

PREA Facility Audit Report: Final

Name of Facility: Sierra Conservation Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/22/2022

Date Final Report Submitted: 10/27/2022

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: Robin M. Bruck	Date of Signature: 10/27/2022

AUDITOR INFORMATION	
Auditor name:	Bruck, Robin
Email:	rmbconsultingservice@gmail.com
Start Date of On-Site Audit:	01/24/2022
End Date of On-Site Audit:	04/08/2022

FACILITY INFORMATION	
Facility name:	Sierra Conservation Center
Facility physical address:	5100 O'Byrnes Ferry Road, Jamestown, California - 95327
Facility mailing address:	

Primary Contact	
Name:	Patricia Quinn
Email Address:	Patricia.Quinn@cdcr.ca.gov
Telephone Number:	209.984.5291 ext

Warden/Jail Administrator/Sheriff/Director	
Name:	Patrick Eaton
Email Address:	Patrick.Eaton@cdcr.ca.gov
Telephone Number:	(209) 984-5291

Facility PREA Compliance Manager	
Name:	Patricia Quinn
Email Address:	patricia.quinn@cdcr.ca.gov
Telephone Number:	O: (209) 984-5291 x5220
Name:	Anthony Grammatico
Email Address:	anthony.grammatico@cdcr.ca.gov
Telephone Number:	O: (209) 984-5291 x8592
Name:	William Whitley
Email Address:	william.whitley@cdcr.ca.gov
Telephone Number:	O: (209) 984-5291 x2593
Name:	Kristie Fong
Email Address:	kristie.fong@cdcr.ca.gov
Telephone Number:	O: (209) 984-5292 x5171

Facility Health Service Administrator On-site	
Name:	Toni Clarke
Email Address:	toni.clarke@cdcr.ca.gov
Telephone Number:	(209) 984-5291 ext

Facility Characteristics	
Designed facility capacity:	4250
Current population of facility:	3291
Average daily population for the past 12 months:	3154
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-99
Facility security levels/inmate custody levels:	Level I-IV / Minimum to Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	665
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:	100

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	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-24
2. End date of the onsite portion of the audit:	2022-04-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor communicated with a member of Just Detention International (JDI), for further information she could obtain regarding inmates, services provided to the facility and staff at the facility, in which they may have knowledge. In addition, the auditor attempted multiple times to speak with a representative from the Center for a Non-Violent Community. However, the auditor did not receive a return call or email.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	4250
15. Average daily population for the past 12 months:	3154
16. Number of inmate/resident/detainee housing units:	81
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2229
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:	0
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:	0

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:	0
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:	17
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:	85
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:	15
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:	1
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:	14
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:	38
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	SCC's mission is to train and house firefighters within the conservation camps around the State of California. All inmates housed at SCC and the conservation camps must be medically cleared for the facility. Inmates who are cognitive or disabled, and/or require special needs, are not housed at this facility, or in the fire conservation camps.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	665
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:	1
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:	87
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No additional comments
INTERVIEWS	

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

103

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

Inmates were selected from each housing unit and firecamps.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

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

Random inmates were selected and interviewed from each housing unit and each firecamp during several on-site visits.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

13

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".

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:

0

<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>SCC's mission is to train and house firefighters within the conservation camps around the State of California. All inmates housed at SCC and the conservation camps must be medically cleared for the facility. Inmates who are cognitive or disabled, and/or require special needs, are not housed at this facility, or in the fire conservation camps.</p>
<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>
<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>SCC's mission is to train and house firefighters within the conservation camps around the State of California. All inmates housed at SCC and the conservation camps must be medically cleared for the facility. Inmates who are cognitive or disabled, and/or require special needs, are not housed at this facility, or in the fire conservation camps.</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>SCC's mission is to train and house firefighters within the conservation camps around the State of California. All inmates housed at SCC and the conservation camps must be medically cleared for the facility. Inmates who are cognitive or disabled, and require special needs, are not housed at this facility.</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>

<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:</p>	<p>6</p>
<p>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:</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>The audit team interviewed one (1) inmate reported as gay or bisexual, however during the interview the inmate stated he did not report this, nor is he gay or bisexual.</p>
<p>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:</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>CDCR has fourteen (14) facilities, that can provide services for the incarcerated transgender inmates. SCC is not one of them. On the 1st day of the site review SCC reported one (1) transgender inmate was housed at the facility and waiting transfer to another. However the auditor was unable to interview the inmate as he was housed in Unit B. The auditors and her team were unable to interview those inmates housed in Unit B, as inmates housed in this unit were quarantined due to active positive tests for Covid 19. The auditor returned to the facility at a later date, for a second visit to complete a site review and interviews inmates from of Unit B. The identified transgender inmate was no longer at the facility upon our return.</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>2</p>

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor confirmed that there were no inmates housed in segregated housing for risk of sexual victimization. This was confirmed by observations, interviews with the Warden and staff who supervise inmates in segregated housing.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No additional information.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	28
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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):	Staff were randomly selected by the PREA Audit Team. Staff from all shifts, work assignments, gender, and levels of experience were identified and selected for interviews. In addition, random staff were interviewed at each of the Fire Conservation Camps.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	33
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other
<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>SCC is the hub for the conservation camps, located in the southern part of the State. Staff at the conservation camps include custody staff and members of Cal Fire. Cal Fire is neither CDCR staff or CDCR contractors/volunteers. Inmates assigned at the conservation camps train under Cal Fire to be firefighters, however custody staff are not trained as firefighters. Therefore, when there is a fire emergency, custody staff are staged a safe distance from the actual fire. Inmate firefighters are under the direction of Cal Fire staff. All Cal Fire staff receive the same PREA training as custody staff. Therefore the auditor felt it was important to interview members of Cal Fire.</p>

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:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input 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:	6
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 type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	During the site review, volunteers were restricted from entering the facility due to the Covid pandemic. The auditor was able to interview one (1) volunteer, that happened to stop in the facility, while the auditor was conducting the site review.

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.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>It is important to understand that SCC is the hub for fourteen (14) conservation camps. Inmates who meet the criteria for the conservation camps are housed in SCC. Inmates identified for as potential firefighters undergo significant firefighter training and conditioning prior to be assigned to a conservation camp. In addition, inmates are identified that provide support services to the firefighting mission, such as cooks, laundry, maintenance workers etc. The assignments are based upon the needs of each camp. The site review of this facility, is not a typical site review as one would expect during a PREA Audit. The conservation camps are additional facilities, and include dorms, office buildings, warehouses, dining areas, maintenance areas, training areas and staging areas. Therefore the "site review" was conducted over a span of several months, which included several week long visits at a time.</p> <p>The conservation camps are located throughout the southern part of California, in very remote areas. This required significant driving hours to be factored into the site review of each of the camps.</p> <p>During these site reviews, all areas were observed at each of the facilities. All reporting functions were tested and interviews of both staff, inmates and members of Cal Fire were conducted.</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.	
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

SCC is the hub for fourteen (14) conservation camps. All intake processing, risk screenings, inmate education, medical/mental health records, investigations, staff, contractor/volunteer training records, background checks are completed at SCC and SCC maintains all documentation. During the selection of inmate file reviews, staff file reviews, investigations etc. were initially chosen based on location of the individuals (staff or inmate), to ensure that the auditor reviewed samples of files for those assigned to the conservation camps, as well as those housed within the main facility.

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	5	0	5	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	7	0	7	0

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	4	0	4	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	7	0	0	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	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	4	1
Staff-on-inmate sexual abuse	0	0	2	0
Total	0	0	6	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	4	0
Staff-on-inmate sexual harassment	0	0	3	0
Total	0	0	7	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:	13
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:	3
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:	4
104. Did your sample of STAFF-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 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:	6

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<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 checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>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>2</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>All custody staff employed by CDCR are sworn peace officers. The reported sexual abuse allegations did not rise to the level that required a criminal investigation.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>1</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input 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>
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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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard:

1. Sierra Conservation Center (SCC) Pre-Audit Questionnaire (PAQ)
2. CDCR Department Operations Manual (DOM), Chapter 5, Article 44, §54040.2 Purpose
3. CDCR DOM, Chapter 5, Article 44, §54040.1 Policy Purpose and Zero Tolerance
4. CDCR DOM, Chapter 5, Article 44, §54040.3 Definitions
5. CDCR DOM, Chapter 5, Article 44, §54040.15 Offender Discipline
6. California Code of Regulations (CCR), Title 15, §3401.5 Staff Sexual Misconduct
7. CDCR PREA Implementation Memo, 2015
8. CDCR PREA Coordinator Duty Statement
9. CDCR Agency Organization Work Chart
10. CDCR Statewide PREA Compliance Manager (PCM) List, October 6, 2021
11. CDCR PCM Duty Statement Clause
12. Auditor Observations
13. Interviews: Director of Adult Prisons, CDCR PREA Coordinator and SCC PREA Compliance Manager

In the Pre-Audit Questionnaire (PAQ), the facility states that the agency has a written policy mandating zero tolerance for all forms of sexual abuse and sexual harassment. The facility further indicated that the policy outlines how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment.

SCC is one of two prisons in the State of California that is responsible for the training and placement of male inmates into the Conservation Camp Program. Within the program there are sixteen (16) conservation camps located in areas of Central California to the Southern borders of California. Inmates are trained in firefighting techniques and are dispatched to fight wildland fires and other emergencies when needed, as well as a variety of community work projects in the southern portion of California.

Provision (a):

CDCR has a comprehensive PREA Policy, contained within the statewide Department Operations Manual. *CDCR DOM, Chapter 5, Article 44, §54040.1 Policy Purpose and Zero Tolerance* states, "CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction." In addition, *CDCR DOM, Chapter 5, Article 44, §54040.2 Purpose* states, "the purpose of this policy is to ensure compliance with Public Law 108-79, the Prison Rape Elimination Act of 2003 (PREA), California Assembly Bill 550 (Chapter 303, Statutes of 2005), the Sexual Abuse in Detention Elimination Act and 28 Code of Federal Regulations, Part 115, National Standards to prevent, Detect, and Respond to Prison Rape. It will provide guidelines for the prevention, detection, response, investigation and tracking of sexual violence, staff sexual misconduct, and sexual harassment against CDCR offenders. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited."

CDCR DOM, Chapter 5, Article 44, §54040.3 (Definitions), includes general definitions or prohibited behaviors regarding sexual abuse and sexual harassment, as illustrated in PREA Standard §115.6.

The auditor was provided with and reviewed a CDCR PREA Implementation Memo dated August 13, 2015. The memo informs all CDCR Warden's and PREA Compliance Managers (PCM) that the PREA policy has been approved and published. Each facility was directed to immediately begin PREA implementation.

CDCR PREA Policy outlines how the agency will implement its approach in preventing, detecting and responding to sexual abuse and sexual harassment within all of its facilities. Prevention strategies include but are not limited to:

- Designation of a department wide PREA Coordinator
- Appointment of PREA Compliance Managers in all facilities
- Staff, Contractor and Volunteer Training
- Offender education
- Security rounds

Detection, notification and reporting strategies include but are not limited to:

- Offender Screening for appropriate placement
- Providing multiple ways for offenders and staff to report sexual abuse and sexual harassment
- Third party reporting
- Referral for mental health screening

Response strategies include but are not limited to:

- Initial contact with victims
- Supervisor responsibilities
- Medical/mental health responsibilities
- Crime scene preservation
- Providing Victim Advocate
- Forensic Medical Examinations
- Investigation
- Prosecution

The Inmate Orientation Manual, which is provided to the inmate upon intake, contains information regarding the facility zero tolerance policy. However there was very few informational postings throughout the facility. In addition, the auditor observed inappropriate nude photographs displayed in the housing units and "Out of bounds, Assigned Men only" signs, had been altered and were also inappropriate. It appeared the photographs and the altered signs had been in place for quite some time, which indicates to the auditor that zero tolerance does not apply in all areas of the facility. As the auditor toured the facility, staff immediately removed inappropriate photographs that were displayed in the housing units. Prior to the issuance of the Interim report, the facility PREA Compliance Manager sent out a memorandum to all staff requiring that the housing units remain free of all inappropriate photographs.

