The Second Level review is required to be completed within 5 working days and immediately by the Hiring Authority or designee. The third level review and response must be completed within 60 working days from the date of receipt by the third level appeals chief. If conditions of exception delay exist, the time constraints of Second and Third Level of Review may be extended by increments of 30 days, but not exceed 160 days from the date the appeal was received by the appeals coordinator. If an extension is required, written notification is provided to the appellant indicating the estimated completion time. The time in which the appellant prepares the appeal is not counted in the "calculation of a timely response". The absence of a timely response at any level or properly noticed extension is considered a denial at that level.

According to CCR Title 15 regulatory action, Title 15 Section 3084.9 is rescinded as of January 2022. Grievance processes is now addressed in CCR Title 15 Subchapter 5.1 Inmate and Parolee Programs, Article 1 Administrative Remedies for Inmates and Paroles sections 3480 through 3486 with new and updated language. Within 60 calendar days, the grievance Coordinator ensures that a written decision is provided to the inmate.

All reviewed Inmate Grievances received a written response within 60 days. All CDCR 602s reviewed received a response within 60 days.

Subsection (e):

DOM Section 54040.7.2 addresses Notification via Third Party. When a third party

makes an allegation of staff sexual misconduct or sexual harassment, the allegation or complaint is submitted in writing to the Hiring Authority. The Hiring Authority forwards the documented report to the investigator. When a third party files a complaint on behalf of an inmate, a supervisor is required to privately meet with the alleged victim to discuss the complaint and assess for an immediate housing need. DOM 54040.7.3 addresses when a third party makes an allegation of sexual violence or sexual harassment on behalf of an inmate against another inmate. This complaint should be in writing and forwarded to a custody supervisor who forwards the report to the Locally Designated Investigator for investigation. CCR Title 15 allows for third party reports as it relates to allegations of sexual violence, staff sexual misconduct, and sexual harassment. This was confirmed by staff in the Office of Grievance.

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

Subsection (f):

Prior to Title 15 amendments in January 2022, all grievances containing allegations of sexual violence or staff sexual misconduct was processed as an emergency appeal. This process was addressed in CCR Title 15, Exceptions to the Regular Appeal Process. The process included a risk assessment for all staff sexual misconduct and sexual violence related appeals. The risk assessment was immediately completed by the Hiring Authority to determine if the appellant was at substantial risk of imminent staff sexual misconduct or sexual violence. If the risk was imminent, the Hiring Authority takes immediate corrective action. The initial risk assessment was documented within 48 hours and the completed risk assessment determination by the Hiring Authority was documented within five calendar days describing whether the appellant was determined to be in substantial risk. The appeals coordinator provided an initial written response to the appellant within 48 hours that includes whether or not the appeal is being processed.

Title 15 Section 3084 includes language which mirrors 115.52(f)(2) in that all staff on inmate sexual misconduct allegations and inmate on inmate sexual violence require a risk assessment completed by the Hiring Authority to determine if the inmate is at substantial risk of imminent staff sexual misconduct. An initial response should be provided to the inmate within 48 hours with a final determination and documentation within five calendar days.

According to the Pre-Audit Questionnaire, 67 emergency grievances were filed with zero receiving an initial response within 48 hours. It was unclear based on the submitted documents if a risk assessment was completed. However, staff from the Office of Grievance confirmed emergency screenings are completed for anything that would create a safety and security risk. Staff indicated that emergent issues are addressed immediately with notifications being emailed to the PCM, ISU, Warden, and Assistant Warden. The Office of Grievance also completes mental health referrals based on the content of the grievance.

Subsection (g):

DOM Section 54040.15.1 allows for an inmate to be charged with "making a false report of a crime", if after an investigation into sexual violence or staff sexual misconduct, it is determined with evidence that the inmate knowingly made a false report. If an allegation is deemed unsubstantiated or unfounded based on a lack of evidence, that does not constitute a false report.

According to the Pre-Audit Questionnaire, during the past year, zero allegations resulted in discipline for filing a false report.

As of January 1, 2022, the grievance process was changed with the amendments of CCR Title 15. When a grievance is received, the Office of Grievance reviews all grievances and logs them into SOMS. If there is a grievance containing allegations of sexual violence, staff sexual misconduct or sexual harassment, the institution PCM, Warden, and ISU is notified. The facility Captain receives inmate on inmate allegations whereas staff misconduct is routed to a centralized screening team in Internal Affairs. The screening team forwards grievances containing staff sexual misconduct to the AIMS team in the Office of Internal Affairs. AIMS will complete an allegation inquiry and return a report to the hiring authority within 30 days. The hiring authority will make the determination if the allegations are substantiated, unsubstantiated, or unfounded. The institution will provide notification to the inmate and proceed according to PREA standards and policy.

Based on a review of the CDCR 602 Inmate/Parolee Appeal and corresponding Claimant Grievance Claims Decision Response, the inmate receives an acknowledgment letter and at that time advised of the next step with the grievance. Staff from the Office of Grievance indicated these letters are provided within three days of receiving the grievance. If it is an emergency, it is noted in the letter. The letter includes a date in which a complete review of the grievance should be expected. It appears that the grievances were not processed as an emergency appeal as noted in CCR Title 15, but were more in line with the new process implemented in January. Given the process is in line with standard 115.52, no corrective action is required.

Corrective Action: None

115.53

Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

1. Pre-Audit Questionnaire

2. Policy and Procedures

CDCR Department Operations Manual Chapter 5, Article 44

Penal Code Chapter 1, Section 264.2

3. Documents

PREA Confidential Correspondence with Rape Crisis Centers Mailroom notice

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

PREA Information for Inmate Orientation Handbook; English and Spanish

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

CDCR Attachment C-1 CDCR Prison Rape Elimination Policy Victim Restricted
Information Deletion Form

Standard Agreement between CDCR and Community Action Partnership of Madera
County

CDCR Memorandum of Understanding (MOU)

CDCR Prison Rape Elimination Policy Rape Crisis Counselor/Victim Advocate
Information Sheet

Help Is Available poster

Inmate Orientation Handbook

4. Interviews

Inmates

5. Tour of the Facility

Findings:

Subsection (a):

DOM Section 54040.8.2 provides victims of alleged sexual violence or staff sexual misconduct the right to a victim advocate or victim support person for forensic medical examinations and the investigatory interview.

CDCR partnered with Just Detention International to provide CDCR a toolkit of information for working with Rape Crisis Centers. The information names and describes four services provided by rape crisis centers to incarcerated survivors of sexual violence. Confidentiality is also addressed and explains how written correspondence is labeled confidential / privileged communication to ensure the communication between victim advocate and survivor is treated appropriately. In addition to the toolkit, how to identify and handle confidential PREA mail is posted in the mailroom to ensure the mail is not read by staff and only opened in the presence of the addressee.

The PREA Information Handbook advises inmates they may be eligible for a victim advocate and victim support during a medical examination, interviews with law enforcement and subsequent interviews with medical staff if the inmate was a victim of sexual violence or staff sexual misconduct while in CCWF. The handbook does not address emotional support services or the contact information for the advocacy agency. Posters displayed throughout CCWF on housing units provides the name, mailing address, and phone number of Community Action Partnership of Madera County, the local rape crisis center. The phone number for Community Action Partnership of Madera County is also posted by or on all of the inmate telephones on the housing unit and is identified as the "Rape Crisis #".

Subsection (b):

The Inmate Orientation Handbook, given to all inmates in Receiving & Release contains a Mail System section and advises inmates that all non-confidential mail is subject to being read entirely or in part while confidential mail is opened and inspected in the presence of the inmate. Outgoing confidential mail will be inspected, "with our without opening the mail, for cause". The handbook also addresses Inmate Telephones. Inmates must state their name at the onset of the phone call. All phone calls are subject to monitoring. The PREA section of the handbook advises inmates that all calls on the telephone system are recorded. If a PREA allegation is identified through the inmate telephone system, it will be referred for investigation as appropriate. The Help Is Available poster informs inmates that emotional support services through Community Action Partnership of Madera County is "confidential" yet does not define the meaning of confidential or how the calls remain confidential. The poster does provide instruction to inmates how to send confidential written correspondence. Inmates are instructed to how to identify the outside of the envelope as privileged communication.

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

name will be a matter of public record unless the person requests that it not be a matter of public record. This includes the disclosure of the alleged victims name to the prosecutor, parole officer within CDCR, hearing officers of the parole authority or other persons or public agencies as authorized or required by law. The form allows for alleged victims of sexual assault to choose to exercise or waive their right to request their name not be made public. The alleged victim acknowledges receipt of this information by affixing their signature to the form and elects to exercise or waive their right. Should the alleged victim choose to exercise their rights to privacy, an Attachment C-I is completed which will replace the alleged victims name and address from crime reports for certain crimes and replace with an IR number. The alleged victim's criminal history numbers, social security number, date of birth, county of commitment, and housing assignment will be replaced with an asterisk.

Most inmates were aware that outside support services exist for people healing from sexual abuse. Inmates did not identify the advocacy agency; however, many knew advocacy or advocate groups were available and where to obtain a hotline phone number. Additionally, many of the inmates noted the poster and knew where to receive more information if needed. One inmate reported using the 1-800 number. She reported she was told to look at the bulletin board and write to the agency for anything further regarding PREA. She indicated the line is a recorded line and felt limited on what she could say.

In follow up correspondence in July 2021 in response to previous PREA audits, the PREA Coordinator at that time confirmed with GTL, the contracted phone system, that the calls to the rape crisis centers are not recorded or monitored.

Subsection (c):

CCWF has entered into an agreement with Community Action Partnership of Madera County, Inc to provide emotional support services. The Standard Agreement with attached Memorandum of Understanding (MOU) - Central California Women's Facility, Contract Supplement and CDCR Prison Rape Elimination Policy was submitted. The agreement began July 1, 2019 and remains in place through June 30, 2024. The MOU defines the roles and responsibilities of each entity. Community Action of Madera County, Inc agrees to work with CCWF to provide inmate victims access to outside victim advocates related to sexual abuse. The MOU defines Victim Advocate Services to include emotional support, crisis intervention, information, and referrals including but not limited to during the forensic examination and investigative interview. The MOU further specifies that Community Action Partnership of Madera County, Inc will respond to incarcerated victims via toll-free, non-recorded, non-monitored calls using the inmate phone system; confidential written correspondence; in person crisis counseling; and telephone calls to the agency through a chaplain, counselor, psychologist, or ISU staff.

Several unsuccessful attempts were made to contact Community Action Partnership of Madera County, Inc by phone and electronically through their website to confirm their relationship with CCWF and contacts with inmates. The website confirms they serve victims of sexual assault and provide a 24- hour crisis hotline number. The

crisis line connects victims with a trained advocate who will offer support, accompaniment, and information. The hotline may be accessed anonymously and confidentially.

Recommendation: Update the Inmate Orientation Handbook to provide specific contact information for the CCWF advocacy agency. Additionally, update the Inmate Orientation Handbook and the Help Is Available poster to inform inmates that phone calls to the rape crisis center is not recorded or monitored.