Provision (b):

CDCR employs an upper level, agency wide PREA Coordinator. The auditor reviewed the PREA Coordinator Duty Statement, which states that the position is under the direct supervision of the Mission Correctional Administrator and is responsible for providing a safe, humane, secure environment, free from sexual misconduct in California State Prisons. The Duty Statement indicates that ninety-five (95) percent of the PREA Coordinator's time is devoted to PREA duties with five (5) percent being other duties required or directed. Examples of the PREA Coordinator's duties include but are not limited to providing oversight and supervision of staff assigned to the PREA Unit, coordinate and maintain the development of the policy and procedure addressing PREA issues, coordinate, facilitate, monitor and/or conduct PREA training for all CDCR and contracted staff and review random sampling of the SSVIA submitted by staff for completeness. The PREA Coordinator oversees thirty-five (35) PREA Compliance Managers within the agency facilities.

The auditor reviewed the CDCR Organizational chart dated May 2021 and signed by the Secretary of Corrections. Although the PREA Coordinator position is not included in the organizational chart, The CDCR Director of Adult Prisons, confirmed the position is an upper level, agency wide position. The CDCR PREA Coordinator confirmed she has time and authority to effectively oversee the agency's efforts in PREA Compliance. She was extremely knowledgeable regarding the agency's PREA policy and the agency efforts to comply with all the standards. In addition, she reported she communicates at least once a month with the PREA Compliance Managers and provides training, including investigation training.

Provision (c):

The auditor reviewed a Statewide PREA Compliance Manager list dated October 6, 2021, which indicates that there are thirty-five (35) facilities within CDCR. All facilities have a designated PCM. Each PCM is either the rank of an Associate Warden or a Captain, which are higher-level facility positions. The Duty Statement describes some of the duties of the PCM, which includes receiving notification for all allegations of PREA incidents, provide reports to the headquarters and act as a member of the PREA Institutional Review Committee.

The designated PREA Compliance Manager is in the position of Associate Warden and reports directly to the Warden of the facility. She is the PCM for not only SCC but the sixteen (16) conservation camps associated with the facility. The conservation camps include:

1. Fenner Canyon Conservation Camp
2. Acton Conservation Camp
3. Julius Klein Conservation Camp
4. Francisquito Conservation Camp
5. Holton Conservation Camp
6. Vallecito Conservation Camp
7. Growlersberg Conservation Camp
8. Galiban Conservation Camp

9. Miramonte Conservation Camp
10. Mountain Home Conservation Camp
11. Mount Bullion Conservation Camp
12. Owens Valley Conservation Camp
13. Prado Conservation Camp
14. Oak Glen Conservation Camp
15. La Cima Conservation Camp
16. Bautista Conservation Camp

During an interview with the PCM, when asked if she had enough time to manage her PREA related duties, she responded "probably not in the real world". During informal interviews with the conservation camps staff, most stated they didn't know who the PCM was or they did know but had never seen her or ever spoken to her. This is extremely concerning to the auditor, as many of the conservations camps are a great distance from SCC, in remote locations, where mail and appeals are only gathered from each camp on a weekly basis. In addition, staff at the conservation camps, reported that some PREA training and updates to PREA procedures are often done through a memorandum, which does not provide a way for the staff to ask questions or gain clarification from a PREA expert. In addition, staff reported they are required to sign an acknowledgment that they received the training and understood the training, even when they did not understand it, and would have liked to ask questions. Staff were unaware they could call the PCM at the facility for clarification. It appears that the PC is not actively engaged with the firecamps and in the facility's effort to comply with the PREA standards.

Corrective Action Required:

1. The facility shall replace all altered "Out of bounds" signs, within the facility.
2. A procedure shall be established for regular communication/trainings between the PCM and staff at the sixteen (16) conservations camp, which shall give the staff an opportunity to ask PREA related questions or concerns that they may have related to PREA.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On June 14, 2022, the PCM issued a memorandum to all Conservation Camp Commanders to inform them that the PCM would be attending all Camp Commander conference calls, which are held monthly. This will allow the Camp Commanders to ask questions and address any concerns that may arise with at the camps.

On August 26, 2022, the facility provided the auditor photographs of the replacement of the altered "Out of Bounds" signs.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

, The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. Memo to Auditor - Contracting with other Entities for the Confinement of Inmates
3. Contracts (14)
4. SCC PREA Final Audit Report dated November 25, 2019
5. CDCR Shell Bid Agreement-Special Terms and Conditions
6. Interview: CDCR PREA Coordinator

The facility indicated in their response to the Pre-Audit Questionnaire that the agency has not entered into or renewed contracts for the confinement of inmates after August 12, 2012 or since their last PREA Audit. However, the Pre-Audit Questionnaire was incorrect. CDCR currently has fourteen (14) contracts with Community Confinement Facilities, at this time none of the facilities have had a PREA Audit.

Provision (a)(b):

The auditor reviewed the SCC Final Audit Report dated November 25, 2019. The previous auditor did conclude that the facility was compliant with all requirements of this standard. Furthermore, the auditor reviewed the CDCR Shell Bid Agreement-Special Terms and Conditions which is required to be included in any revised or renewed contracts. The Special Terms and Conditions, includes a Prison Rape Elimination Policy section. All contractors are required to ensure compliance with the agency's PREA Policy. In addition, the contract language allows for CDCR staff and outside audit personnel (who also conduct PREA audits of the state prisons) to conduct audits to ensure compliance with the standards.

CDCR has fourteen (14) contracts with Community Confinement Facilities. There are eight (8) facilities, participating in the Male Community Reentry Program (MCRP). This is a voluntary program for eligible males who have two years or less of their prison sentence left to serve. This allows eligible people committed to state prison to serve the end of their sentences in the community, in lieu of confinement in state prison. MCRP is facilitated by the Division of Rehabilitative Programs (DRP). The auditor reviewed all eight (8) contracts, listed below. Each contract does contain the requirement that each entity adopt and comply with the PREA Standards.

1. C5609175-CDCR/Butte County Probation Department, executed November 1, 2019
2. C5609226-CDCR/Turning Point of Central California, INC, executed November 1, 2019
3. C5609507-CDCR/Center Point, INC, executed November 19, 2021 (this site is not active at the time of this audit)
4. C5609238-CDCR/Epidaurus DBA Amity Foundation, executed December 19, 2019 (this site is not active at the time of this audit)
5. C5609258-CDCR/Community Education Centers, INC, executed November 1, 2019
6. C5609223-CDCR/Healthright 360, executed November 1, 2019
7. C5609181-CDCR/Epidaurus DBA Amity Foundation, executed November 1, 2019
8. C5609182-CDCR/Core Civic, INC, executed November 19, 2019

In addition, there are six (6) contracts with Community Confinement Facilities, participating in the Custody to Community Transitional Reentry Program (CCTRP). This program allows eligible offenders with serious and violent crimes committed to state prison to serve their sentence in the community at a CCTRP as designated by CDCR, in lieu of confinement in state prison and at the discretion of the Secretary. The CCTRP will provide a range of rehabilitative services that assist with alcohol and drug recovery, employment, education, housing, family reunification and social support. The auditor reviewed all six (6) contracts, listed below. Each contract does contain the requirement that each entity adopt and comply with the PREA Standards.

1. C5609005-CDCR/WestCare California, INC, executed July 1, 2020
2. C5607981-CDCR/WestCare California, INC, executed July 1, 2018
3. C5609916-CDCR/Saint John's Program for Real Change, executed July 1, 2021
4. C5607863-CDCR/Los Angeles Centers for Alcohol and Drug Abuse, executed July 1, 2018
5. C5609006-CDCR/Mental Health Systems, INC, executed July 1, 2020
6. C5608846-CDCR/Epidaurus DBA Amity Foundation, executed September 24, 2019

In review of the memo provided to the auditor, each facility has CDCR staff on-site. A Correctional Counselor III has been designated within the contracts to monitor the progress of the contractor through the activation phase, program

implementation, services provided, participant's interaction with staff and each other, and the environment of the facility. CDCR is currently working on the development of a monitoring tool.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed, and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM, Chapter 5, Article 44, §54040.4 Security Rounds
3. CDCR DOM, Chapter 5, Article 44, §54040.17.1 Annual Review of Staffing Plan
4. CDCR DOM, Chapter 5, Article 44, §54040.18 Institutional Staffing Plan
5. CDCR DOM, Chapter 5, Article 44, §54040.3 General Information
6. Staffing Plan Analysis Template
7. Staff Codes for Staff Vacancies
8. Average Statewide Population
9. Number of Inmates prior to August 20, 2012
10. Statewide Population Report April 29, 2021
11. Sample Annual Data Collection Tool and Staff
12. SCC Annual Data Collection 2020
13. SCC Sample Supervisor Security Rounds
14. Staff In-service Training Curriculum
15. Auditor Observations
16. Interviews: Facility Warden, PREA Compliance Manager, Intermediate or Higher Level Staff

The facility indicated in their response to the Pre-Audit Questionnaire that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against abuse. The facility is designed to include four thousand two hundred and fifty (4250) authorized beds. The average daily number of inmates on which the staffing plan was predicated is three thousand one hundred and fifty-four (3154).

Provision (a):

CDCR DOM Chapter 5, Article 44, §54040.18 (Institutional Staffing Plan) states, "CDCR shall ensure that each facility it operates develops, documents and makes its best efforts to comply on a regular basis with a staffing plant that provides for adequate levels of staffing, and where applicable, video monitoring to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or inmate may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State, or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors."

CDCR policy requires the institutional PREA Compliance Manager and the Program Support Unit to assess, determine and document whether adjustments are need to the facility staffing plan whenever necessary, but no less frequent than once each year. The staffing plan is developed in consultation with the CDCR PREA Coordinator, SCC PREA Compliance Manager and the Program Support Unit. The auditor reviewed the 2021 Staffing Plan and the Annual Data Collection Tool and Staffing Plan Review and confirmed the plan includes all eleven (11) elements listed above that is required by this provision. During discussions with the facility Warden, he confirmed the facility does have a documented Staffing Plan. He stated that the facility has limited video monitoring capabilities but believes the staffing levels are adequate.

During the site review, the auditor observed multiple areas within the facility, where blind spots were created due to the use of blinds and other window coverings in the inner office spaces. Within the dorms, inmates had laundry covering most of the windows, limiting staff from seeing inside the area. In addition, inmates were utilizing what appeared to be a bed sheet for shower curtains. The shower areas were completely covered, creating additional blind spots. These areas were addressed with facility staff and will be part of corrective action plan for this standard.