Corrective Action: None

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operations Manual Chapter 5, Article 44 California Code of Regulations Title 15, Article 2 3. Documents PREA Information For Orientation Handbook; English and Spanish Sexual Violence Awareness brochure CDCR public website screenshot 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>DOM Section 54040.7.2 and 54040.7.2 addresses third party reports on behalf of inmates. Third party is defined as inmates, family, friends, attorneys, or outside advocates. Reports may also be received from personnel from other agencies or institutions. Title 15, Article 2 Section 3391 addresses citizen complaints and how CDCR staff should handle those reports.</p> <p>Inmates are informed via the PREA section in the Inmate Orientation Handbook that one way to report allegations of sexual violence, staff sexual misconduct, or sexual harassment is to tell a family member or friend who can report on the inmate's behalf.</p> <p>How to report an incident of sexual abuse, staff sexual misconduct, or sexual harassment is available on the CDCR public Website by searching "PREA" or "PREA Reporting Information". The home page did not contain a link directly to the PREA or the reporting page, however it was accessible through "about CDCR" - Division of Adult Institutions (DAI). This information was not made available under the Family and Friends tab. The PREA Reporting Information provides several ways in which a person may make a report. They may use the facility locator to contact the facility directly. A person may contact the Office of Internal Affairs by region using the address or phone number listed. However, the website does not provide guidance as to which</p>

institution falls under which region. The final option for reporting is calling or mailing the Office of the Inspector General (OIG) PREA Ombudsperson. The Office of the Inspector General also provides a link to directly report misconduct or retaliation electronically. On May 22, 2022, this auditor contacted OIG electronically, using the link. A response was received by email the next day. The staff from OIG indicated that the office has 24 hours from the time of call or web inquiry to contact the PCM of the institution in which the allegation was made. The PCM is briefed on the allegations and the allegation is forwarded to the LDI for investigation.

Recommendation: Under the Family and Friends tab on the CDCR website, add a link to "PREA Reporting Information" under "Who to Contact" to report an incident of sexual abuse, sexual harassment, or retaliation.

Corrective Action: None

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 5, Article 44 CDCR Department Operations Manual Chapter 3, Article 22 California Correctional Health Care Services 1.16.2 Prison Rape Elimination Act Procedure 3. Documents <ul style="list-style-type: none"> Public Website screen shot 4. Interviews <ul style="list-style-type: none"> Warden PREA Coordinator Staff Medical and Mental Health Staff Investigators 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.7 requires all CDCR staff to report immediately and confidentially to a supervisor if they have information that indicates an inmate is being or has been the victim of sexual violence, staff sexual misconduct or sexual harassment. Policy provides specific direction to staff regarding the manner in which to report, to whom, and follow up documentation.</p> <p>DOM Section 54040.7.4 addresses notification to and from other confinement facilities. When a CCWF staff receives information that an inmate was the victim of sexual violence or staff sexual misconduct while in another confinement facility, the hiring authority (Warden) notifies the hiring authority of the facility where the alleged</p>

sexual violence or staff sexual misconduct occurred.

DOM Section 54040.13 addresses retaliation monitoring. The PCM or designee monitors the conduct and treatment of inmates or employees who reported sexual violence or staff sexual misconduct and the victim to ensure there are no changes that may suggest retaliation. If retaliation is indicated, the assigned supervisor notifies the PCM who is responsible for remedying the retaliation.

CDCR does have a policy which requires staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Article 44 is silent as to requiring staff to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation or retaliation against inmates or staff who reported such an incident. However, Department Operations Manual Chapter 3, Article 22 Section 33030.3.1 - Employee Discipline Code of Conduct expects staff to report misconduct or any other unethical or illegal activity.

Random staff interviews confirmed staff are aware of their reporting responsibilities which included all provisions of this standard. They were clear to whom they report and required follow up documentation.

Subsection (b):

DOM Section 54040.8 requires staff to "maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct". Additionally, staff are reminded that the information is to be treated as confidential and "disclosure made only to employees who have a "need to know" and to other persons and entities as permitted by law". Random staff reported they would only tell a supervisor and medical staff if necessary.

Subsection (c):

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

- Notify the patient of the health care staff's duty to report all allegations of sexual violence, staff sexual misconduct, and sexual harassment and the limits of confidentiality, at the initiation of services.
- Notify the Watch Commander and the Investigative Services unit of the incident.
- Notify Investigative Services Unit (ISU) staff of the incident.

Mental Health and Medical Health providers at CCWF acknowledged their responsibility to report to a supervisor should they become aware of an inmate being the victim of sexual abuse or sexual misconduct. Staff working directly with inmate patients who were interviewed reported that when they are the staff who first learn of

an incident of sexual assault or harassment, they notify their supervisor and ISU. Upon arrival to CCWF, medical staff review patient rights and medical confidentiality with all inmates. In the same manner, while in R&R clinical staff review standard forms with all inmates prior to receiving treatment. Standard forms include a consent for treatment and limits to confidentiality. Mental Health treatment is not mandatory, and patients have the option to refuse services.

Subsection (d):

CCWF does not house individuals under 18 years of age, as previously noted. The PREA coordinator confirmed that anyone under the age of 18 years old resides within the Department of Juvenile Justice. The PREA Coordinator furthered there is no requirement for sworn officers to report incidents involving the elderly or vulnerable to any agency outside of CDCR.

Subsection (e):

DOM Chapter 5, Article 44 addresses the routing of allegations to the Locally Designated Investigator in Section 54040.7.2 and 54040.7.3 third party reporting for sexual abuse and sexual harassment by staff and by inmate respectively, Section 54040.7.4 notification form other facilities. Section 54040.12 Investigation states "all allegations of sexual violence, staff sexual misconduct, and sexual harassment" are to be investigated. The Warden confirmed that all allegations are investigated. According to the investigator, third party and anonymous reports are investigated in the same manner as all other reports.

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

Corrective Action: None

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operations Manual Chapter 5, Article 44 3. Documents 4. Interviews Agency Head Warden Random Staff 5. Tour of the Facility <p>Findings:</p> <p>DOM Section 54040.7 requires staff to immediately report to the appropriate supervisor any information that indicates an offender is being or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. This section continues that any staff member with significant concern that an inmate may be subject to sexual victimization should immediately notify a custody supervisor.</p> <p>According to the Pre-Audit Questionnaire, CCWF received zero reports of inmates who were at a substantial risk of imminent sexual abuse.</p> <p>The Agency Head noted the agency's obligation to ensure safety of the population. If staff became aware of an inmate at risk for sexual abuse, staff would conduct an interview in a confidential setting. During the interview, they would discuss housing assignments and separating the potential victim from the threat. The response would include a referral to mental health. The Agency Head noted the inmate would not be placed in restrictive housing, but staff would make sure the inmate was safe with minimal impact to the victim during investigation. According to the Warden, when staff learn that an inmate is at imminent risk of sexual abuse, the inmate is placed in a holding cell and interviewed. Once information is obtained, they would do what they could to remove the threat. CCWF has options to make housing changes such as to a different yard or transfer out of the facility. The inmate would also be referred to mental health and medical health if necessary and would be provided information for a victim advocate. Random staff consistently reported that if they became aware of a</p>

situation, they would address the situation right away which included reporting to a supervisor, separating inmates and interviewing the potential victim to obtain more information. Line staff overwhelmingly talk about housing changes as a way to keep inmates safe.

Corrective Action: None

115.63	Reporting to other confinement facilities
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <hr/> <p data-bbox="256 340 544 374">Evidence Reviewed:</p> <ol data-bbox="256 412 632 517" style="list-style-type: none"> <li data-bbox="256 412 632 445">1. Pre-Audit Questionnaire <li data-bbox="256 483 604 517">2. Policy and Procedures <p data-bbox="256 555 1094 589">CDCR Department Operations Manual Chapter 5, Article 44</p> <ol data-bbox="256 627 456 660" style="list-style-type: none"> <li data-bbox="256 627 456 660">3. Documents <p data-bbox="256 698 655 732">PREA Yearly Tracking Report</p> <p data-bbox="256 770 788 804">Email notifications Warden to Warden</p> <p data-bbox="256 842 612 875">Email notifications to ISU</p> <p data-bbox="256 913 766 947">CDCR 602 Inmate/Parolee Appeal; 2</p> <p data-bbox="256 985 619 1019">CDCR 602-1 Grievance; 4</p> <p data-bbox="256 1057 616 1090">Reassignment Notice Log</p> <ol data-bbox="256 1128 440 1162" style="list-style-type: none"> <li data-bbox="256 1128 440 1162">4. Interviews <p data-bbox="256 1200 446 1234">Agency Head</p> <p data-bbox="256 1272 368 1305">Warden</p> <p data-bbox="256 1344 320 1377">PCM</p> <ol data-bbox="256 1415 552 1449" style="list-style-type: none"> <li data-bbox="256 1415 552 1449">5. Tour of the Facility <p data-bbox="256 1487 608 1520">Investigation File Review</p> <p data-bbox="256 1630 384 1664">Findings:</p> <p data-bbox="256 1702 472 1736">Subsection (a):</p> <p data-bbox="256 1774 1469 2063">DOM Section 54040.7.4 requires when an institution receives an allegation that an inmate was sexually abused while at another facility, the hiring authority of the facility receiving the allegation notifies the hiring authority of the facility where the abuse occurred or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. At CCWF, the hiring authority rests with the Warden. The Warden confirmed that he notifies the hiring authority of the other facility and in turn, he is notified when there is an allegation stemming from CCWF.</p>

According to the Pre-Audit Questionnaire, in the past twelve months, one inmate alleged an incident of sexual abuse while at another facility. CCWF submitted three CDCR 602 Grievance forms in response to a request for the Warden to Warden notification. The two grievances submitted during the past twelve months did not allege sexual abuse, but retaliation for reporting sexual abuse and concern for SB132. The third grievance occurred in February 2021 and was a report of sexual abuse. In all three of the reports, the Office of Grievances reassigned the grievance to the Office of Grievances of the institution where the alleged incident occurred. The CCWF Warden was included in the email. There is no confirmation of warden to warden notifications. Two incoming notifications from another institution to CCWF were reviewed. Both notifications were completed via email sent from a Correctional Sergeant from the Investigative Services Unit at the receiving institution to CCWF Warden and ISU, cc'ing the sending institution's warden.

Subsection (b):

DOM Section 54040.7.4 dictates that the initial notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. Evidence indicates that notifications are made the same day they are received.

Subsection (c):

According to DOM Section 54040.7.4, the notification may be made by telephone or electronic mail and followed up with a written summary of the alleged victim's statement. Additionally, the facility where the abuse was reported is responsible for completing the SSV-IA form. The facility in which the alleged incident occurred is responsible for conducting the investigation and the Institutional PREA Review Committee. The CCWF Warden confirmed this practice and furthered that CCWF would work with the facility to complete the investigation. The agency head confirmed the process as noted by the Warden.

Subsection (d):

According to DOM Section 54040.7.4, the facility in which the alleged incident occurred is responsible for conducting the investigation and the Institutional PREA Review Committee. The CCWF Warden confirmed this practice and furthered that CCWF would work with the facility to complete the investigation. Further, documentation submitted for review confirmed that the institution who receives the report, takes the lead on the investigation.