The auditor observed staff in most outside areas of the facility. No staff were observed inside the dorm area of the facility. This was a concern to the auditor, as the dorms are locked, and overcrowded with little or no supervision. Within the dorms, inmate laundry, sheets and blankets could be seen hanging, covering the windows. This blocks the view into the dorms, which allow officers to see in as they perform required rounds and view into the dorms. Several inmates were informally asked how they would get help from staff if it was needed. It was stated they wave a white towel or clothing out of the hole (due to the glass being broken out) in the door. Several inmates reported that staff do not routinely come into the dorm area.

The facility Warden indicated that staff are required to enter the dorms during rounds of the facility and would be addressed with staff.

The auditor observed in the canteen area between facility A and facility B, and noted there was one female staff member and one male inmate working in the area. It is recommended that the facility shall implement a two to one ratio in these areas for the safety of the staff member as well as the safety of the inmate. In addition the auditor observed blind spots within the firecamps, which were immediately rectified while the auditor was on grounds.

Provision (b):

CDCR DOM Chapter 5, Article 44, §54040.18 states "In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan."

The facility Warden indicated there was no deviations from the staffing plan. Staff coverage is provided through the overtime in adhering to the staffing requirement. If deviations to the staffing plan would occur, they would be documented on the Daily Activities Report and forwarded to the facility PCM. The PCM confirmed that there have been no deviations to the staffing plan.

Provision (c):

CDCR DOM Chapter 5, Article 44, §54040.17.1 states "Whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to (1) the Staffing Plan, (2) the facility's deployment of video monitoring systems and other monitoring technologies and (3) the resources assigned to ensure adherence to the staffing plan."

The auditor reviewed the the facility 2021 PREA Annual Data Collection Tool and Staffing Plan Review. The facility PCM, in consultation with the PREA Coordinator, review the staffing plan, annually to determine whether adjustments are need to (1) the staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) the resources assigned to ensure adherence to the staffing plan. The process was confirmed by the agency PREA Coordinator and the facility PREA Compliance Manager.

The auditor reviewed the current Staffing Plan Review. The document indicates that the facility has identified deficiencies in the annual staffing plan. The facility's physical plant was reviewed and modifications were made to the dormitory bathrooms which include privacy screens were installed between toilets and some of the showers.

Provision (d):

CDCR DOM Chapter 5, Article 44, §54040.4 Security Rounds states "A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen." In addition the policy states "Staff is prohibited from alerting other staff members that these rounds are occurring, unless such announcement is related to the legitimate functions of the facility."

CDCR In-Service Training 11054378 states, "A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks on all watches, to identify and deter sexual violence, staff sexual misconduct, and sexual harassments of any kind. The security checks shall be documented in the unit log book in red pen. The unit log book shall indicate the date, time and location the security check was conducted."

During the site review, control logs were reviewed and found that intermediate to higher level supervisors conducted unannounced rounds. The rounds are documented in red ink. The auditor was able to distinguish these rounds from other rounds being completed at the facility and there did not appear to have a pattern on times or days that the rounds were being completed. Interviews with intermediate or higher level staff indicate that they conducting unannounced rounds in all areas of the facility. Staff confirmed the purpose of these rounds is to identifying and deter prohibited behaviors. It was confirmed that staff do not alert other staff that the unannounced rounds are occurring.

Corrective Action Required:

1. Eliminate blind spots (removal of blinds, adding mirrors, reorganizing areas) throughout the facility and the conservations camps, as noted on the corrective action plan.
2. Remove the bed sheets causing blind spots in the shower area
3. Conduct a housing unit sweep ensuring clothing lines are not placed in areas that create blind spots.
4. Add "no inmate access" signs in areas noted on the corrective action plan.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

During the corrective action period the facility installed mirrors, reorganized areas to remove the blind spots and removed blinds on inside windows, within the facility and the firecamps. No inmate access signs were placed in areas where inmates are restricted from entering. The facility removed all bedsheets being utilized by the inmates, that created blind spots in the shower areas. All laundry was removed from blocking windows and view into the housing units. The facility stressed to the staff on the importance of ensuring laundry does not block view into the housing units.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1158 297">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 975 445" style="list-style-type: none"> <li data-bbox="277 349 603 376">1. SCC Pre-Audit Questionnaire <li data-bbox="277 383 520 409">2. Auditor Observations <li data-bbox="277 416 975 445">3. Interview: PREA Compliance Manager, Warden and Random Staff <p data-bbox="240 474 1434 501">The facility indicated in their response to the Pre-Audit Questionnaire that the facility does not house youthful offenders.</p> <p data-bbox="240 530 448 557"><u>Provision (a)(b)(c):</u></p> <p data-bbox="240 586 1493 748">The auditor reviewed the agency website. SCC houses adult males only. Youthful inmates are held in the custody of the Division of Juvenile Justice (DJJ). CDCR does have an MOU with DJJ to house male and female youthful offenders who require inpatient care and mental health treatment that is beyond what DJJ can provide. CDCR has two designated facilities to house these youthful offenders, California Health Care Facility (male youthful offenders) and California Institute for Women (female youthful offender).</p> <p data-bbox="240 777 1481 840">During the site review, interviews with the facility Warden, the facility PREA Compliance Manager, and various random staff, the auditor confirmed, that the facility does not house youthful offenders.</p> <p data-bbox="240 869 373 896"><u>Conclusion:</u></p> <p data-bbox="240 925 1481 987">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.5 Searches
3. CDCR DOM Chapter 5, Article 44, §52050.16.5 Unclothed Body Searches of Inmates
4. CDCR DOM Chapter 5, Article 44, §54040.4 Cross Gender Viewing-Preventative Measures
5. CDCR DOM Chapter 5, Article 44, §54050.16.7 Unclothed and Clothed Body Searches of Transgender and Intersex Inmates
6. CDCR DOM Chapter 5, Article 44, §54050.16.4 Clothed Body Search of Female Inmates
7. Memorandum-Adani Compass Low Dose Scanner
8. PREA Training Bet Codes
9. Transgender Inmate Training Bet Code 11058564 (Instructor Text)
10. Transgender Inmate Training Bet Code 11058564 (Participant Workbook)
11. Transgender Inmate Training Bet Code 11058564 (Powerpoint)
12. Transgender Intersex Pat-down Training Bet Code 11060835
13. Body Searches Bet Code 11059429
14. PREA Lesson Plan Bet Code 1054378
15. Office of Training and Professional Development (OPTD) Search Training Lesson Plan
16. Interviews: Random Staff and Random Inmates

The facility indicated in their response to the Pre-Audit Questionnaire that they do not conduct cross gender strip searches or cross gender visual body cavity searches of inmates and have not conducted any in the past twelve (12) months.

Provision (a):

CDCR DOM Chapter 5, Article 44, §52050.16.5 (Unclothed Body Search of Inmates), states in part, “Unclothed body searches: Correctional personnel other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency.” In addition, *DOM Chapter 5, Article 44, §54040.5 (Searches)*, states “Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5...”

The auditor reviewed a memo dated February 8, 2019, to all Associate Directors, Wardens, PREA Compliance Managers and In-service Training Managers regarding the use of the Adani Compass Low Dose scanners. The memo was issued to bring the agency into compliance with this provision by directing that only operators viewing the image produced shall be the same gender as the inmate being scanned. If cross-gender staff use the Adani Compass Low Dose Scanner during exigent circumstances, the search must be documented in a Notice of Unusual Occurrence (NOU).

Any scan or search that is conducted by opposite gender, would be documented by a Notice of Unusual Occurrence. The facility PREA Compliance Manager maintains this documentation and stated that no cross gender scans or searches have occurred at the facility. Interviews conducted with staff and inmates did not indicated that cross-gender unclothed body searches are occurring at the facility.

Provision (b):

CDCR DOM Chapter 5, Article 44, §52050.16.4 (Clothed Body Search of Female Inmates) states “Clothed Body Searches of female inmates shall be conducted by female correctional staff only, except in emergency situations...” **SCC houses male offenders only, therefore this provision would not be applicable.**

Provision (c):

CDCR DOM Chapter 5, Article 44, §54040.5 (Searches) states “Institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM Section 52050.16.5, and shall document all cross-gender pat-down searches of female inmates in accordance with DOM 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU) Completed NOU forms shall be reviewed by the supervisor and routed to the institutional PCM to retain for adult purposes...”

CDCR In-Service Training 11054378, reiterates to staff that that all cross-gender strip searches and cross-gender visual body cavity searches shall be documented in accordance with DOM Section 52050.16.5.

The PREA Compliance Manager indicated that no cross-gender strip searches, cross-gender visual body cavity searches have been occurred at the facility. The facility does not house female inmates. Interviews with random staff and inmates did not indicate that cross gender searches are occurring at the facility.

Provision (d):

CDCR DOM Chapter 5, Article 44, §54040.4 (Preventative Measures) states “Each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Except in circumstances where there would be an impact to safety and security modesty screens shall be placed strategically in areas that prevent incidental viewing.” In addition it states “In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo with the housing unit changes.”

In addition, CDCR staff and contractors are reminded of this policy each year during the In-Service training, CDCR *PREA Training Lesson 11054378, Section D. Privacy/Modesty Screens and Announcements*, which mirrors the policy stated above.

The auditor could not confirm through inmate interviews if announcements are being made by staff of the opposite gender. There was a variety of answers which include; only at the beginning of shift, inmates will call it out, sometimes; yes it is announced, no never. Staff reported the announcements are made. The auditor observed the announcements being made during the site review. In addition, announcements were made upon our arrival at each of the fire camps. Inmates housed at the firecamps reported, they rarely have females on grounds at the facilities but are made aware when there is. Although the auditor does not have enough information that would suggest the announcement is not being made, the auditor would recommend that the staff be reminded of the importance of female staff announcing their presence in the housing units.

During the site reviews of SCC and the firecamps, there were toilet areas that were seen that allowed opposite gender viewing. Many of the issues at the firecamps were addressed immediately and completed while the auditor was on site. Those issues determined at SCC will be addressed during the corrective action period.

CDCR DOM Chapter 5, Article 44, §52050.16.7 (Unclothed and Clothed Body Searches of Transgender or Intersex Inmates) states, "In the event that there is an individual going through Receiving and Release (R&R) who self-identifies as transgender or self-identifies with a gender that seems not to match their biological sex, the each will be conducted by staff of the same biological sex as the inmate to be searched. In the event that an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate's records. If staff are unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation for his/her safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate."

The auditor reviewed the Instructor Guide, participant workbook and the PowerPoint for Transgender Inmates. This training is provided to all correctional staff during the annual in-service training. The training goes over issues and concerns regarding transgender inmate, terminology, professional conduct and communication, clothed and unclothed body searches, and state issued clothing and authorized personal property.

The auditor reviewed the "Search and Inmate Property" training. This training covers clothed and unclothed body searches, pat-down searches, to include the proper way to conduct a pat-down search for a transgender inmate. The training indicates that for female inmates that who identify as male, the inmate will be searched utilizing the usual and customary process for searching female inmates. Male inmates who identify as female, staff will utilize the alternate search method. The technique to be used will require the lower body to be searched the same as all male inmates and the upper body to be searched utilizing the back of the hand, as you would any female inmate. Random staff interviews confirmed that the staff are trained. Each staff member could articulate the proper ways to conduct down search of a transgender inmate.

Provision (e)(f):

CDCR DOM Chapter 5, Article 44, §52050.16.7 (Unclothed and Clothed Body Searches of Transgender or Intersex Inmates) states “In the event that there is an individual going through Receiving and Release (R &R) who self-identifies as a transgender or self-identified with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. In the event that an individual’s genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate’s record (i.e., paperwork indicates male, inmate will be searched by a male staff member). If staff unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation for his/her safety, until the standard intake medical evaluation is completed.”