According to the Pre-Audit Questionnaire, CCWF received seven notifications from other confinement facilities in which an inmate alleged an incident of sexual abuse or staff sexual misconduct while at CCWF.

Corrective Action: 115.63(a): Any new allegations of sexual abuse from inmates while confined at another institution should be made by the CCWF Warden to the Warden of the facility in which the abuse occurred. During the corrective action period, provide verification of the one warden to warden notification from February 2021, if it exists, and any new allegations requiring Warden to Warden notification.

<p>During the corrective action period, CCWF did not receive allegations of sexual abuse or sexual harassment that occurred at another facility. However, CCWF did receive notification from other institutions who received reports of sexual abuse or sexual harassment incidents occurring at CCWF. Emails were submitted showing reports forwarded from Warden of the receiving institution to the Warden at CCWF. These notifications were made the day in which ISU received the report. Given that this was a much broader corrective action than just CCWF and CCWF does not control the reports it received, this documentation satisfies corrective action.</p>

115.64	Staff first responder duties
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <hr/> <p data-bbox="256 340 542 374">Evidence Reviewed:</p> <ol data-bbox="256 412 632 517" style="list-style-type: none"> <li data-bbox="256 412 632 445">1. Pre-Audit Questionnaire <li data-bbox="256 483 604 517">2. Policy and Procedures <p data-bbox="256 555 1094 589">CDCR Department Operations Manual Chapter 5, Article 44</p> <ol data-bbox="256 627 456 660" style="list-style-type: none"> <li data-bbox="256 627 456 660">3. Documents <p data-bbox="256 698 652 732">Initial Contact Guide (PREA)</p> <p data-bbox="256 770 775 804">Custody Supervisor Checklist (PREA)</p> <p data-bbox="256 842 509 875">PREA Lesson Plan</p> <p data-bbox="256 913 1326 947">Basic Correctional Officer Academy Prison Rape Elimination Act Lesson Plan</p> <p data-bbox="256 985 576 1019">Coordinated Care Plan</p> <p data-bbox="256 1057 1278 1090">CCWF Addendum 54040 (Coordinated Care Plan); updated July 22, 2022</p> <p data-bbox="256 1128 584 1162">CCWF Response Poster</p> <ol data-bbox="256 1200 442 1234" style="list-style-type: none"> <li data-bbox="256 1200 442 1234">4. Interviews <p data-bbox="256 1272 847 1305">Random Staff serving as First Responders</p> <ol data-bbox="256 1344 552 1377" style="list-style-type: none"> <li data-bbox="256 1344 552 1377">5. Tour of the Facility <p data-bbox="256 1487 384 1520">Findings:</p> <p data-bbox="256 1559 472 1592">Subsection (a):</p> <p data-bbox="256 1630 1426 1789">DOM Section 54040.8 speaks specifically to the initial contact between CDCR staff with victims of sexual violence or staff sexual misconduct. Specifically, the victim should be taken to a private location and asked not to shower, remove clothing without custody supervision, use the restroom facilities, or consume any liquids.</p> <p data-bbox="256 1827 1449 2029">The Initial Contact Guide (PREA) Section 1 includes requesting the victim and ensuring the suspect not shower, brush teeth, remove clothing without custody supervision, use restroom facilities, or consume any liquids. Section 2 provides staff with further guidance which includes assess immediate medical and custody needs, contact supervisor, and seek assistance to secure the crime scene.</p>

The Custody Supervisor Checklist (PREA) mirrors the Initial Contact Guide (PREA) requests of the victim and requirements of the suspect. The supervisor is responsible to ensure the crime scene is secured, ensure no visual or physical contact occurs between the victim and suspect, ensure medical assessment / triage is initiated, and designate an evidence officer to collect and process evidence.

According to the Pre-Audit Questionnaire, 70 incidents of sexual abuse were reported at CCWF. According to the Pre-Audit Questionnaire, all of these incidents were outside the 72 hours in which evidence could be collected and the victim received a sexual assault forensic examination. According to the Pre-Audit Questionnaire, in every case, staff ensured the victim and the abuser were separated.

Custody staff were asked to describe their responsibilities when being the first person alerted to an incident of sexual assault. Each staff reported they would separate the alleged victim and abuser. More than one staff indicated they would handcuff both the alleged victim and abuser, while others said they would handcuff only one. Staff reported preserving a crime scene or being authorized to collect evidence. Staff were inconsistent when explaining the requirement to request the alleged victim not take any action that could destroy evidence and ensure the alleged abuser not take any actions. Most staff reported the same expectation for both the alleged victim and abuser, however inconsistent whether to request or ensure.

In a review of the coordinated care plan, 54040.12.1 Investigation of Sexual Violence or Staff Sexual Misconduct - Less than 72 hours Post Incident states "direct the victim not to shower, bathe, use the bathroom, or otherwise alter her physical self or engage in any activity that may contaminate or destroy valuable evidence.....". This sentence is in conflict with the standards, Article 44, checklists, and training; and could potentially explain the inconsistent answers by custody staff.

Subsection (b):

According to the DOM Section 54040.7.4, if the staff who is receiving the report is a non-custody staff, the staff shall immediately notify the supervisor and Watch Commander. All staff are expected to request the victim does not shower, remove clothing without custody supervision, use the restroom facilities, or consume any liquids. The Initial Contact Guide (PREA) also instructs the guide to be used and if the staff is non-custody notify the custody supervisor for assistance.

According to the Pre-Audit Questionnaire, all of the sexual abuse allegations were reported to custody staff. According to non-custody staff who may be required to act as a first responder, one staff was aware of the expectation to request the victim not take any actions. Another staff would keep the inmate patient in the office while reporting to a supervisor and ISU.

Recommendation: As soon as possible, update annual training for all staff and the PREA lesson plan training for new custody staff during Basic Correctional Officer Academy to address first responder actions in detail. Currently, staff are trained to request that the victim not shower, brush teeth, remove clothing without custody supervision, use the restroom facilities, and consume liquids. Staff are not trained to

ensure the alleged abuser do the same.

Corrective Action: 115.64(a) Although Article 44 mirrors the expectations in 115.64, staff are not as clear in their responsibilities, noting recent changes to how first responder duties are handled, challenges with prohibiting inmates from using the restroom, or prohibiting the alleged victim from taking actions to destroy physical evidence. Immediately, clarify this standard in the form of memo, email, or training brief and distribute to all CCWF staff. Further review and amend the Coordinated Care Plan according to Corrective Action noted in 115.65.

During the corrective action period, the Coordinated Care Plan, CCWF Facility Addendum to 54040 was amended to clarify asking victims not to take actions as noted in the standard. Additionally, CCWF PREA Response Plan was create. This was disseminated to supervisors for staff training. The response clearly identifies the difference of requesting the victim and ensuring the suspect does not engage in certain actions.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operations Manual Chapter 5, Article 44 California Correctional Health Care Services Chapter 16, Section 1.16.2 3. Documents Coordinated Care Plan CCWF Addendum 54040 (Coordinated Care Plan) dated July 22, 2022 CCWF PREA Response poster 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>DOM Section 54040.8 through 54040.10 addresses first responder responsibilities, custody supervisor, crime scene preservation and evidence collection, victim advocate and victim support person, medical services, transportation responsibilities, forensic medical examinations, and mental health responsibilities.</p> <p>California Correctional Health Care Services Chapter 16 Section 1.16.2 Prison Rape Elimination Act Procedure also outlines responsibilities and procedures for Health Care providers who provide medical emergency care and follow up care to victims and suspects of sexual violence, staff sexual misconduct, and sexual harassment.</p> <p>A coordinated care plan for CCWF was submitted for review. It is signed by the Warden and effective April 18, 2022. This plan was not initially submitted during the pre-audit but was subsequently emailed upon request. This plan addresses Custody Supervisor Responsibilities, Victim Advocate and Victim Support Person, Transportation, Forensic Medical Examinations, Suspect Processing, Investigation, and Allegation follow up. The plan also addresses Offender on Visitor and Offender on Staff sexual assault. This does not fall under the Prison Rape Elimination Act, as PREA speaks to the actions of those in confinement towards others in confinement. Additionally, as noted in 115.64, 54040.12.1 Investigation of Sexual Violence or Staff Sexual Misconduct - Less than 72 hours Post Incident states "direct the victim not to</p>

shower, bathe, use the bathroom, or otherwise alter her physical self or engage in any activity that may contaminate or destroy valuable evidence.....". This sentence is in conflict with the standards, Article 44, checklists, and training.

Recommendation: Amend the Coordinated Response Plan to include Section 54040.8.3 Medical Services Responsibilities and 54040.10 Mental Health Responsibilities.

Corrective Action: Amend the Coordinated Response Plan section 54040.12.1 Investigation of Sexual Violence or Staff Sexual Misconduct - Less Than 72 Hours post incident to read "request" rather than "direct" the victim. Include in this section, "...ensure the alleged abuser does not shower, bathe, use the bathroom...".

During the corrective action period, CCWF updated the Coordinated Care Plan, specifically 54040.12.1 to read "request the victim not to shower, bathe, use the bathroom, or otherwise alter her physical self...". Although this section does not specifically state that staff should ensure the alleged abuser not do the same, it does require the alleged suspect be secured for potential forensic processing. Additional documents submitted during corrective action have clarified the requirement with first responders. Although the updated coordinated care plan did not include the recommendations to include sections 54040.8.3 Medical Services Responsibilities and 54040.10 Mental Health Responsibilities, it would behoove CCWF to include these sections when updating the plan as they are integral in the response to sexual abuse and sexual harassment allegations and further aligns with requirements set forth in the standards.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures 3. Documents <p>Agreement between State of California and California Peace Officers Association Bargaining Unit 6</p> <ol style="list-style-type: none"> 4. Interviews <p>Agency Head</p> <ol style="list-style-type: none"> 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>The Agreement between the State of California and the California Peace Officers Association Bargaining Unit 6 Corrections was submitted in its entirety for review. The agreement is valid from July 3, 2020 to July 2, 2022. In Article 4 Section 4.01 Management Rights states in part that management may hire, transfer, promote and demote employees; to layoff, terminate or otherwise relieve employees for lack of work or other legitimate reasons; to suspend, discharge, or discipline employees. Thus, allowing CDCR to protect inmates from staff abusers.</p> <p>The agency head confirmed that all contracts include language that allows CDCR to redirect staff pending an investigation.</p> <p>Corrective Action: None</p>

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

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

Department Operations Manual Chapter 5, Article 44

California Penal Code Title 15, Section 3401.5

- 3. Documents

Investigation Files

CDCR 2304 Protection Against Retaliation (PAR) - Inmate; blank and completed forms

CDCR 2305 - Protection Against Retaliation (PAR) - Staff; blank form

Institutional PREA Review Committee (IPRC) - DOM Section 54040.17; blank and completed forms

- 4. Interviews

Agency Head

Warden

Staff who monitor for retaliation

inmates

- 5. Tour of the Facility

Investigation File Review

Findings:

Subsection (a):

Retaliation is addressed in California Penal Code, Title 15 Section 3401.5 Staff Sexual Misconduct. Both staff and inmate protections are addressed in this section. Specifically, retaliation against employees who report incidents of staff sexual misconduct "shall not be tolerated and shall result in disciplinary action and / or criminal prosecution". Similarly, retaliation against inmates or parolees who report incidents of staff sexual misconduct "shall not be tolerated and shall result in

disciplinary action and / or criminal prosecution”.