The auditor reviewed the Instructor guide, participant workbook and the PowerPoint for “Transgender Inmates.” This training is provided to all correctional staff during the in-service training. The training goes over issues and concerns regarding transgender inmates, terminology, professional conduct and communication, clothed and unclothed body searches, state

issued clothing and authorized personal property. In addition the auditor reviewed the "Searches and Inmate Property" training. The training covers clothed and unclothed body searches, pat down searches, to include the proper way to conduct a pat-down search on a transgender inmate. The training indicates that for females who identify as male, the inmate will be searched utilizing the usual and customary process for searching female inmates. Male inmates who identify as female, staff will utilize the alternate search method. The technique to be used will require the lower body to be searched the same as all male inmates and the upper body to be searched utilizing the back of the hand, as you would any female inmate. These searches can be conducted by either male or female staff.

Random staff interviews indicated that staff were aware that policy prevented a staff member from searching a transgender inmate for the sole purpose of determining the genitalia status and could articulate that if there is a need to know, you can speak with the inmate or contact medical staff. In addition, staff could demonstrate how to conduct a pat search of a transgender inmate, which included the use of the back of the hand.

During the site review, the facility housed one (1) transgender inmate. The inmate was quarantined with positive test results for Covid and could not be interviewed. The auditor did confirm, the facility recently had an outbreak and could not conduct a site review of the entire housing unit B. The auditor did have to return to the facility in order to complete the review. The transgender inmate was no longer at the facility upon the audit team's return.

Corrective Action Required:

1. The facility shall explore all options in regards to the toilets that allow for opposite gender viewing, which would allow inmates to perform bodily functions without fear of being viewed by the opposite gender.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The issues regarding specific toilet areas within the facility and the firecams were addressed by the facility, with either tinting on the windows or privacy barriers were added.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
3. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations
4. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification and Reporting
5. California Code Regulations, Title 15, §3000
6. CDCR Contract Voiance Language Services, LLC
7. CDCR I-Speak Posters
8. CDCR Justification Memo
9. Interviews: Director of Adult Prisons, Random Staff and Inmates who are limited English

The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures to provide disabled inmates and limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility indicated the use of inmate interpreters, inmate readers or other types of inmate assistants are only relied upon in limited circumstances.

Provision (a)(b):

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states, "Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels and those with disabilities."

CCR Title 15, §3000, defines effective communications means providing the inmate, to the extent possible, the means to understand and participate in the disciplinary process to the best of their ability. The auditor reviewed a justification memo dated October 6, 2017, the memo states "In order to ensure that inmate with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, CDCR provides reasonable modifications or accommodations to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provision are made to ensure effective communications for offenders not fluent in English, those with low literacy levels and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases. When an inmate's Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR form his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. For instances involving due process, employees give priority to the inmate's primary means of communication, which may include but is not limited to; auxiliary communication aids, sign language interpreter, and bilingual interpreter."

TABE scores are documented in SOMS (inmate electronic file). TABE scores can also be found on classification review forms under committee notes, indicating that the score is considered and if any type of effective communication is needed.

The agency has a contract with Voiance Language Services, for foreign language telephone interpreter services. In June 2009, a memo was sent to all Directors and Wardens, to serve as a reminder to all CDCR staff of procedures to ensure effective communication with Limited English Proficient (LEP) inmates. The memo provides instructions on how to access the service as well as a directive to appoint an LEP Coordinator in each facility. The Coordinator is responsible for ensuring the "I-Speak" cards are available in all housing units, ensuring the 1-800 toll free number is current and operational. The LEP Coordinator also ensures that a list of competent bilingual staff interpreters is updated and available. All staff are required to attend one hour of training during the in-service training regarding this issue.

The auditor reviewed, CDCR I-Speak (Language Identification Guide) posters. The posters include phone numbers for inmates and staff to call to access an interpreter. The designated LEP Coordinator is responsible for ensuring that the posters are available in all housing units and to ensure the numbers are correct and updated. An inmate can point to the desired language, if they are unable to speak English. During the site review of SCC, the auditor did not observe very many of these posters in the housing units or dorms or areas where the inmates are likely to congregate. The I-Speak posters were observed in all areas of the conservation camps. Prior to the issuance of the facility Interim report, the facility replaced the I-Speak posters in all housing units and areas where inmates congregate. The auditor was sent photographs of the postings.

In addition, the Director of Adult Prisons confirmed that all PREA documentation is provided in both English and Spanish. If other languages are needed the agency does have contracts with outside agencies who can provide the documentation in

other languages. Staff are required to ensure that an inmate understands the agency's zero tolerance policy and how to report. Interviews were conducted with limited english inmates. The staff were able to assist with setting up the interviews, indicating a clear knowledge on how to access the information.

Provision (c):

CDCR DOM Chapter 5, Article 44, section 54040.7 (Detection, Notification, and Reporting) states, "The department shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations."

CDCR DOM Chapter 5, Article 44, §54040.12 Investigations states, "Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct or sexual harassment investigations."

Random staff were able to articulate that the facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants. Many of the staff, stated that the facility does have a list of staff that can speak other languages, that they could call if it was needed.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 3, Article 6, §31060.3 Appointments
3. CDCR DOM Chapter 3, Article 6, §31060.3 Background Checks
4. CDCR DOM Chapter 3, Article 6, §31060.16 Criminal Records Check
5. CDCR DOM Chapter 3, Article 22, §33030.19 Employee Disciplinary Matrix
6. California Code of Regulations, Title 15, §3411
7. California Employment Application, STD 678
8. CDCR form 1951 Supplemental Application
9. CDCR Form 2164 Live Scan Response
10. CDCR Memo-Use of the CDCR Form 1951 Supplemental Application
11. CDCR Memo-Personnel Identification Card Issuance
12. CDCR 2025 Employment Reference Questionnaire
13. CDCR PREA Memo-Background Investigators
14. CDCR Justification Memo
15. CDCR Form 2301 PREA Policy Information for Volunteer and Contractors Memo
16. CDCR Form 2301 PREA Policy Information for Volunteers and Contractors
17. Interviews: Administrative Human Resource Staff and PREA Coordinator

The facility indicate in their responses on the Pre-Audit Questionnaire that the agency policy prohibits hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have with inmates who has engaged in sexual abuse in a prison, jail, community confinement facility, juvenile facility or any other institution or any who has been convicted or attempting to engage in sexual activity in the community by force, overt or implied threats or coercion, or if the victim did not consent or was unable to consent or anyone who has been civilly or administratively adjudicated to have engaged in this activity.

Provision (a)(b):

CDCR DOM Chapter 3, Article 6, §31060.3 (Appointments) states "In accordance with 28 Code of Federal Regulation (CFR), Part 115, Standard 115.17, hiring authorities shall not hire or promote anyone who may have contact with inmates, who: has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, 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."

CDCR DOM Chapter 3, Article 6, §31060.3 (Appointments) states "Hiring authorities shall consider substantiated incidents of sexual harassment in all hiring decisions; ask all applicants and employees who may have contact with inmates directly about previous staff sexual misconduct and sexual harassment of inmates, in written applications or interviews for hiring or promotions and in any interview or written self-evaluations as part of the reviews of current employees." In addition to the questions above, the supplemental applications inquires if the applicant has ever had a substantiated finding of sexual harassment of an inmate in prison, jail, lockup, community confinement center or other institution"

CDCR DOM Chapter 3, Article 6, §31060.17 (Pre Employment Documentation) states, "The following records shall be on file in the local personnel/payroll office prior to appointment of an applicant:

- CI&I SSCH
- Live scan
- USINS Form I-9
- Physical examination report
- CDCR Form 1951, Supplemental Application for all CDCR Employees

CDCR DOM Chapter 3, Article 6, §31060.5.5 Completion of CDCR Form 1951 states, "A CDCR Form 1951, Supplemental Application for all CDCR Employees is required of all applicants seeking employment with the Department. This form is utilized at the time the employment interview is conducted and should be completed by both internal and external candidates with the exception of peace officers applying to the same classification. Completion of the form should prevent the hiring of any ex-offenders without prior approval of the Secretary. This form will also be utilized to ensure compliance with 28 CFR,

Part 115, National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA), Standard 115.17 – Hiring and promotion decisions.”

The auditor reviewed the CDCR Supplemental Application. The supplemental application was revised in August 2016, to include the questions mandated by this provision of the standard. In addition, the supplemental application includes asking the candidate if they have received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility or any other institution. This form is required of all applicants seeking employment with CDCR, to include both internal and external candidates with the exception of Peace Officers applying for the same classification. The form is also used for transfers with a change in classification or promotions. All Human Resource Personnel were instructed that this form is to be maintained in the employee personnel file in a sealed envelope.

The auditor reviewed CDCR Form 2301 PREA Policy Information for Volunteer and Contractors Memo. In May 2020, CDCR revised CDCR form 2301. All contractors and volunteers are required to read and sign this form prior to employment with the agency. The form was revised to include all questions required by this provision.

During an interview with Human Resource staff, it was confirmed that all applicants are required to complete the 1951 Supplemental Application. In addition, all contractors are required to complete the CDCR Form 2301, prior to employment. The auditor reviewed forty-eight (48) facility staff files and twenty-nine (29) medical staff files, for a total of seventy-seven (77) staff files. There were twelve (12) files where the employee had been at the facility prior to the establishment of the Supplemental Application. Thirty-five (35) files contained the Supplemental Application, signed and filled out prior to employment, there was one (1) file, where the employee signed the application but had not answered any of the questions.

The auditor reviewed twenty-nine (29) medical staff files. There were three (3) files where the employee had been at the facility prior to the establishment of the Supplemental Application and twenty-six (26) files had a completed signed Supplemental Application. In addition, the auditor reviewed twelve (12) contractor files, seven (7) files had a completed Supplemental Application, while five (5) did not. Evidence does support that the facility is requiring all potential employees, promoted employees and contractors to complete the Supplemental Application.

Provision (c)(d)(e)(h):

CDCR DOM Chapter 3, Article 6, §31060.16 (Criminal Records Check) states “A criminal records check is a requirement for employment with the CDCR and includes: consent to be fingerprinted (live scanned) and request for and review of the CI and ISSCH.” The live scan system notifies the department of any subsequent arrests an employee or contractor has in on an ongoing basis. An employee or contractors fingerprints remain in the live scan system until the employee or contractor is no longer employed with the CDCR. This also alleviates CDCR from running background checks on all employees every five (5) years as required by this provision of the standard.

The auditor reviewed a memo entitled *Personnel Identification Card Issuance*. All ID Cards that are red, blue, white or gold have an expiration date of five (5) years. Contractors are issued green cards, which also has a five (5) year expiration or upon completion of the project they are currently working on. Volunteers are issued brown cards with an expiration date of one (1) year. In order to renew the ID Cards once expired they must complete a background check.

Contracts for the service of contractors, include language which states, “you shall not assign an employee to a CDCR facility or assign an employee to duties if that employee will have contact with CDCR inmates, if that employee 1) has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, community confinement facility, juvenile facility or any other institution; 2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; 3) has been civilly or administratively adjudicated to have engaged in this activity described above.” In addition, the contractor shall conduct a criminal background records check for each contract employee who will have contact with CDCR inmates and provide written certification that it was done.