DOM Section 54040.13 addresses retaliation monitoring of inmates and employees who report sexual violence or staff sexual misconduct. DOM assigns the institutional PCM to the task of monitoring for retaliation and further allows the PCM to delegate monitoring to staff assigned to the Investigative Services Unit or Supervisory staff. CCWF follows department policy as noted above. CCWF has assigned retaliation monitoring to staff from the Investigative Services Unit. The Warden confirmed retaliation monitoring occurs and if noted, a disciplinary investigation would occur and disciplined accordingly.

Subsection (b):

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

Subsection (c) & (e):

Article 44 policy forbids retaliation against employees and offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment or retaliation and those who cooperate with investigations. Retaliation is not tolerated and results in disciplinary action and / or criminal prosecution. Following an allegation of sexual violence or staff sexual misconduct, monitoring for retaliation occurs for at least 90 days and may continue beyond 90 days if the initial monitoring indicates a continuing need. If retaliation is suspected, the PCM is required to act promptly to remedy the retaliation. As noted in interviews and policies, the following is monitored: inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff. Interviews also confirmed that monitoring would continue beyond 90 days should there be a need.

CCWF utilizes the CDCR 2304 to document the monitoring for inmates and the CDCR 2305 to document when monitoring staff. During inmate monitoring, staff review disciplinary reports, program and job changes, housing changes, and interview of the inmate. Completed CDCR 2305 forms were consistently present in investigation files and confirm retaliation monitoring is occurring according to policy. Retaliation monitoring is also discussed during the Institutional PREA Review Committee.

Non-Disciplinary Segregation for PREA victims is addressed in DOM Section 54040.14.1 and Title 15 Section 3335. Inmates who are placed in Non-Disciplinary Segregation for reasons related to being a victim of a PREA incident, have their housing assignment reviewed by a custody supervisor every 30 days.

Subsection (d):

Monitoring includes an interview of the staff or inmates bi-weekly to glean the

individual's perception of retaliation for the allegation or cooperation with an investigation. Copies of the blank CDCR 2304 and CDCR 2305 were submitted and reviewed. The forms require documentation every 15 days. Investigative files were reviewed on site and six completed CDCR 2304 forms were reviewed. The monitoring included the documentation review and inmate interview.

Subsection (f):

DOM Section 54040.13 terminates the Department's obligation to monitor if the investigation determines the allegation was unfounded.

Corrective Action: None

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

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

CDCR Department Operations Manual Chapter 5, Article 44

CDCR California Code of Regulations Title 15 State Statute 3335

- 3. Documents

Admin Seg Placement Notices

Investigation file review

- 4. Interviews

Warden

Staff

Inmates

- 5. Tour of the Facility

Investigation File Review

Findings:

DOM Section 54040.7 addresses appropriate placement for an inmate who has been a victim of sexual victimization. The custody supervisor conducts the initial screening to discuss housing alternatives with the inmate. The custody supervisor is prohibited from automatically placing the inmate into Administrative Segregation. The custody supervisor should consider alternative housing options or place in single cell options.

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

The Warden indicated a victim of sexual abuse or someone at risk for abuse would

only be placed in administrative segregation if she was stating enemy or safety concerns. An inmate would not be placed in administrative segregation for making an allegation. This placement would be made when no other options are available to ensure the inmate's safety. While in administrative segregation, the inmate would receive the same services and programs.

According to the Pre-Audit Questionnaire, zero inmates who alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. One person alleged to have suffered sexual abuse was assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

According to investigation files reviewed, there was no indication that alleged victims were placed in segregated housing in response to alleging sexual abuse or sexual harassment.

During interviews with inmates and staff, it was reported that when a sexual abuse allegation is made, both the alleged victim and abuser are placed in administrative segregation. Random investigation files did not support this claim. Administrative Segregation notices were requested for specific inmates. Two Administrative Segregation Notices reviewed were specific to inmates who were alleged to have committed sexual abuse. Four inmates placed in Administrative Segregation were noted as alleged victims, but the paperwork did not accompany the note, and as such it is unclear why these individuals were placed in segregation. The inmates reported it was due to enemy / safety concerns, however they indicated they did not express concern and do not understand the threat. During this time, inmates are unable to participate in activities unless assigned a mental health code, which is consistent with all inmates placed in segregating housing. Four of the five Inmate letters expressed fear of retaliation by staff for reporting an incident of sexual violence or staff sexual misconduct. Most notably, increased staff attention and an increase in conduct reports with placement in administrative segregation. Although the conduct reports may have been earned, inmates believe there is a connection between the increased attention and report of sexual violence or staff sexual misconduct.

One Administrative Segregation Unit Placement Notice and corresponding Classification Committee Chrono was submitted during the Post-Audit phase, showing an alleged victim in administrative segregation. The alleged inmate victim was originally placed in the administrative Segregation Unit in July 2021 for rules violations and received a segregated housing term of six months. Prior to release from segregated housing, confidential information was received that in May 2021, the inmate was the victim of sexual abuse. Because of possible enemy / safety concerns, on January 7, 2022, the inmate was retained in Administrative Housing. The Administrative Segregation Unit Placement Notice indicates by check mark that the reason for placement is : "Presents an immediate threat to the safety of self or others" and "Endangers institution security". On January 13, 2022, the inmate was seen by the Administrative Segregation Unit Institutional Classification Committee. Based on the Classification Committee Chrono, it is not clear what the imminent threat was, given the date of the alleged incident and the time which had elapsed

from receipt of the allegation. Classification Committee Chrono did address levels of care. According to the committee remarks, CDC 114D documents the reasons for ASU placement in detail. The inmate's time in administrative housing was extended thirty days. Given that no other Classification Committee Chronos were submitted, it is assumed, the inmate was not held longer than the 30 days.

It should be noted that the Agency Head reported that victims of sexual abuse and staff sexual misconduct are not placed in restrictive housing setting.

Recommendation: Review the use of Administrative Segregation as a mechanism to protect individuals who are at risk for sexual abuse, staff sexual misconduct, or retaliation. Based on the documentation provided for review, inmate victims who are at risk of retaliation are placed in Administrative Segregation. It was further reported by other inmates that they reported concerns for their sexual safety and were subsequently placed in Administrative Segregation. Given that documentation was not submitted for review as requested, the nexus between the inmate report and the inmate's placement in Administrative Segregation are unclear.

Recommendation: Given the number of staff and inmates who reported during interviews that both the alleged inmate victim and inmate abuser are placed into Administrative segregation for a report of sexual abuse, staff sexual misconduct, and sexual harassment, it is recommended that CCWF educate staff and inmates of the appropriate use of Administrative Segregation and how that relates to inmates who report sexual abuse, staff sexual misconduct and sexual harassment.

Recommendation: 115.43(d)(2): The Administrative Segregation Unit Placement Notice should provide more specific information regarding the reasons why no alternative means of separation can be arranged. The notice should identify specific housing options considered and why the options were found not to be appropriate.

Corrective Action: None

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 1, Article 20 CDCR Department Operations Manual Chapter 3, Article CDCR Department Operations Manual Chapter 5, Article 44 CDCR California Code of Regulations Title 15, Section 3401.5 3. Documents <ul style="list-style-type: none"> CDCR Office of Internal Affairs Investigator's Field Guide May 2008 PREA Initial Contact Guide State of California Office of Emergency Services Forensic Medical Report: Acute (<72 Hours) Adult/Adolescent Sexual Assault Examination; blank form CDCR Sexual Assault Interview Guidelines (PREA) CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Lesson Plan and Power Point PREA - Instructions for Records Retention Schedule (RRS) Update Training certificates Investigation File Review 4. Interviews <ul style="list-style-type: none"> Warden PREA Coordinator PREA Compliance Manager PREA Investigators 5. Tour of the Facility

Findings:

Subsection (a):

CCWF conducts both administrative and criminal investigations. DOM Section 54040.12 requires all allegations of sexual violence, staff sexual misconduct, and sexual harassment be investigated. Policy requires allegations of staff on inmate sexual misconduct to be immediately reported to the Watch Commander and Hiring Authority who will assign an investigator. Likewise, allegations of inmate-on-inmate sexual abuse or harassment is required to be immediately reported to the Watch Commander who notifies Investigative Services Unit who will commence an investigation. DOM Section 31140.14 supports the requirement that allegations of staff misconduct must be investigated promptly.

According to the CDCR PREA Training for Locally Designated Investigators Lesson Plan and Power Point, all allegations of sexual violence, staff sexual misconduct and sexual harassment, including sexual assaults, attempted sexual assaults, sexual battery committed by offenders, and sexual harassment committed by inmates are investigated by an LDI. All investigations into allegations previously noted, are required to be prompt, thorough and objective. All allegations are investigated regardless of the allegation source; third-party or anonymously.

The Sexual Assault Interview Guidelines (PREA) and the Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination forms were submitted as examples of thorough and objective investigation tools.

The PREA LDI confirmed that sworn Peace Officers in CDCR have the authority to conduct administrative and criminal investigations. The ISU Lieutenant receives allegations of sexual abuse, staff misconduct, and harassment very quickly. Once he is made aware of the allegation, an investigator is assigned and immediately begins an investigation. A description of evidence collection and investigative process, demonstrates how CCWF investigators adhere to policy and training to ensure investigations are prompt, thorough, and objective. The PREA LDIs further acknowledged that ISU investigates allegations received by third part or anonymous source in the same manner as all other allegations. Preliminary interviews with the alleged victim attempt to establish the date and time of the offense and identify the alleged perpetrator.

Subsection (b):

LDIs who are assigned to investigate sexual abuse allegations have received specialized training as noted in 115.34. This is consistent with DOM Section 54040.4 and submitted training materials. Both investigators reported completing specialized training and followed up with copies of training certificates earned.

Subsection (c):

According to the Specialized PREA Training for Locally Designated Investigators (LDI)

Lesson Plan and Power Point, investigators are trained to gather direct and indirect evidence, including physical and DNA evidence; interview victims, suspects when inmate on inmate allegations, and witnesses; and review prior complaints and reports of sexual abuse. PREA Investigators described various evidence collected during an investigation such as preliminary information as reported by staff, physical evidence from the crime, medical reports, photographs of the crime scene, and witness statements. Additionally, they would review prior complaints.

Subsection (D):

DOM Chapter 3 addresses Administrative Investigations. DOM Chapter 3 requires that prior to any compelled subject interview, the prosecuting agency must be consulted if there are criminal charges or court proceedings pending. The CDCR Office of Internal Affairs Investigator's Field Guide May 2008 states that "Should the employee invoke his/her rights under the Miranda decision, the agent shall consult the Senior SAC and the local DA in the county that the case will be referred to regarding the decision to take a compelled statement". It further notes that the Administrative Agent cannot share information from the compelled statement with the Agent or the prosecutor conducting the criminal investigation.