All background investigators are required to make an attempt to contact all previous institutional employers to inquire about substantiated investigations or if the applicant resigned during a pending sexual abuse investigation. Background investigators utilize *CDCR 2025 (Employment Reference Questionnaire)* when conducting a background check. The form includes the following questions:

- While this individual was employed with your agency/institution, was he/she ever proven, through a substantiated investigation, to have engaged in sexual abuse?
- Did this individual resign from his/her employment with your agency/institution prior to completion of an investigation into sexual abuse.

The agency PREA Coordinator confirmed that during the background process, all previous correctional employers are contacted. In addition, she will respond to outside agencies that request this information. The PREA Coordinator provided the auditor with samples of such inquire and response. The auditor reviewed seventy-two (72) staff files, six (6) files indicated prior employment with a institution or facility, four (4) files had proof of practice, while two (2) of the files, contained

the request that had not been completed.

Provision (f):

On October 27, 2021, *California Code of Regulations, Title 15, §3411* was revised to include the following: "The employee or contractor has a continuing duty to report, and shall promptly notify the institution head, or appropriate Director, if any of the following occur:

- They have engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, community confinement facility, juvenile facility or any other institution;
- They have 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;
- They have been civilly or administratively adjudicated to have engaged in this activity described above.

The auditor reviewed *CDCR Form 2301 PREA Policy Information for Volunteer and Contractors Memo*. In May 2020, CDCR revised CDCR form 2301. All contractors and volunteers are required to read and sign this form prior to employment with the agency. The form was revised to include the following statement "as a contract employee you have a continuing duty to promptly report and you are required to notify your employer and the Appointing Authority of the Institution to which you are assigned if the answer to any of the above questions changes." Both volunteers and contractors are required to sign the form prior to employment with the agency. The auditor reviewed twelve (12) contractor files, seven (7) files had a completed Supplemental Application, six (6) of the contractors had signed the updated CDCR Form 2301.

Provision (g):

CDCR DOM Chapter 3, Article 22, §33030.19 Employee Disciplinary Matrix E. Integrity (8) states "Falsification of application or omission of information for employment or promotion when it materially affects acceptance or rejection for employment or promotion." The penalty imposed can be up to the 9th penalty level which is dismissal.

The auditor reviewed the *California Employment Application, STD 678*. The form includes a statement that each applicant must read before signing which states, "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."

In review of the CDCR form *1951 Supplemental Application*, it also states, "I understand that if material fact are later discovered which are inconsistent with or differ from the facts that I furnished before beginning employment, I may be rejected on probation and/or disciplined, up to and including dismissal from State service." The applicant is required to sign the statement.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.

115.18	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR Design and Construction Policy Guidelines 3. Interviews: Director of Adult Prisons, Facility Warden, PREA Coordinator and PREA Compliance Manager <p>The facility indicated in their response to the Pre-Audit Questionnaire that there has not been substantial expansion or modifications to the facility and has not installed or updated video technology since the last PREA Audit.</p> <p><u>Provisions (a)(b):</u></p> <p><i>CDCR (Design and Constructive Policy Guidelines Manual Volume 1) states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse."</i></p> <p><i>CDCR (Design and Constructive Policy Guidelines Manual Volume 1) states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse."</i></p> <p>The Director of Adult Prisons reported during an interview, that any time new requests are made for construction or modifications, a request is made for video monitoring equipment, as well. She also stated the agency PREA Coordinator and the facility PREA Compliance Manager are involved in all aspects of expansions or modifications, to ensure the agency's ability to protect inmates from sexual abuse. Both the facility Warden and the PREA Compliance Manager explained the process and confirmed that there has not been substantial expansion or modifications to the facility and has not installed or updated video technology since the last PREA Audit. During the site review, the auditor did not see ongoing construction or installation of video monitoring equipment within the facility grounds.</p> <p><u>Conclusion:</u></p> <p>Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations
3. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examinations
4. CDCR DOM Chapter 5, Article 44, §54040.8 Initial Contact
5. CDCR DOM Chapter 5, Article 44, §54040.8.1 Evidence Protocol
6. CDCR DOM Chapter 5, Article 44, §54040.8.2 Victim Advocate Support Person and SANE/SART Examination
7. CCHCS Chapter 10 1.10 Co-Payment Policy
8. CA Penal Code 830.5
9. Justification Memo
10. Specialized Training LDI Lesson Plan and PowerPoint
11. LDI Evidence Training based on a National Protocol for Sexual Assault 2012
12. SCC Inmate Orientation Handbook
13. Sexual Assault Kit Processing Memo
14. CDCR Sexual Assault Interview Guidelines
15. Memorandum of Understanding CDCR/Center for a Non Violent Community
16. Interviews: Random Staff, SAFE/SANE Staff, PREA Compliance Manager, Inmates who reported sexual abuse

The facility indicated in their response to the Pre-Audit Questionnaire that the facility is responsible for conducting both criminal and administrative investigations, to include inmate on inmate sexual abuse and staff sexual misconduct. In addition, the facility reported that there have not been any SANE exams required in the past twelve (12) months.

Provision (a)(b):

California Penal Code 830.5 states "The following persons are peace officers whose authority extends to any place in the state while engaging in the performance of the duties of their respective employment and for carrying out the primary function of their employment or as required under Sections 8597, 8598, and 8617, (b) correctional officer employed by the Department of Corrections and Rehabilitation....."

CDCR DOM Chapter 5, Article 44, §54040.8.1 (Evidence Protocol) states "Care must be taken to ensure that any potential evidence is identified, preserved and collected. Examples of evidence include, but are not limited to any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit)."

The agency/facility is responsible for conducting both criminal and administrative investigations. Investigation are conducted by Locally Designated Investigators (LDI). An LDI may be an investigator from the Investigative Service Unit or a designated institutional staff member who has been trained to conduct investigations of sexual abuse, staff sexual misconduct or sexual harassment. In cases that involve an accused staff member, an LDI will conduct an initial inquiry until sufficient information has been obtained to conduct an Office of Internal Affairs (OIA) investigation. Within the Office of Internal Affairs, the Allegation Inquiry Management Section was established to conduct independent and objective inquiries into specified allegations originating from grievances submitted by incarcerated persons and parolees. Effective January 1, 2022, the scope of AIMS was expanded to include all allegations of staff (on offender) sexual misconduct.

The auditor reviewed the specialized training that is provided to all LDI's. The training is based on the April 2012 edition of the *National Protocol for Sexual Assault Medical Forensic Examination*, published by the US Department of Justice. A justification memo and CDCR DOM, Chapter 5, Article 44, §54040.8.1, state, CDCR ensures that any potential evidence is identified, preserved and collected. Examples of evidence include, but are not limited to any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit). SCC does not house youthful offenders, however the process addresses sexual assault examinations appropriate for both adult and adolescents.

CDCR has developed protocols for each step of the process in the event of a sexual assault. Staff are provided checklists to ensure that all protocols are followed. The checklists consist of the Initial Contact Guide, Custody Supervisor Information, Watch Commander Checklist and a Transportation Guide.

Provision (c):

CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examinations states "In accordance with DOM Sections 54040.12.1 and 54040.12.2, the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report....These examinations will consist of an explanation of the process, the offender's signature on consent forms (some offenders will require assistance to explain the consent forms prior to signing them), discussion of the incident and when/how it occurred and a detailed physical examination that will include evidence collections and photographs..."

California Health Care Services Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states "The copayment shall not be charged if the health care service(s) is considered to be...treatment services relating to sexual abuse or assault." Interviews with medical staff, confirmed that inmate are not charged for any health care services associated with a sexual abuse.

The facility provided the auditor with the 2021 Yearly Tracking Log for allegations/investigations. The report indicates there have been fourteen (14) investigations. The auditor reviewed twelve (12) investigation files. During the review there was one (1) case that indicated a SANE exam was offered to the inmate and the facility provided documentation that it was declined. There were a few other allegations, that was reported and was outside the time frame in order to conduct a SANE exam.

Provision (d)(e):

CDCR DOM Chapter 5, Article 44, §54040.8.1 Custody Supervisor Responsibilities states "A Watch Commander Notifications Checklist has been developed to identify the tasks to be completed. When the call is made to request the ambulance, it is critical to inform the dispatcher that the injured offender is the victim of sexual assault/battery. At the time the victim is sent to the outside hospital or on-site location, the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated, trained staff from the facility will be dispatched or called in to act as the Victim Advocate as defined in Section 54040.3."

CDCR DOM Chapter 5, Article 44, §54040.8.2 Victim Advocate and Victim Support Person for Investigatory Process states "Victims of alleged sexual violence or staff sexual misconduct, have the right to have a victim advocated and a victim support person of the victim's choosing, present at any investigatory interviews, interviews by law enforcement, the district attorney or defense attorneys."

CDCR DOM Chapter 5, Article 44, §54040.3 Victim Advocate states "An individual typically employed by a Rape Crisis Center whose primary purpose is the rendering of advice or assistance to victims of sexual assault and who has received a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by an approved counseling center. The victim advocate will be summoned to assist the alleged victim of an in-custody sexual assault including rape, sodomy, oral copulation, or forcible acts of sexual penetration for the SANE exam or interview process...In cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available, an employee who has been certified by a rape crisis center as trained in counseling of sexual assault victims...."

The auditor reviewed the *Inmate Orientation Handbook*, which states, "If you are the victim of sexual violence or staff sexual misconduct while in this institution, you may be eligible to have a victim advocate and a victim support person with you during the medical examination, interviews with law enforcement, and subsequent interviews with medical staff."

The auditor reviewed a Memorandum of Understanding between CDCR, SCC and the Center for a Non-Violent Community (CNVC). The MOU was executed on June 19, 2020 and remains in effect for five (5) years. The MOU defines the roles and responsibilities of each entity, to ensure that emotional support services are provided to inmates housed within SCC. In addition, the MOU defines emotional support services to include:

- toll-free, non-recorded, non-monitored calls utilizing the inmate telephone system to CNVC's hotline number;
- confidential written correspondence with contractor personnel;
- in-person crisis counseling sessions between incarcerated victims and Contractor Personnel unitizing meetings and prearranged by the PCM or designee
- telephone calls to Contractor Personnel via chaplain, counselor, psychologist, or ISU staff as resources and scheduling allow.

The auditor made several attempts by phone and email to CNVC to learn more information. However there has been no response. In review of the Watch Commander Checklist, attempts to contact the Rape Crisis Center are documented with the time it was completed. If the Rape Crisis Center is unable to provide a victim advocate, the watch commander will contact an individual from the facility who is a trained victim advocate, which must be on the level of a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse or a staff member with a master's

degree in counseling.

In addition, the auditor reviewed *CDCR Sexual Assault Interview Guidelines*, this confidential form is used to aide the interviewer in asking pertinent questions needed to complete a confidential memorandum. The instructions on the top portion of the form states, "Per PC Section 679.04, victims of sexual assault have the right to have a victim advocate, and a victim support person of the victim's choosing present at any interview by law enforcement, the district attorney, or defense attorney."

The audit team conducted interviews with three (3) inmates who had reported sexual abuse. The inmates were aware that they could call the numbers on the wall to speak with a victim advocate, however did not remember if the facility staff had told them at the time of the incidents.

Provision (f)(g):

All CDCR custody staff are sworn peace officers and are authorized and trained in conducting both criminal and administrative investigations of sexual abuse. Therefore these provisions are not applicable.