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

If the evidence supports criminal prosecution, according to the Investigator, the case is referred to Madera County District Attorney's Office. CCWF ISU has a good relationship with Madera County District Attorney's Office and works closely with an investigator who is assigned to CCWF. The District Attorney's Investigator is part of the CCWF team and consulted regularly, being involved in interviews and the investigative process.

Subsection (e):

According to the Specialized PREA Training for Locally Designated Investigators (LDI) Lesson Plan and Power Point, investigators are trained to assess the reliability of victim, suspects and witnesses on an individual basis, rather than an individual's status as an inmate or staff. This standard was confirmed in an interview with the investigators. They look at each person individually regardless of inmate or staff status.

Although DOM Chapter 1, Article 20 permits the use of a polygraph examination during an investigation if the subject of the investigation requests an examination. According to the Investigators, polygraph examinations are not used for a PREA investigation.

Subsection (f):

According to DOM Section 31140.21, administrative investigations are conducted for allegations of staff misconduct which are in violation of policy, procedure, or law. According to DOM Section 54040.12, the investigator should determine whether staff actions or failures to act contributed to the sexual abuse incident. This requirement is noted under the heading of Staff on Offender and is silent for Offender on Offender allegations. However, investigators confirmed that during an investigation they consider staff actions or staff failure to act. Investigation file review confirmed that staff actions or failures to act are considered and identified.

DOM Section 54040.12 directs investigators of sexual abuse, staff sexual misconduct, and sexual harassment to document in writing the investigation. For investigations involving staff misconduct, the investigation is documented in a Confidential Memorandum which includes:

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

Investigators confirmed an investigative report is compiled at the conclusion of each investigation. CCWF utilizes a template report which includes preliminary statements, description of evidence, and evidence to support the investigation outcome. Investigative reports were available in each of the closed investigation files reviewed and contained information as noted above.

Specialized PREA Training for Locally Designated Investigators addresses report writing. According to the Lesson Plan, documentation should summarize all of the evidence, include forensic examination reports, and re-create the victim's experience.

Additionally, the SSV-IA is completed for all allegations of sexual abuse, staff sexual misconduct, and sexual harassment. Completion of this form is documented in the investigation file.

Subsection (g):

DOM Section 31140.20 requires a criminal investigation be conducted for all allegations of employee misconduct when there is reason to believe the employee committed a violation of criminal law. the Criminal Investigation Unit identifies and documents the potential criminal violation and the facts and evidence represented in support of the complaint.

As noted in Subsection (f), allegations of sexual violence, staff sexual misconduct and sexual harassment are investigated, and the findings documented in writing. According to file review, documentation for criminal allegations are completed in the same manner.

Subsection (h):

According to the investigator, as sworn peace officers, CDCR investigators have the legal authority to investigate administrative and criminal investigations. If an

investigation is determined by the preponderance of the evidence that the incident occurred, the case is referred to Madera County District Attorney for criminal prosecution. File review included investigations of staff on inmate sexual assault which were referred to the District Attorney for criminal prosecution.

Subsection (i):

DOM Chapter 5 refers to the CDCR Records Retention Schedule for all case records associated with PREA related reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling. The PREA Records Retention Schedule (RRS) requires the investigatory file be retained "for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer". The schedule continues with a list of documents that may be included as well as "Any documents not identified which pertain to the PREA incident, investigation, or allegation". A copy of all items created in connection with an allegation, incident, investigation or inquiry are maintained in the Investigatory File retained by the investigative Services Unit.

Subsection (j):

According to DOM Section 54040.12, investigations continue even if the alleged suspect or victim is no longer employed or under the care and control of CDCR. PREA Investigators confirmed they continue to investigate and obtain evidence when the staff is no longer employed at CCWF or the inmate is no longer housed at CCWF. If an inmate is transferred from CCWF or released, they work with receiving facility for assistance in obtaining additional information or interviews. Additionally, a parole plan is on file for released individuals, allowing investigators the parolee's contact information. This practice was confirmed during file review in which allegations were thoroughly investigated despite the inmate's release or transfer or the staff no longer employed at CCWF.

Subsection (l):

CCWF conducts both administrative and criminal investigations. The PREA Coordinator explained that each facility has a Memorandum of Understanding with the District Attorney's Office and some institutions have a DA Investigator. The CCWF investigators noted that they have a close working relationship with the District Attorney's Office and work together on cases. The District Attorney's Office has an investigator assigned to CCWF that essentially serves as a liaison.

Recommendation: Files were thorough and contained information to support CCWF's adherence to this standard. In order to provide additional transparency and allow for a more in depth view of the evidence, it is recommended that interview notes or summaries of the interviews be maintained in the investigative files. To further enhance evidence documentation, interviews should be documented in a Q and A format to accurately reflect the interviews of victims, witnesses, and perpetrators. This will also allow investigators and supervisors to better assess all evidence in determining an investigation outcome.

	Corrective Action: None
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 3, Article 22 CDCR Department Operations Manual Chapter 5, Article 44 California Penal Code Part 1, Title 13 Chapter 5 3. Documents <ul style="list-style-type: none"> CDCR Basic Investigators Course Specialized PREA Training for Locally Designated Investigators Version 1.0; BET 11055853 and 11057915; Lesson Plan, Participant Workbook, Training Power Point Investigation File Review 4. Interviews <ul style="list-style-type: none"> PREA Investigators 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.12 requires no standard higher than the preponderance of the evidence to be used when determining whether allegations of sexual abuse or sexual harassment are sustained. DOM Section 33030.13.1 imposes preponderance of evidence as the standard to sustain an allegation.</p> <p>California Penal Code Part 1 of Crimes and Punishments, Chapter 5 Larceny was submitted for review. This addresses punitive award when evidence is convincing that the defendant has been guilty of oppression, fraud, or malice in (C) of section 3294 of the Civil Code.</p> <p>Specialized PREA Training for Locally Designated Investigators Instructor Lesson Plan, Participant Workbook, and Power Point indicate that investigators are trained to impose no standard higher than the preponderance of the evidence for administrative investigations. PREA investigators confirmed the standard to sustain an allegation of</p>

sexual abuse or sexual harassment is preponderance of evidence. Investigative file review supports this standard as well.

Corrective Action: None

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed:

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

CDCR Department Operations Manual Chapter 5, Article 44

- 3. Documents

CDC 128-B General Chrono

- 4. Interviews

Warden

Investigator

- 5. Tour of the Facility

Findings:

Subsection (a):

DOM Section 54040.12.5 indicates that following an investigation into allegations of sexual misconduct by staff or sexual violence by inmates, the alleged victim is notified of the outcome of the investigation; substantiated, unsubstantiated, or unfounded. The Investigator described this notification to be both verbally and in writing. If the alleged victim is housed at CCWF, the alleged victim will be called to ISU to receive the written notification in the form of a chrono. During this meeting the outcome is explained, and the alleged victim given an opportunity to ask questions. If the alleged victim has been transferred, CCWF will coordinate with the receiving institution to meet with the alleged victim by phone and an investigator at that site to provide the written notification. If the alleged victim is released from custody, the letter will be mailed to the alleged victim.

The Warden confirmed that alleged victims receive written notification of the investigation outcome. He explained as soon the final report is approved by the Warden and returned to ISU, a letter is generated.

According to the Pre-Audit Questionnaire, 45 allegations of sexual abuse and staff sexual misconduct have been investigated during the past twelve months and all 45 alleged victims have been informed of the investigation outcome.

The CDCR 128-B General Chrono is utilized to notify alleged victims of case findings and has a check box for substantiated, unsubstantiated, and unfounded. The inmate signs receipt of the notice. The investigator reported the inmate receives notification in writing and in person, usually by the investigator. The inmate is provided an opportunity to ask questions. Inmates confirmed receiving written notice in person at the close of the investigation. Additionally, a copy of the completed CDCR 128-B form with inmate signature was in 11 of the 15 closed files.

Subsection (b):

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

Subsection (c):

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

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

According to the Pre-Audit Questionnaire, eight investigations involved allegations of staff sexual misconduct which were either substantiated or unsubstantiated and all eight alleged victims were informed of changes to the staff's employment or case status. The General Chrono includes a section for the staff status and includes the four options noted above. One inmate related that her case is still pending criminally, and she recently received an update.

Subsection (d):

Department Operations Manual Section 54040.12.5 also requires the institution to inform the alleged victim of sexual violence by another offender whenever the alleged abuser has been indicted for the alleged sexual violence or convicted of the charge. The General Chrono includes notification to the alleged victim if the alleged abuser has been moved to another housing unit or facility and if the alleged abuser was indicated for the allegations or convicted on the charges. There were no substantiated inmate on inmate investigations during the past 12 months to confirm CCWF provides notification of indictment or conviction.

Subsection (e):

Under the Custody Supervisor Responsibilities in DOM Section 54040.8.1, it is noted that written notification of the findings of an investigation is provided to the alleged victim. Information to be included is further clarified in the section Reporting to Offenders and includes the status of the alleged abuser as noted above in subsection c and d. Written notification occurs with the CDCR 128-B General Chrono and according to the investigators, the notification is completed by ISU. Written

notification was viewed in closed investigation files and inmates reported receiving written notification of closed investigations.

According to the Pre-Audit Questionnaire, eight notifications were provided during the past twelve months and all were documented. This number is not supported by on site file review or other numbers reported in the Pre-Audit Questionnaire with the expectation being a higher number. Given that almost 70% of files that should have had notification, had notification and there were 29 investigations closed from March through December 2021.

Subsection (f):

DOM 54040.12 indicates the agency no longer has an obligation to report or inform the inmate of the changes when the inmate is released from CDCR's custody. An investigator noted that if an inmate transfers to another institution, CCWF investigators will work with the other institution to ensure the inmate is aware of the outcome of the investigation.

Recommendation: Ensure CDCR 128-B is completed accurately and timely when an investigation is closed. One inmate reported signing a close out letter but not receiving a copy or understanding the reason it was considered non-PREA. Once auditors explained why the allegation as described was not a PREA incident (not sexual abuse or harassment), the inmate verbalized an understanding and satisfaction with the explanation and outcome. Although this incident was an anomaly, it serves to remind staff to ensure timely and thorough notification.

Corrective Action: None

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures California Code of Regulations, Title 15, Section 3401.5 CDCR Department Operations Manual Chapter 3, Article 22 CDCR Department Operations Manual Chapter 5, Article 44 3. Documents Investigation File Review 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a) & (b):</p> <p>CDCR staff discipline as it relates to sexual misconduct is addressed in Title 15 Section 3401.5 and DOM Chapter 3, Article 22. Section 3401.5 of Title 15 address staff Sexual Misconduct and is defined as any sexual behavior by a department employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, directed toward an inmate or parolee. Retaliation against employees and protection measures is also addressed in this section. DOM Chapter 3, Article 22 addresses potential disciplinary action. It is the Department's policy to impose disciplinary action in a "fair, objective, and impartial manner". To ensure this occurs, Chapter 3 outlines an Employee Disciplinary Matrix. The Matrix includes potential actions for sexual misconduct involving staff, to include harassment; over familiarity with an inmate; and sexual misconduct with an inmate. The potential penalties include a range of salary reduction to dismissal; with the base penalty being salary reduction or suspension without pay. The base penalty is applied unless there are mitigating or aggravating factors. The only penalty noted for sexual misconduct with an inmate(s)/parolee(s) is dismissal.</p> <p>According to the Pre-Audit Questionnaire, in the past 12 months, three CDCR employees at CCWF were disciplined for sexual abuse or sexual harassment with two</p>

having been terminated from employment. This corresponds with information gleaned from CTF investigation files and investigations tracking.