Provision (h):

CDCR DOM Chapter 5, Article 44, §54040.3 states "...In cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available, an employee who has been certified by a rape crisis center as trained in counseling of sexual assault victims and who either: is a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse or a staff member with a master's degree in counseling." The facility PCM confirmed that there have not been occurrences that would require a certified staff member to act in the victim advocacy capacity.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations for Allegations
3. CDCR DOM Chapter 3, Article 14, §31140.1 Policy
4. SCC PREA Allegation Log 2020
5. SCC PREA Allegation Log 2021
6. Justification Memorandum
7. Memorandum Referral of all unnecessary or Excessive use of force and specified Prison Rape Elimination Act Allegations to the Allegation Inquiry Management Section
8. CDCR Web site
9. CDCR 2020 Annual Report
10. Interviews: Director of Adult Prisons and Investigative Staff

The facility indicated in their response to the Pre-Audit Questionnaire that the agency ensures that an administrative or a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In addition, the facility stated that there have been five (5) allegations received and five (5) investigations were completed.

Provision (a)(b):

CDCR DOM Chapter 5, Article 44, §54040.12 Investigations for Allegations states "All investigations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing...."

CDCR DOM Chapter 3, Article 14, §31140.1 Policy states, "Every allegation of employee misconduct within the California Department of Corrections and Rehabilitation (CDCR or Department) shall be promptly reported, objectively reviewed, and investigated when appropriate."

CDCR DOM, Chapter 5, Article 44, §15080.2 states the Office of Internal Affairs is the departmental entity with authority to investigate allegations of employee misconduct when appropriate.

CDCR DOM Chapter 3, Article 14, §31140.6 states in part: Pursuant to Government Code Section 11182, the Secretary of the Department delegates the authority to initiate and conduct investigations to the Assistant Secretary, OIA."

All CDCR custody staff are sworn peace officers that have been trained and authorized to conduct criminal and administrative investigations.

The auditor reviewed a justification memorandum. All inmate on inmate sexual violence and harassment allegations are investigated by the Investigative Services Unit (ISU). The findings are documented on a confidential memorandum and an SSV-IA form. If the allegations are found to be substantiated, ISU collaborates with the District Attorney to make a determination on prosecution.

The auditor reviewed a memorandum to all Wardens, dated December 29, 2021. The memorandum indicates that within the Office of Internal Affairs (OIA) the Allegation Inquiry Management Section (AIMS) was established to conduct independent and objective inquiries into specified allegations originating from grievances submitted by incarcerated persons and parolee. Effective January 1, 2022, the scope of AIMS is expanded to include all allegations of unnecessary or excessive use of force (UOF) and all allegations of staff (on offender) sexual misconduct, to include allegations of sexual harassment and sexual assault by a staff member. All allegations of staff sexual harassment or staff sexual assault of an incarcerated person or parolee shall be accepted from any source.

Staff sexual misconduct and staff sexual harassment allegations are initially conducted by ISU. ISU will gather preliminary information concerning the allegations. The findings are documented on a confidential memorandum and an SSV-IA form. If the allegations are found to have potentially occurred, ISU then refers the case to the Office of Internal Affairs (OIA), an entity within CDCR with authority to investigate all staff misconduct. The OIA completes the investigation and works with the District Attorney to make a determination on prosecuting the suspect.

The auditor reviewed the agency website and did locate the agency PREA Policy which describes that all allegations of sexual abuse or sexual harassment will be investigated and will be referred for prosecution if the allegation involves criminal behavior.

In calendar year 2021, the facility received fourteen (14) allegations of sexual abuse and sexual harassment. There were fourteen (14) allegations that resulted in an administrative, none of the investigations required referral for prosecution. The auditor reviewed twelve (12) of the investigations and confirmed that they did not result in criminal charges being filed and prosecuted.

Provision (c)(d)(e):

CDCR has the authority to investigate all criminal and administrative allegations, therefore these provisions are not applicable to SCC.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC PRE-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.1 Zero Tolerance Policy
3. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
4. CDCR In-Service PREA Training Lesson Plan, 11054378
5. CDCR BCOA PREA Training Lesson Plan, 11055014
6. CDCR OTJ PREA Training Lesson Plan, 11053499
7. Inmate/Staff Relations Instructor Guide, version 1.2 for BCOA 11055030 and IST 11053211
8. Interviews: Random Staff

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency trains all employees who may have contact with inmates on all elements of this standard and that the training is tailored to the gender of the facility.

Provision (a):

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states “All staff, including employees, volunteers, and contractors shall receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy.”

CDCR DOM Chapter 5, Article 44, §54040.4 Staff Training indicates that all staff, which includes employees, volunteers and contractors receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. The training is conducted during new employee orientation, annual training and is included in the curriculum of the Correctional Training Academy.

CDCR has three separate PREA training curriculums. PREA BCOA 11055014 is training this is provided to custody staff in the agency correctional academy. PREA IST 11054378 is training that is included in the facility in-service training and PREA OJT 11053499 is on the job training, which is a one hour refresher course.

The auditor reviewed the agency PREA Training curriculum and lesson plans provided. Each lesson plan covers the required elements of this provision which includes but is not limited to:

- Zero Tolerance
- How to fulfill your responsibilities under the agency sexual abuse and sexual harassment policy and procedures
- Inmate's right to be free from sexual abuse and sexual harassment
- Inmate and Staff rights to be free from retaliation for reporting sexual abuse or sexual harassment
- The Dynamics of sexual abuse and sexual harassment in a confinement setting
- Common reactions of sexual abuse and sexual harassment
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with inmates
- How to communicate effectively and professionally with inmates including LGBTI inmates
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

Provision (b):

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states “The training shall be gender specific based on the offender population at the assigned institution...” The training curriculum includes gender specific information. In addition, the curriculum contains information on the dynamics of sexual abuse and sexual harassment in a confinement setting that informs the student of the female dynamics, the male dynamics and the transgender populations dynamics.

Provision (c)(d):

CDCR DOM Chapter 5, Article 44, §54040.4 Staff Training states that PREA Training will be conducted during new employee orientation, annual training and will be included in the curriculum of the Correctional Training Academy. In addition, it states that participation in the training shall be documented on a CDCR 844, Training Participation Sign-in sheet.

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states “...participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.”

CDCR DOM Chapter 3, Article 18, §32010.8.3 (Record Keeping Forms) states, "For each training activity conducted, the following records shall be maintained: CDCR Form 844 shall be used for all IST, CDCR Form 844 or the unit approved training documentation for OJT, a record of score achieved through a written test or performance demonstration of the learned skill. All training shall be recorded in the departmentally approved electronic tracking system."

Staff and contractor are required to attend PREA training on a yearly basis. Once training has been completed staff is required to complete a "Knowledge Review" test which documents the employee's level of understanding and contains the employee signature. During random staff interviews, staff confirmed that they attend PREA training on an annual basis. Most could articulate that their last training was within the past year.

The auditor reviewed seventy-two (72) staff files. The facility struggled with providing the proper documentation that all staff have attended PREA training. Without the proper documentation, the auditor could not determine if training of all staff has been completed, therefore corrective action is required.

Corrective Action Required:

1. The facility shall train all staff, including staff assigned at each conservation camp and provide the auditor with documentation of the training.
2. Employees shall document training received, by employee signature documenting that they understand the training.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

Documentation for employee training for all seventy-two (72) staff files was provided to the auditor. The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Staff Training
3. CDCR DOM Chapter 10, Article 9, §101090.5 Community Resource Manager
4. CDCR DOM Chapter 3, Article 18, §32010.8.3 (Record Keeping Forms)
5. CDCR In-Service Training Curriculum 110554378
6. CDCR Form 2301 PREA Policy Information for Volunteers and Contractors Memo
7. CDCR Form 2301 PREA Policy Information for Volunteers and Contractors
8. CDCR Justification Memo - Volunteers and Contractor Training
9. Interviews: Volunteers and Contracts

The facility indicated in their response to the Pre-Audit Questionnaire that the agency ensures that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment.

Provision (a)(b):

CDCR DOM Chapter 5, Article 44, §54040.4 (Staff Training) states "All staff, including employees, volunteers, and contractors shall receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy."

CDCR DOM Chapter 10, Article 9, §101090.5 Community Resource Manager states, "Under the direction of the hiring authority, the CRM...provides volunteers the approved training schedule and training materials as noted in the DOM Sections 101090.7 and 101090.7.1 at onset of service and annually thereafter. " In addition it states, "Records all tracking information regarding volunteers in the Volunteer Tracking System (VTRACK)."

The auditor reviewed the *CDCR Justification Memo - Volunteers and Contractor Training*. Volunteers and contractors who work eight hour shifts with little to no custody staff supervision are required to attend the same training that is specific for staff. However volunteer or contract staff that conduct self-help groups or similar are required to to complete the one hour mandatory training, in addition to the information that is provided to them with CDCR Form 2301.

The *CDCR form 2301-PREA Policy Information for Volunteers and Contractors* is required prior to employment. The potential volunteer or contractor, must sign and date the form. The form provides information which includes but is not limited to PREA historical information, CDCR PREA Policy, retaliation measures for employees or inmates who report incidents of sexual violence, professional behavior, preventative measures and detection.

Provision (c):

CDCR DOM Chapter 3, Article 18, §32010.8.3 (Record Keeping Forms) states, "For each training activity conducted, the following records shall be maintained: CDCR Form 844 shall be used for all IST, CDCR Form 844 or the unit approved training documentation for OJT, a record of score achieved through a written test or performance demonstration of the learned skill. All training shall be recorded in the departmentally approved electronic tracking system."

In addition, Contractors and Volunteers are given a PREA Policy Information Sheet prior to employment. This document includes PREA Historical Information and CDCR DOM Chapter 5, Article 44 Policy, Professional Behavior, Preventative Measures and Detection. Each volunteer or contractor is required to sign the document which contains the statement "I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment."

During interviews with contractors, it was confirmed that they are required to attend the same training as CDCR staff. The auditor reviewed twelve (12) contractor files and eighteen (18) volunteer files. The facility provided documentation of the Form 2301 signed by the contractor/volunteer for all twelve (12) contractor files and seventeen (17) of the volunteer files.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Offender Education
3. CCR Title 15, §3000
4. CDCR Prison Rape Elimination, Written Material Distribution Memo
5. CDCR Form 128-B
6. Shine the Light on Sexual Abuse Poster in both English and Spanish
7. Office of the Inspector General PREA Poster
8. Senate Bill 132 Brochure
9. SCC Twelve month Inmate Roster
10. Interviews: Director of Adult Prisons, Intake Staff and Random Inmates

The facility indicated in their responses to the Pre-Audit Questionnaire that inmates receive information at the time of intake about the agency zero tolerance policy. The facility reported that two thousand six hundred and ninety-one (2691) inmates have been admitted into the facility in the past twelve months and two thousand six hundred and eighty-five (2685) received this information at intake. In addition the facility reported two thousand three hundred and ninety-nine (2399) inmates were admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake:

Provision (a)(b)(e):

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states "Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish."

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states, "The PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and the booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook."

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states "PREA Offender education shall be documented on a CDC Form 128 B, General Chrono. The offender shall be asked to sign the CDC Form 128 B indicating they received the training. Refusal to sign will be noted by staff on the CDC Form 128 B."

The facility reported that inmates are shown a video "*What you need to know*", during the intake process. During the site review, the auditor observed the intake area. The video equipment need to shown the inmate video was not in working order. When asked, the staff could not articulate how long it had not been operational, however it was reported as long as July of 2021.