Subsection (c):

The Employee Disciplinary Matrix serves as a foundation and guide when imposing discipline for staff misconduct. According to DOM Section 33030.17, when applying the Employee Disciplinary Matrix, "no favor is afforded due to the employee's rank within the department". The matrix is based on the assumption that the misconduct is one single misdeed and it is the employee's first adverse action. As such, mitigating and aggravating factors are considered when determining the level of discipline within the matrix. The mitigating and aggravating factors considered include: if the misconduct was intentional; premeditated; the employee's length of service and experience; if the misconduct was for personal gain; resulted in serious injury; and other related adverse action(s). When imposing a penalty, the hiring authority, in consultation with the Vertical Advocate and SAIG, consider various factors including: the seriousness of the misconduct; harm or potential harm to the public service; the circumstances surrounding the misconduct; the likelihood of recurrence; previous progressive discipline; and other mitigating or aggravating circumstances.

According to the Pre-Audit Questionnaire, in the past twelve months, no staff from CCWF have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

Subsection (d):

DOM Section 54040.12.4 mirrors 28 C.F.R. Part 115 by requiring "all terminations for violations of agency sexual misconduct or harassment policies, or resignation by employees that would have been terminated if not for their resignation shall be reported to any relevant licensing body by the hiring authority or designee". Department Operations Manual specifically identifies contractors and volunteers in the requirement to report to relevant licensing bodies when it is determined the contractor or volunteer engaged in sexual misconduct. According to the Pre-Audit Questionnaire, zero employees, contractors, or volunteers have been referred to licensing agencies due to sexual misconduct. Based on investigation file review at CCWF, there was not a need for this notification to occur. It should be noted that CDCR conducts administrative and criminal investigations. Staff sexual misconduct was investigated accordingly and referred to the District Attorney for criminal charges as appropriate.

Corrective Action: None

115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 5, Article 22 CDCR Department Operations Manual Chapter 10, Article 9 3. Documents <ul style="list-style-type: none"> CDCR Special Terms and Conditions Exhibit D Investigation File Review 4. Interviews <ul style="list-style-type: none"> Warden 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a) & (b):</p> <p>DOM Section 101090.9 allows the hiring authority to limit or discontinue activities of a volunteer or volunteer group which may impede the security and /or operations of the institution. DOM further outlines behaviors which may cause a volunteer or program to be discontinued, such as improper or unacceptable familiarity with inmates or the family and friends of inmates or behavior which may cause discredit to CDCR or to the services provided by volunteers. DOM Section 54040.12.4 further indicates that in addition to being prohibited from contact with inmates, relevant licensing bodies will be notified by the hiring authority when a contractor or volunteer has engaged in sexual misconduct.</p> <p>The Special Terms and Conditions Exhibit D associated with the contractor bid agreement section 27 addresses Contractor Employee Misconduct and the requirement for contractors to immediately notify CDCR if there is an allegation of employee misconduct associated with and directly impacting inmate rights. Notification should include contractor investigative reports, written evidence that the contractor has taken remedial action, and in the event of employee misconduct with</p>

inmates, remedial action will assure against a repetition of incident or retaliation. CDCR may deny contractor staff access to and the supervision of CDCR inmates. Section 59 addresses Prison Rape Elimination Policy and the CDCR zero tolerance for sexual misconduct, specifically "any contract employee who appears to have engaged in sexual misconduct of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation. Referral shall be made to the District Attorney unless the activity was clearly not criminal. Reportable information shall be sent to relevant licensing bodies".

According to the CCWF Warden, if there are victimization concerns, CDCR would consider if further contact was appropriate. CCWF would consider the appropriateness of moving the contractor or volunteer to an area of the institution in which the person would not have access to inmates. They could potentially move locations. If there was substantial evidence to indicate sexual misconduct, the individual would not be allowed in an institution and the case would be referred to LDI for investigation and criminal charges.

According to the Pre-Audit Questionnaire, in the past 12 months, two contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates. This was confirmed during the investigation file review.

Corrective Action: None

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR California Code of Regulations Title 15 CDCR Department Operations Manual Chapter 5, Article 23 CDCR Department Operations Manual Chapter 5, Article 44 3. Documents <ul style="list-style-type: none"> Inmate Orientation Handbook PREA Yearly Tracking Report Investigation File Review 4. Interviews <ul style="list-style-type: none"> Warden Mental Health Staff 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.15 speaks to the disciplinary process for inmates alleged to have committed sexual violence. The investigative process and the disciplinary process includes referral for criminal prosecution and classification determination if warranted. If the allegations warrant a criminal charge, the process includes completion of the CDCR Form 115, Rules Violation Report. The inmate is entitled to all provisions in CCR Title 15 Section 3320 regarding the hearing process and CCR Title 15 Section 3316 Referral for Criminal Prosecution. CCR Title 15 Section 3320 outlines the disciplinary hearing procedure and time limitations. CCR Title 15 Section 3316 addresses the process for referrals for criminal prosecution. All criminal misconduct by persons under the jurisdiction of CDCR or occurring on facility property is referred for possible investigation and prosecution when there is evidence substantiating a</p>

crime. The referral for criminal prosecution does not stay the time limits for a disciplinary hearing unless requested by the inmate. DOM Section 54040.14 addresses classification process for inmates alleged to have committed sexual violence and placed in ASU. Classification considers referral for criminal prosecution when making decisions.

According to the Pre-Audit questionnaire, and confirmed in a review of investigation files, zero inmates at CCWF were found guilty administratively or criminally of committing inmate on inmate sexual violence during the past 12 months.

Subsection (b):

According to the CCWF Warden, a Rule Violation Report is written, and an inmate may be placed in admin segregation for sexual misconduct. Based on the offense and inmate history, the inmate may remain in admin segregation, receive a loss of privileges based on RVR, forfeiture of credit, or criminal charges. These noted sanctions are addressed in Title 15.

Subsection (c):

According to Title 15, Section 3317, the disciplinary process includes a mental health assessment when a mental illness or developmental disability, cognitive or adaptive functioning deficits may have contributed to the behavior. The assessment is considered by the hearing officer when determining whether an inmate should be disciplined and the appropriate method of discipline. The CCWF Warden confirmed that a mental health assessment is completed and the results considered when determining sanctions for sexual violence. The hearing officer considers if there is a nexus between mental health and the sexual violence.

Subsection (d):

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

DOM Section 52080.5.8 Special Consideration of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program is found under Inmate Discipline. This section requires that inmates who have been alleged to have committed a rules violation receive a mental health assessment if they are participating in specific programs, engaged in indecent exposure or sexual disorderly conduct, or displayed certain behaviors at the time of the offense. This section also allows the misconduct to be addressed in an alternative manner or disposed of if information indicates mental illness, developmental disability, cognitive or adaptive functioning deficits contributed to the behavior. The alternative may include counseling.

DOM Section 54040.11 indicates that an inmate who previously perpetrated sexual abuse either in an institution setting or community be referred to mental health. According to Mental health practitioners at CCWF, Inmates who are alleged to have

committed sexual violence are referred to Mental Health. They are seen within 24 hours of being identified as an abuser and after custody staff have complete their initial investigation. As with all other mental health services, inmates are not required to participate.

Subsection (e):

Policy specifies that inmate disciplinary action for sexual contact with staff will occur only if the contact was against staff will. Title 15 Section 3323 Disciplinary Credit Forfeiture Schedule includes "Rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will". File review did not show evidence of inmates being disciplined for sexual contact with staff who did not consent.

Subsection (f):

DOM Section 54040.15.1 addresses false allegations. Only after the investigation is completed and it is determined the allegations were either not made in good faith or the inmate knowingly made a false report, then the inmate may be subject to disciplinary action. Section 54040.15.1 furthers that an allegation determined to be unsubstantiated or unfounded based on a lack of evidence does not necessarily constitute false reporting. It was reported by inmates and staff that inmates use false PREA allegations as a means for housing changes or other self-serving gains. Although, three investigations were unfounded in the past twelve months, there was no evidence that suggested the alleged victim was disciplined. To CCWF's credit, inmates are not quickly disciplined for reporting an incident of sexual abuse or misconduct, which could lead to a decrease in legitimate reports. However, it is recommended that CCWF consider discipline when a report is unfounded based on clear evidence that the offense did not occur, such as staff schedules or video evidence.

Subsection (g):

According to the Pre-Audit Questionnaire, CDCR prohibits all sexual activity between inmates. Title 15 Section 3007 states "may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adult". The Inmate Orientation Handbook prohibits kissing, hugging, holding hands or sexual behavior. During file review, there was no indication this behavior occurred and was deemed sexual abuse.

Corrective Action: None

115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operations Chapter 5, Article 44 Chapter 3 Health Care Transfers 3. Documents Screen shots of mental health documentation in SOMS Program Guide Overview Mental Health Services Delivery System Mental Health Referral Chrono PREA Screening tool CDCR MH-7448 Informed Consent for Mental Health Care; blank form CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information 4. Interviews Mental Health Staff Inmates 5. Tour of the Facility <p>Finding:</p> <p>Subsection (a) & (b):</p> <p>DOM Section 54040.7 entitled Referral for Mental Health Screening indicates that if during the initial intake screen or at any other times during confinement, an inmate reports having experienced sexual victimization or previously perpetrated sexual abuse, the inmate is referred to mental health. Staff who complete PREA Screens confirmed this occurs. During the PREA Screening, inmates are asked if they experienced sexual victimization in a correctional setting and non-correctional setting. PREA Screening also asks inmates if they have had a prior conviction for a sexual offense in a non-correctional setting and history of sexual violence in a correctional setting. The PREA Screening identifies risk of victimization or risk of</p>

abusiveness and includes a check box for mental health referral or decline of services. When an inmate indicates prior sexual victimization or having perpetrated sexual abuse, a referral is made to Mental Health by completing the CDCR-128 MH5. Mental Health appointments are maintained electronically in SOMS, while mental health service documentation is maintained in the Health Care Application. According to mental health staff, the referral is submitted by email to the chief of mental health who in turn assigns the referral to the clinician. Two Inmates who recently reported sexual abuse at CCWF reported seeing Mental Health after the allegation was made. One other inmate was not satisfied with the mental health services, particularly the frequency of appointments.

The Program Guide Overview Mental Health Services Delivery System indicates an inmate may be referred for mental health services at any time and particularly identifies an inmate who has been identified as a possible victim per the Prison Rape Elimination Act and an inmate who demonstrates sexually inappropriate behaviors as per the Exhibitionism policy. An urgent referral is to be seen within 24 hours and a routine referral should be seen within five working days. Mental Health staff reported that inmates are typically seen within 24 hours when the referral is based on prior sexual victimization or perpetration of a sexual offense. If the inmate was seen at a community hospital, the inmate patient is seen by mental health within four hours.

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

Health Care Transfer Process was submitted for review and provides a standard process for the transfer of inmate patients to outside hospitals or medical facilities and institutions. According to policy, the Unit Health Record and transfer envelope accompanies each inmate-patient. Confidential Medical / Mental Health Information Transfer is included to communicate health care information to allow for continuity of care. According to the Pre-Audit, all of the inmates who reported during the PREA Screening of previously perpetrating sexual abuse was referred to, or at least offered mental health services.

Subsection (c):

This section is not applicable, as CCWF is a prison, not a jail.

Subsection (d):

DOM Section 54040.3 defines "Need to Know" Basis as "When the information is relevant and necessary in the ordinary performance of that employee or contractor's official duties". Specific to medical and mental health staff, a memo was issued on December 5, 2017 requiring medical and mental health information related to sexual abuse victimization or abusiveness that occurred in an institutional setting as strictly limited to medical and mental health practitioners via the Electronic Unit Health

Record.

Subsection (e):

According to the mental health providers, while in Receiving and Release, inmates review and sign a standard Informed Consent for Mental Health Care. The CDCR MH-7448 Informed Consent for Mental Health Care includes a section which states that information shared in treatment is confidential and will be discussed only with the treatment team except under the noted situations, which includes if the inmate engages in acts of sexual misconduct or has been sexually assaulted by other inmates or staff.

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

One Mental Health provider furthered that no one at CCWF is under the age of 18 years old, however, if they report an incident for the first time which occurred when the inmate was under 18, the mental health provider is mandated to report to CPS and complete a mandated child abuse report.

Corrective Action: None

115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <ul style="list-style-type: none"> CDCR Department Operations Manual Chapter 5, Article 44 California Correctional Health Care Services, Volume 1; Chapter 16 California Correctional Health Care Services, Volume 4; Chapter 12 California Correctional Health Care Services, Volume 1; Chapter 10 CDCR California Correctional Health Care Services Health Care Department Operations Manual Chapter 4; Article 1 Chapter 4 Access to Primary Care 3. Documents <ul style="list-style-type: none"> Program Guide Overview Mental Health Services Delivery System CCHCS Care Guide: Sexually Transmitted Infections Screen Shot of SOMS application and Health Care Application 4. Interviews <ul style="list-style-type: none"> Medical and Mental Health Staff SANE Staff Inmates 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>Mental Health services for victims of sexual abuse is addressed is DOM Chapter 5 and references the Mental Health Services Delivery System (MHSDS) Program Guide. The MHSDS Program Guide states that a referral to Mental Health should be made when an inmate has been identified as a possible victim of sexual violence or staff sexual misconduct according to PREA standards. When a referral is made, staff indicate if the</p>

referral is emergent, urgent, or routine, meaning the inmate is seen by a mental health provider immediately, within 24 hours or within 5 working days, respectively. Interviews with Mental Health staff confirmed that PREA referrals are seen within 24 hours of referral. If an inmate is transported to the hospital, the inmate patient is seen by mental health staff within four hours of return. Inmates who reported sexual abuse reported seeing a mental health provider.

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

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

When an inmate reports an incident of sexual abuse, the inmate victim is seen by medical staff for a Bodily Injury check. If the victim cannot be transported to health services, an LPN will respond to the victim location. It is practice that when an inmate reports sexual assault, custody staff consult with sexual assault nurse examiners at San Joaquin General Hospital to determine if the victim should be transported for an examination. If the victim is transported for an examination, the hospital calls for an advocate from the Women's Center Youth and Family Center of San Joaquin County.

Subsection (b):

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

Subsection (c):

DOM Section 54040.10 requires that during medical treatment, consideration must be given to Sexually Transmitted Disease Conversion, Hepatitis B and/or C, HIV testing, and pregnancy options if appropriate. Health Care Services Chapter 16, Section 1.16.2 also addresses follow up testing for pregnancy, sexually transmitted diseases, and HIV. Additionally, if the inmate receives care at a county sexual assault response team facility for a forensic evaluation, the inmate is offered these tests as appropriate. Staff from San Joaquin General Hospital confirmed they offer emergency contraception and treatment for sexually transmitted diseases. According to CDCR

nursing staff, inmates are provided education from the hospital which is noted on discharge paperwork. Follow up and additional education is provided by the nurse assigned to the inmate's yard. The 35-page comprehensive inmate educational pamphlet CCHCS Care Guide: Sexually Transmitted Infections was submitted during the Pre-Audit review.

Subsection (d):

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

Corrective Action: None

115.83	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Policy and Procedures</p> <p>CDCR Department Operations Manual Chapter 5, Article 44</p> <p>California Correctional Health Care Services, Volume 1; Chapter 16</p> <p>California Correctional Health Care Services, Volume 4; Chapter 12</p> <p>California Correctional Health Care Services, Volume 1; Chapter 10</p> <p>CDCR California Correctional Health Care Services Health Care Department Operations Manual Chapter 4; Article 1</p> <p>Chapter 4 Access to Primary Care</p> <ol style="list-style-type: none"> 3. Documents <p>Program Guide Overview Mental Health Services Delivery System</p> <ol style="list-style-type: none"> 4. Interviews <p>Medical and Mental Health Staff</p> <p>SANE Staff</p> <p>Inmates</p> <ol style="list-style-type: none"> 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>Inmates who have experienced sexual abuse in a confined setting are referred for mental health evaluation and treatment. DOM Section 54040.10 outlines Mental Health Responsibilities. All victims of sexual violence or staff sexual misconduct are referred for an emergent Suicide Risk Assessment. Victims are seen by Mental Health staff within four hours of the referral. Additionally, all victims of sexual violence or staff sexual misconduct are referred for a routine mental health evaluation. This section of policy does not qualify eligibility based on the location of the victimization.</p>
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Section 54040.12.2 addresses treatment if the incident is reported more than 72 hours after it occurred. Medical staff are required to conduct an examination of the victim and alleged suspect and then refer both the victim and suspect to Mental Health for evaluation and counseling. CDCR CCHCS Operations Manual Section 4.1.6 addresses health care response to a PREA incident and clarifies that it is applicable to all CCHCS patients, including those who reported assaults more than 72 hours after the time the assault occurred. Policy also addresses incidents which occurred inside and outside the institutional setting.

Subsection (b):

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

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

According to staff interviews, inmates are provided follow up mental health and medical health care. Mental Health staff offer care to inmates in the institution. This usually includes one on one counseling but may include other programs or medication evaluation depending on the needs of the individual. Prior to release, inmates work with a pre-release provider to ensure the appropriate community programs are available. Follow-up medical care is provided to by nursing staff.

Two inmates recalled being offered follow-up medical and mental health services while two inmates who reported in 2019 could not recall the being offered follow up services.

Subsection (c):

Staff interviews indicate services are consistent with or better than the community level of care. It is noted that due to security concerns, the manner of delivery looks differently than that in the community. Staff discussed inmates having the ability to refuse programming or examinations, however; staff provide inmates with comprehensive information to inform their decision. Forensic medical examinations and emergency medical care are provided at hospitals serving the community at large.

Subsection (d) & (e):

DOM Section 54040.8.3 Health Care Department Operations Manual 4.1.6, and Health Care Services Chapter 16, Section 1.16.2 address testing for pregnancy. If pregnancy results, victims receive timely and comprehensive information and access to all lawful pregnancy related services. According to medical staff, inmates are offered pregnancy tests and given health information and access to pregnancy services.

Additionally, inmate victims are offered emergency contraception when seen for a sexual assault examination at San Joaquin General Hospital.

Subsection (f):

DOM Section 54040.8.3, Health Care Department Operations Manual Section 4.1.6, and Health Care Services Chapter 16, Section 1.16.2 addresses testing and treatment for sexually transmitted diseases.

According to the SANE staff, victims of sexual abuse are tested and treated for sexually transmitted infections.

Subsection (g):

The Health Care Department Operations PREA Policy's procedure includes a statement which mirrors 115.83 (g). Inmates confirmed they were not financially responsible for their care.

Subsection (h):

Mental Health referrals are completed whenever an allegation of sexual abuse or staff sexual misconduct is learned by staff. Those who conduct screening immediately refer the inmate to mental health. For allegations which occur on site, custody supervisors and medical staff follow with a mental health referral for evaluation of treatment needs. The Mental Health Services Delivery System Program Guide Overview specifically identifies inmates having demonstrated sexually inappropriate behavior per the Exhibitionism policy as a mandatory referral. According to the mental health practitioner, alleged inmate abusers are seen after interviewed by custody staff. They are provided a suicide risk assessment and offered counseling. They may also complete a sex offender evaluation. Although CCWF does not offer specific sexual offender programming, mental health will work with inmate offenders to process the behavior.

Corrective Action: None

115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures <p>CDCR Department Operations Manual Chapter 5, Article 44</p> <p>Notice of Change to Department Operation Manual 22-11, revised September 9, 2022</p> <p>CDCR Department Operations Manual Chapter 5, Article 44, Section 54040.17 revised September 9, 2022</p> 3. Documents <p>Institutional PREA Review Committee form, blank</p> <p>Institutional PREA Review Committee form revised September 20, 2022, blank</p> <p>Subsequent Institutional PREA Review Committee form revised September 20, 2022, blank</p> <p>Investigation File Review</p> 4. Interviews <p>Warden</p> 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM section 54040.17 addresses the Institution PREA Review Committee. Each Hiring Authority is required to conduct an incident review of every sexual violence and staff sexual misconduct allegation which are substantiated and unsubstantiated.</p> <p>According to the Pre-Audit Questionnaire, CCWF report 31 incidents of sexual abuse allegations in the past twelve months. Seventeen investigation files were reviewed on site. All but one file requiring a sexual abuse incident review, contained a completed Institution PREA Review Committee (IPRC) form.</p> <p>Subsection (b):</p>

DOM Section 54040.17 requires the incident to be reviewed within 60 days of the date of discovery. During prior CDCR PREA audits, CDCR was placed into corrective action for 115.986(b), as 60 days from the date of discovery did not coincide with 30 days of the conclusion of the investigation. On March 8, 2022, a memorandum was sent to the Director of the Division of Adult Institutions from the Associate Director of Female Offender Programs and Services / Special Housing requesting an amendment to DOM Article 44, Section 54040.17. The change would remove the requirement that the Institutional PREA Review Committee (IPRC) be scheduled with 60 days of the date of discovery to within 30 days of the conclusion of the investigation or within 60 days of the date of discovery, whichever is sooner. A subsequent IPRC will be completed when conducted prior to the completion of the investigation and the IPRC is unable to provide a thorough review, or if requested by the Hiring Authority. Additionally, the IPRC form will provide options to check boxes to identify the hearing as "60 days from discovery" or "30 days from conclusion of investigation". Additionally, Subsequent IPRCs are addressed and required section to be completed.