The *PREA Sexual Violence Awareness Brochure* is both in English and Spanish. The Brochure informs the inmate what to do if you are sexually assaulted, avoidance of sexual violence, address for the local rape crisis center and how to report utilizing the Officer of Internal Affairs or Office of Inspector General Ombudsperson. The brochure also informs the inmate that the Office of Inspector General will keep name anonymous if requested.

The *Sexual Abuse/Assault Prevention and Intervention Brochure* is both in English and Spanish. The brochure is intended to give an inmate an overview of and to know their rights and responsibilities. The brochure explains what sexual abuse is, recovering from sexual assault, provides the address for the local rape crisis center, how to report, how to avoid sexual abuse and answers several other questions that the inmate may have such as do you have to reveal your attacker, do I have to consent to a medical exam and what will happen to me if I make an allegation knowing it to be false.

The Senate Bill 132 Brochure is intended for the transgender population. The Senate Bill 132 was signed into law by the Governor on September 26, 2020 and has take effect as of January 1, 2021. The brochure provides the transgender inmate with a multitude of information, including what is the bill and such items as listed below:

- you can be authorized to possess clothing consistent with your gender

- you are allowed to purchase and possess personal clothing, hygiene items, cosmetics, and makeup consistent with your gender identity
- you have the option to shower separately
- PREA Standards require all offenders who identify as transgender, intersex or non-binary to be evaluated twice a year to check for safety in placement and programming
- Senate Bill 320 allows you to petition the court to obtain a name or gender change.

In addition, the brochure notifies the transgender inmate how this Senate Bill affect him/her and frequently known questions, such as can I be housed in a facility consistent with my gender identity, and can I be search by staff of the opposite gender?

The auditor reviewed the inmate "Orientation Handbook". The handbook contains a PREA section, which explains the facility zero tolerance policy, right to be free from retaliation, and reporting an incident with phone numbers and addresses.

The auditor reviewed the CDCR form 128-B. This form is utilized to document the inmate's participation in PREA education. The form indicates, by inmate signature, that the inmate has received the PREA materials and training. The form indicates that the inmate has received the following information at intake:

1. Video "what you need to know" (English/Spanish/Hmong Version) and;
2. Given information brochure on PREA reporting information;
3. Given Inmate Orientation Handbook with PREA reporting information;
4. Opposite Gender Announcement was explained, "staff on the floor" means staff of the opposite gender are in the Housing Unit.

Provision (c):

The auditor reviewed a memorandum issued on November 4, 2015, which indicates that all facilities within CDCR provided all inmates a copy of the PREA Information sheet for the Orientation Handbook and on September 2, 2015, proof of practice memorandums were received from all facilities verifying completion.

SCC reported that there are currently six (6) inmates at the facility that have remained at the facility since August 20, 2012. The PCM confirmed that all were trained as required in 2015.

Provision (d)(e):

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states "appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities."

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states "Verbal and written information shall be provided to offenders, which will address: prevention/intervention, reporting, treatment and counseling."

CCR Title 15, §3000 states, "If the inmate's Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document on appropriate CDCR forms his/her determination of whether the inmate appeared to understand"

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states "PREA Offender education shall be documented on a CDC Form 128 B, General Chrono. The offender shall be asked to sign the CDC Form 128 B indicating they received the training. Refusal to sign will be noted by staff on the CDC Form 128 B."

The auditor reviewed the CDCR form 128-B. This form is utilized to document the inmates participation in PREA education. The form indicates, by the inmate signature, that the inmate has received the PREA materials and training. The form indicates the following:

- Video "what you need to know" (English/Spanish/Hmong Version) and;
- Given information brochure on PREA reporting information;
- Given Inmate Orientation Handbook with PREA reporting information;
- Opposite Gender Announcement was explained, "staff on the floor" means staff of the opposite gender are in the Housing Unit.

Ensure Effective Communication

- I/M has a TABE score of 4.0 or higher, can read and write and understands PREA material given
- I/M has a TABE score of below 4.0 and effective communication used (Verbal Interpreter, Stadd Assistant or Inmates own words) to ensure that the PREA material was given and understood.

The auditor reviewed thirty-one (31) inmate files. Each file contained CDCR Form 128 B. The form appears to be pre-filled with a computer generated check mark on:

- Video "what you need to know" (English/Spanish/Hmong Version) and
- Given Inmate Orientation Handbook with PREA reporting information;

Although the inmate signed the form, this causes issues for the auditor, as observations during the site review, indicated the video was not working for an unknown amount of time. The facility reported that all inmates are given the PREA Brochures at intake but none of the forms reviewed indicate that the brochures were given. In addition, none of the boxes had been checked regarding the inmate TABE score. Although the auditor did find the score on the Classification Chrono, it is unknown if the inmate received and understood the material at intake.

The Director of Adult Prisons confirmed that staff must establish effective communications with an inmate. Interpreters can be provided, staff will read to the inmate or speak slowly and all material can be printed in other languages as needed.

Provision (f):

The auditor reviewed a sample of the "Shine the light on Sexual Abuse" posters. The posters are in both English and Spanish. The posters include the agency zero tolerance policy, and "no means no and yes is not allowed", In addition, the posters inform inmates of three (3) ways to report sexual abuse, to include tell any staff member, use the confidential telephone number or addresses listed below or have a family member or friend contact the institution and report it.

The auditor reviewed a sample of the Officer of the Inspector General PREA Posters. This poster is colorful and eye catching and is in English and Spanish. The poster informs the inmate that all reports of sexual abuse as defined by the Prison Rape Elimination Act may be reported to any CDCR staff member or the prison PREA contact person. Sexual Abuse may be reported to any prison medical or mental health worker. Any inmate in a California institution, may also contact the Office of Inspector General and provides the inmate with a number to call from any inmate phone. The poster also states that the call is toll free and is unrestricted from the inmate phone system.

During the site review, the auditor did not observe many of the PREA posters throughout the facility, including the housing units. During random inmate interview, most reported that the facility did not tell them or provide them information. Inmates that could articulate knowledge of the zero tolerance policy, how to report, or their rights, stated that they knew if from other facilities. However, inmates housed in the conservation camps, did report that there are signs throughout the camp, telling them how to report, numbers to call etc. This was confirmed during the site reviews of the conservation camps.

Corrective Action Required:

1. The facility shall ensure that the "What you should know" video is operational.
2. The facility shall replace all PREA Information throughout the facility and establish a process and procedure to ensure that information is replaced on a continuing basis.

Prior to the issuing of the Interim report, the facility replaced all of the PREA information throughout the facility. The auditor was provided photographs of all areas as proof of practice.

In addition, the auditor received a memorandum to the PCM, stating that the two televisions in located in Receiving and Release have been fixed are currently looping the PREA Introduction video. The memorandum included an email from the facility electrician, stating that the televisions were repaired on March 25, 2022 and are currently operational.

~~The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.~~

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
3. CDCR DOM Chapter 5, Article 44, §54040.3 Locally Designated Investigator (LDI)
4. CDCR DOM Chapter 3, Article 18, §32010.8.3 Record Keeping Forms
5. CDCR Specialized PREA Training for Locally Designated Investigators Course Curriculum and PowerPoint.
11055853/11057915
6. Interviews: Investigative Staff

The facility indicated in their responses to the Pre-Audit Questionnaire that agency policy requires that investigators are trained in conducting sexual abuse investigations in a confinement setting. In addition the facility reported that there are ten (10) Locally Designated Investigators (LDI) at the facility.

Provision (a):

CDCR DOM Chapter 5, Article 44, §54040.3 Locally Designated Investigator (LDI) states, "The Investigative Services Unit Investigator or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct."

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c)." In addition, the policy states "All staff including employees, volunteers and contractor, shall receive instructions related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct and sexual harassment. This training will be conducted during new employee orientation, annual training and will be included in the curriculum of the Correctional Training Academy."

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states, "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The hiring authority or PREA Compliance Manager shall ensure employees investigating incidents or sexual violence and/or staff sexual misconduct are properly trained."

Interviews with facility Investigators, confirmed that they are required to attend annual PREA training and the specialized training to conduct investigations in a confinement setting. The facility reported there are ten (10) investigators at the facility. The auditor was provided a positive report for investigators that have attended the specialized training. The facility has not provided the auditor with documentation of general PREA training for any staff at the facility. Therefore corrective action is required for this provision.

Provision (b):

The auditor reviewed the CDCR Specialized PREA Training for Locally Designated Investigators Course Curriculum and PowerPoint. The length of the course is eight (8) hours. The instructional goal states "Investigators will understand their role and responsibilities in conducting an investigation within the correctional institution." The curriculum includes sections on interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, proper handling of sexual abuse evidence collection in a confinement setting and how to identify evidence required to substantiate a case for administrative action or prosecution referral. The auditor reviewed the BIC positive report per Institution which states that SCC has nineteen (19) investigators that have received specialized training. In addition, the auditor reviewed twelve (12) investigations. Each investigator that completed an investigation has received specialized training.

CDCR DOM Chapter 5, Article 44, §54040.3 Locally Designated Investigator (LDI) states, "The Investigative Services Unit Investigator or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct."

Provision (c):

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states, "Participation in training will be documented on a CDCR 844, Training Participation Sign-in Sheet."

CDCR DOM Chapter 3, Article 18, §32010.8.3 Record Keeping Forms states, "For each training activity conducted, the

following records shall be maintained: CDCR Form 844 shall be used for all IST, CDCR Form 844 or the unit approved training documentation for OJT, a record of score achieved through a written test or performance demonstration of the learned skill. All training shall be recorded in the departmentally approved electronic tracking system.”

The auditor reviewed the BIC positive report per Institution which documents that SCC has nineteen (19) investigators that have received specialized training.

Provision (d):

SCC investigators are peace officers under the California Penal Code 830.5 and are authorized to conduct criminal and administrative investigations, therefore this provision does not apply to the facility.

Corrective Action Required:

1. The facility shall ensure that LDI investigators have attended general PREA Training provided to all employees pursuant to 115.31.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

Documentation for employee training was provided to the auditor. Each investigator has attended general PREA training and specialized training required by this provision. The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
3. CDCR DOM Chapter 3, Article 18, §32010.8.3 Record Keeping Forms
4. CCHCS Specialized Training Memo
5. Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff 11057450
6. CDCR On-the-Job Training Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff 11057450
7. Interviews: Medical and Mental Health Staff

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has as policy related to the training of medical and mental health practitioners who work regularly in its facilities.

Provision (a)(c)(d):

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states, "All staff including employees, volunteers and contractor, shall receive instructions related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training and will be included in the curriculum of the Correctional Training Academy."

The auditor reviewed a memo issued by the Health Care Policy Administrator for the California Correctional Health Care Services on August 9, 2017, to all CCHCS staff. The memo issued was in response to an audit finding of non-compliance with the specialized training, and states "to bring CCHCS and DHCS into compliance with this standard, an eLearning module has been developed. The eLearning module is located on the CCHCS Learning Management System (LMS) and is to be completed by each Medical and Mental Health staff practitioner who has contact with inmates. It is a one-time training to be provided to current and new staff practitioners as they begin work with an institution." Medical and mental health staff were instructed to complete the training no later than sixty (60) days after the issuance of the memorandum.

CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention states, "Participation in training will be documented on a CDCR 844, Training Participation Sign-in Sheet."