In reviewing investigation files, the initial IPRC was convened within 60 days of the allegation, most within 30 days. This often did not fall into the standard's requirement, and a second IPRC was held within thirty days of the close of the file. Essentially, CCWF is following the standard and reviewing incidents within 30 days of closure. Based on the reviews, IPRC convenes monthly.

Given CCWF's substantial compliance with this standard, and CDCR's steps to formalize the process in the Department Operations Manual, corrective action was not required.

On September 9, 2022, during the corrective action period for this audit, CDCR updated DOM Chapter 5, Article 44, Section 54040.17 to bring CDCR into compliance with 115.86. DOM language formalizes IPRC requirements to review incidents within 30 days of the conclusion of the investigation or within 60 days of the date of discovery, whichever is sooner. Language furthers that should the IPRC reviewed the incident prior to the completion of the investigation, a subsequent IPRC should also be completed. CDCR revises the IPRC forms to reflect this change. This change brings CCWF and CDCR into full compliance with the standard.

Subsection (c):

DOM Section 54040.17 outlines the composition of the IPRC to include: Hiring Authority or designee as the chairperson; PREA Compliance Manager; One other manager; In-Service Training Manager; Health Care Clinician; Mental Health Clinician; Incident Commander or Investigative Services Unit Supervisor. In a review of IPRC documentation consistently demonstrated the above staff were present for the IPRC. The Warden confirmed CCWF convenes IPRCs within 30 days of the conclusion of the investigation. The committee is comprised of upper-level management as noted in the DOM. Additionally, the PCM, Medical Chief Support Executive, and Investigations Lieutenant confirmed their involvement with the committee. Further, the IPRC documentation provides space to document the presence of committee members.

The following classifications are represented: Chairperson (institution head or designee), PREA Compliance Manager, Designated Managerial Employee, In-Service Training Manager, Health Care Clinician, Mental Health Clinician, Incident Commander or ISU Supervisor. In reviewing completed forms located in the investigation files, noted committee members present are consistently upper-level management.

Subsection (d):

DOM Section 54040.17 mirrors the language in 115.86(d) for considerations. To ensure comprehensive review, the Institution PREA Review Committee form includes the considerations from 115.86(d). Additionally, the Warden, PREA Compliance Manager, and Investigations Lieutenant confirmed what factors the team considers during the review, which is consistent to DOM and the standards. Department Operations Manual addresses the requirement to prepare a report of the committee's findings. A Secretary is present to take minutes of the meeting. The Institution PREA Review Committee (IPRC) forms are used to document the committee's findings. Completed forms were reviewed during the investigation file review.

Subsection (e):

DOM Section 54040.17 indicated the IPRC shall determine a plan to correct findings of inadequacy and implement the Action Plan or reasons for not doing so. The reviewed IPRC forms did not note any Action Plans being implemented.

Corrective Action: None

115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operations Manual Chapter 5, Article 44 3. Documents Survey of Sexual Victimization form; blank CDCR PREA Annual Report - Calendar Year 2019 CDCR PREA Annual Report - Calendar Year 2020 CDCR PREA Incident Log; blank Investigation File Review 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a) & (c):</p> <p>DOM Section 54040.20 Tracking - Date Collection and Monitoring addresses the collection of sexual violence and staff sexual misconduct data. By policy, and confirmed by file review, the Locally Designated Investigator completes the Survey of Sexual Violence - Incident Adult (SSV-IA) for every allegation within 2 business days of the allegation being received. The SSV-IA is forwarded to the PCM and the PREA Coordinator. To better monitor that the SSV-IV is completed within two days, the IPRC form acknowledges if this is completed. This notation was consistently observed in the investigation file review.</p> <p>Subsection (b):</p> <p>DOM Section 54040.20 also requires CDCR to aggregate incident-based data at least annually. This data is compiled in the CDCR PREA Annual Report. The CDCR Annual Report for 2019 was submitted for review.</p>

Subsection (d):

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

Subsection (e):

DOM Section 54040.20 also requires CDCR to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates. The Pre-Audit Questionnaire indicates that this is completed.

Subsection (f):

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

Corrective Action: None

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operation Manual chapter 5, Article 44 3. Documents Screen shot of CDCR Public Website Review of CDCR Public Website CDCR PREA Annual Report - Calendar Year 2019 CDCR PREA Annual Report - Calendar Year 2020 Investigation spreadsheet 4. Interviews Agency Head PREA Coordinator PREA Compliance Manager 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.17 Department PREA Coordinator mirrors standard 115.88 in that the agency shall review data collected according to 115.87 to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practice, and training. This is done with the help of the PCM who completes a data collection tool to summarize information gathered through the IPRC. Based on this information, an annual report is compiled of the findings and corrective action for each facility, and the Department as a whole. Interviews with the agency head, PREA Coordinator, and PREA Compliance Manager confirm compliance with the policy and subsection (a) of the standard. Data is gleaned from a number of sources such as incident reports, investigations, and IPRC; and are specific to incidents at CCWF. The information, along with that from other CDCR facilities, is compiled into an annual</p>

report. Problem areas and trends are identified, and corrective action is taken.

Subsection (b):

DOM Section 54040.20 requires the annual report to include a comparison of the current year's data and corrective actions with those from previous years. In a review of the PREA Annual Reports 2019 and 2020, as posted on the CDCR website, reports contained the agency's progress in addressing sexual abuse with comparative data and corrective action.

Subsection (c):

DOM Section 54040.20 requires the annual report to be approved by the CDCR Secretary and made available on the public website. The Agency Head confirmed the Secretary reviews the annual reports. PREA Annual Reports 2015 through 2020 are posted on the CDCR public website. All of the reports contain the signature of the CDCR Secretary.

Subsection (d):

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

Corrective Action: None

115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures CDCR Department Operations Manual Chapter 5, Article 44 3. Documents Investigation tracking logs CDCR Public Website Investigation File Review 4. Interviews PREA Coordinator 5. Tour of the Facility <p>Findings:</p> <p>Subsection (a):</p> <p>DOM Section 54040.17 requires all PREA records such as incident reports, investigation documents, offender information, counseling evaluations to be retained according to CDCR records retention schedule. DOM Section 54040.21 further requires CDCR to ensure collected PREA data is securely stored. According to the PREA Coordinator from an interview in December 2020, information specific to 115.87 is stored on encrypted devices with access only by the PREA teams. More recently, the PREA Coordinator confirmed PREA information is securely retained at headquarters. Information, such as the SSVI and tracking logs, do not contain personal identifying information. This is consistent to investigation logs maintained by CCWF.</p> <p>Subsection (b):</p> <p>DOM Section 54040.21 contains language mirroring standard 115.89 (b) and identifying the CDCR website as the format in which reports are made available. A review of the CDCR website confirmed this information is readily available.</p>

Subsection (c):

DOM Section 54040.21 also ensures all personal identifiers are removed. The PREA coordinator confirmed that reports do not contain personal identifying information. A review of the PREA Annual Reports located on the public website confirmed the reports contain no personal identifying information.

Subsection (d):

DOM Section 54040.21 requires PREA data to be maintained for 10 years after the data is collected. According to the Pre-Audit Questionnaire, the agency maintains sexual abuse data for 10 years. PREA Annual Reports are available on the CDCR public website beginning with the 2015 report.

Corrective Action: None

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 564 376">Evidence Reviewed:</p> <ol data-bbox="280 412 655 949" style="list-style-type: none"> <li data-bbox="280 412 655 448">1. Pre-Audit Questionnaire <li data-bbox="280 483 628 519">2. Policy and Procedures <li data-bbox="280 555 480 591">3. Documents <p data-bbox="280 627 576 663">CDCR Public Website</p> <p data-bbox="280 698 461 734">Photographs</p> <p data-bbox="280 770 376 806">Emails</p> <ol data-bbox="280 842 576 949" style="list-style-type: none"> <li data-bbox="280 842 576 878">4. Interviews <li data-bbox="280 913 576 949">5. Tour of the Facility <p data-bbox="280 1057 408 1093">Findings:</p> <p data-bbox="280 1128 496 1164">Subsection (a):</p> <p data-bbox="280 1200 1402 1281">In a review of the CDCR public website, it is confirmed that CDCR ensures each facility it operates is audited at least once during a three-year audit cycle.</p> <p data-bbox="280 1317 496 1352">Subsection (b):</p> <p data-bbox="280 1388 1453 1594">This audit falls in Audit Cycle falls in Audit Cycle 3, Year 3. Due to pandemic travel and auditing restrictions, CDCR was unable to ensure one third of its facilities were audited in Cycle 3, Year 1 and part of Year 2. Since restrictions have been lifted, CDCR has ensured their facilities have been or are scheduled to be audited during this cycle.</p> <p data-bbox="280 1630 496 1666">Subsection (h):</p> <p data-bbox="280 1702 1469 1944">During the onsite phase, the audit team had access to all areas of the tour. A comprehensive tour was completed of areas inside and outside of the fence. Due to the size and layout of CCWF, during the tour, the audit team split into two teams with CDCR staff from headquarters and CCWF. CDCR Staff were accommodating of all requests during the tour and answered questions to assist in better understanding the layout and practices of CCWF.</p> <p data-bbox="280 1980 488 2016">Subsection (i):</p> <p data-bbox="280 2051 1418 2087">During all phases of the audit, CCWF accommodated and answered requests for</p>

interviews, documentation, photographs, and records.

Subsection (m):

Auditors were provided private space to interview staff and inmates. CCWF is comprised of three yards. Initially, inmates and staff reported to the visiting area, a central location, for private interviews. This posed some delay, and on day two of interviews, the audit team interviewed inmates on their assigned yards. Interviews were conducted in private areas such as attorney interview rooms or offices.

Subsection (n):

On March 1, 2022, audit notices were emailed to the PREA Compliance Manager for posting six weeks prior to the start of the on-site audit, March 8, 2022. As requested, on March 7, 2022, the PREA Compliance Manager emailed 20 photos of the audit notice posted in various areas of the institution. The audit notice was shown to be posted on housing units, program buildings, visiting area, and medical. During the tour, audit notices were posted on each housing unit, inmate common areas, and staff only areas. Inmates were allowed to send confidential correspondence to the auditor. Three letters were received during the pre-audit phase and two letters were received during post-audit. One additional letter was received during the corrective action period.

Corrective Action: None

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy and Procedures 3. Documents <p>CDCR Public Website</p> <ol style="list-style-type: none"> 4. Interviews 5. Tour of the Facility <p>Findings:</p> <p>Subsection (f):</p> <p>In review of the CDCR Public Website, PREA Audit reports are available for audits completed in 2016 through 2021. The institution's most recent audit is available on the public website under the heading "PREA Annual Reports and Audits". Previous years audits are moved to the "Archived Final PREA Reports" and remain accessible on the public website.</p> <p>Corrective Action: None</p>

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

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for 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	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

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

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

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

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

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

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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	no
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

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

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

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

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

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no

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

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

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

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

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

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

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

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

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	no
	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.)	no
	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.)	no
	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.)	no
	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.)	no
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

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

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	no
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

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

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	no
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

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

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

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

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

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>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.)</p>	yes