CDCR DOM Chapter 3, Article 18, §32010.8.3 Record Keeping Forms states, "For each training activity conducted, the following records shall be maintained: CDCR Form 844 shall be used for all IST, CDCR Form 844 or the unit approved training documentation for OJT, a record of score achieved through a written test or performance demonstration of the learned skill. All training shall be recorded in the departmentally approved electronic tracking system."

The auditor reviewed the *Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff 11057450* PowerPoint. The training includes sections which cover identifying potential signs of sexual abuse and sexual harassment, identifying how and whom to report an allegation or suspicions of sexual abuse and sexual harassment, identifying methods to respond effectively and professionally to victims of sexual abuse and sexual harassment and identifying the steps required to preserve evidence of sexual abuse.

In addition, the auditor reviewed the *CDCR On-the-Job Training Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff*. The course is a one hour mandatory training and is intended for volunteer or contract staff that conduct self-help groups or similar as they do not spend a great amount of time with inmates. The learning objectives include identifying potential signs of sexual abuse and sexual harassment, identifying how and whom to report an allegation or suspicions of sexual abuse and sexual harassment, identifying methods to respond effectively and professionally to victims of sexual abuse and sexual harassment and identifying the steps required to preserve evidence of sexual abuse.

During interviews, medical and mental health staff reported that they are required to attend annual PREA training, during in-service training. The facility did not provide the auditor with documentation that that medical and mental health staff have attended specialized training or general PREA training mandated for all employees under 115.31. Therefore this provision will require corrective action.

Provision (b):

SCC does not conduct forensic examinations at the facility, therefore this provision is not applicable.

Corrective Action Required:

1. The facility shall ensure that all medical and mental health staff have attended specialized training.
2. The facility shall ensure that all medical and mental health staff have completed annual training as required per §115.31.
3. The facility shall establish a process to ensure that training documentation is maintained.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The facility provided the auditor with documentation of training, for both specialized and general training for twenty (20) medical and mental health staff files reviewed.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 46, §54046.5 Initial Screening
3. CDCR DOM Chapter 5, Article 44, §54040.7 Screening for Appropriate Placement
4. CDCR DOM Chapter 5, Article 44, §54040.6 Single Cell Status
5. CCR Title 15, §3269 (Inmate Housing Assignments)
6. CDCR Correctional Counselor Responsibilities
7. Prison Rape Elimination Act Risk Screening Memo
8. PREA 30 Day Reassessment Report
9. SCC Twelve Month Inmate Roster
10. CDCR Screening Form Access
11. Interviews: Staff Responsible for Screenings, Random Inmates, PREA Coordinator and PREA Compliance Manager

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency does have a policy requiring all inmates to be assessed for risk of sexual abusiveness and sexual abuse victimization, within 72 hours. In addition, the facility reported in the last twelve months, two thousand six hundred and eighty-five (2685) inmates have entered the facility, whose length of stay was over 72 hours and two thousand three hundred ninety-nine (2399) inmates, whose length of stay in the facility was for 30 days or more.

Provision (a)(b)(c)(d)(e):

CDCR DOM Chapter 5, Article 46, §54046.5 (Initial Screening) states "Upon arrival at an institution, reception center, a program institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment." Further, it states "additionally, the screening authority shall review prior in-cell behavior towards cell partners. Verification an inmate is or has been predatory towards a cell partner, has a history of in-cell sexual abuse..."

CCR Title 15, §3269 (Inmate Housing Assignments) state "Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment."

A memo regarding Prison Rape Elimination Act Risk Screening, dated August 28, 2017, states "During the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for completing a PREA Screening form for every inmate. In addition, if the PREA Screening form identifies an inmate as "at risk as a victim" or "at risk as an abuser", the custody supervisor shall also enter an alert into the Inmate Precaution section in the Strategic Offender Management System (SOMS). All PREA Screening forms will be completed electronically and submitted directly to ERMS. The PREA Screening form will appear in the General Chrono section of the electronic Central File."

In review of *SCC Twelve Month Inmate Roster*, two thousand six hundred and eighty-five (2685) inmates were admitted during the reporting period that stayed at the facility longer than 72 hours and two thousand three hundred and ninety-nine (2399) remained longer than 30 days.

The facility provided the auditor screenshots of the Strategic Offender Management System (SOMS). The screening form is accessed through this intranet system. Once the form has been completed, the user would click on "submit to ERMS", which is the Electronic Records Management System.

The auditor reviewed the PREA intake screening that the facility utilizes to assess for risk of sexual victimization which considers all criteria required by this provision, which include: 1A) Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting (not including sexual harassment); 1B) Have you ever experienced sexual victimization in a correctional setting that you have not previously reported; 2) Have you ever experienced sexual victimization in a non-correctional setting 3) Mental, physical, or developmental disability, 4) Age? (21 and under or 65 and over); 5) Physical Build 6) any prior or current convictions for sex offenses against an adult or a child; 7) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) first incarceration in state prison; 9) exclusively non-violent criminal history (convictions only) 10) inmate currently consider themselves vulnerable to sexual victimization. The facility does not detain inmates solely for civil immigration.

When five (5) or more answers are "Yes" to questions 2 through 10, or a "Yes" was answered to question 1A and/or 1B the scoring routine will suggest the inmate is "at risk as a victim".

In addition, the PREA intake screening assesses the inmate for risk of being sexually abusive and considers 1) history of

sexual violence in a correctional setting; 2) prior convictions for sex offenses in a non-correctional setting; 3) conviction for non-sexual violent offenses in a non-correctional setting within five years; 4) guilty finding for non-sexual violent offense in a correctional setting.

When all (3) answers are "Yes" to questions 2, 3, and 4 and a "Yes" was answered on question 1, the scoring routine will suggest the inmate is "at risk as an abuser."

If questions 1A, 1B, 2 or 6 in section A or questions 1 or 2 in Section B are "Yes", staff are required to ask the inmate if he/she would like a Mental Health referral and must check if the inmate declined a mental health referral or if the inmate accepted mental health, and completes a CDCR 128-MH5, Mental Health Referral Chrono and submit it to mental health.

During random inmate interviews, the answers varied, from "don't remember", "no questions were not asked", "yes, by intake SGT", "only asked about gangs", "only asked about LGBTQI". There was no consistency with the responses.

The auditor reviewed thirty-one (31) inmate files, twenty-one (21) were completed within 72 hours, five (5) were completed later than 72 hours, one (1) screening form was not provided, three (3) provided a screening from a later date and not from intake, one (1) was from another facility, not from intake at SCC.

During the site review, the auditor viewed the intake area. No inmates were being processed into the facility at the time, as much of the inmate movement was still slow due to Covid. The auditor asked the SGT to walk her through the process. The SGT explained normally the inmate would watch the condom video and the PREA video. When asked to show the auditor the video, it was reported that the equipment was not working and believed it had been non-functional since July 2021. The SGT will give the inmate PREA Documentation and have them sign the 128 B form. Once completed the SGT will take the inmate into a private office and ask questions regarding gang activity and the PREA Questions. The auditor asked how he knew what questions to ask, and he stated the form. The auditor asked for the form. He would right the answers down and send to the LT. The form that the SGT was utilizing was not the CDCR Screening Form. The form consisted of nine (9) questions:

Initial Inmate Interview

1. While incarcerated in jail or prison, have you ever been involved in a sexually related assault
2. have you ever been pressured, fondled or raped
3. Do you have any enemy or safety concerns
4. Do you have aggression towards staff or inmates
5. Have you ever lived in a dorm setting
6. Who do you associate with

PREA Screening

1. Do you have any PREA issues? Are you homosexual, transgender, gay, bi-sexual, anything I should know about (handwritten "or non-conforming")
2. Have you ever been the victim of sexual violence on the street (hand-written note "ask if want mental health referral")
3. Do you think you can be sexually victimized on the yard or dorm

During an interview with a staff who perform the risk screening, the process was explained to the auditor. The intake SGT asks the questions and will forward the answers to the LT on shift. The LT will enter them in to the computer within 72 hours, however there have been times when some were past the 72 hours depending on how many there are to enter. When asked if he meets with the inmate prior to entering into the computer, he stated no.

During random inmate interviews at the conservation camps, the auditor discovered that Julius Klein Conservation Camp, Acton Conservation Camp, Holden Conservation Camp and Francisquito Conservation Camp, also have County Boarder inmates at the camp. Inmates coming from LA County Jail do not go through the intake process at SCC. These inmates do not appear to be screened for risk of victimization or at risk of abusiveness, at all prior to being housed with the CDCR inmates. Prior to the issuing of the Interim report, the agencies ensured that these inmates have been appropriately screened for abusiveness and victimization. The auditor was provided the screening assessments. During the corrective action period, the facility shall establish a procedure to ensure that the County Boarder inmates are screened prior to entering the camps.

Although the facility has provided documentation of screening assessments, which appear to be completed with an objective screening tool, the auditor is extremely concerned with the reliability of the assessments. Correction action will be required.

Provision (f)(g):

CDCR DOM Chapter 5, Article 44, §54040.7 (Screening for Appropriate Placement) states, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that

bears on the inmate's risk of sexual victimization or abusiveness."

A memo regarding Prison Rape Elimination Act Risk Screening, dated August 28, 2017, states, "In addition to an inmate being screened during his/her initial intake, supervisors may have to complete additional screenings if circumstances concerning the inmate's safety change."

The Correctional Counselor Responsibilities state, "When a correctional counselor is completing the file review and preparing an inmate's case for presentation before the initial Unit Classification Committee (UCC), the counselor will identify any new information that has been received related to PREA victimization or sexual abusiveness towards other inmates. If new information is detected, it shall be reviewed by the UCC. If the information changes the inmates "at risk" designation, the Correctional Counselor II Supervisor shall complete a new PREA Screening form and establish an alert in the Inmate Precaution section of SOMS, if applicable.

The UCC chairperson's responsibilities during the committee, is to review the completed PREA Screening tool contained in the General Chrono section of the electronic central file and discuss the inmate's concerns as they relate to sexual violence or sexual harassment. The chairperson must also review any new information received, identified by the correctional counselor. The review must be completed to not only determine if the offender has been sexually assaulted or pressured since intake at the facility, but also, to consider other risk factors used to identify those offenders at higher risk of future victimizations."

Correctional Counselor interviews confirmed, that the inmates are reassessed within fourteen (14) days. The auditor reviewed thirty-one (31) inmate files. In twenty-six (26) files the Classification Chrono indicated the re-assessment was completed within thirty (30) days, in one (1) file the Classification Chrono (reassessment) was completed the same day of intake, one (1) was completed the day before the late initial screening was completed, one (1) was completed past thirty (30) days, and in two (2) files no Classification Chrono was provided. In addition, the auditor reviewed several samples of screening assessments that were completed based on new information received.

Provision (h):

CDCR DOM Chapter 5, Article 44, §54040.6 (Single Cell Status) states, "Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability."

During interviews with a staff member who performs the risk assessments and the PREA Compliance Manager confirmed inmates are not disciplined for refusing to answer or disclosing information.

Provision (i):

The PREA Screening Instructions state, "Information identifying inmates as either, PREA-At Risk as a Victim or PREA – At Risk as an Abuser, although not deemed confidential, is sensitive information and shall only be shared with staff unless there is a need to know. This information is not to be shared with the inmate population." A Correctional Counselor, the PREA Compliance Manager and the PREA Coordinator confirmed that only those that need to know have access to risk assessments in the computer system.

Corrective Action Required:

1. The facility shall establish and implement training for all persons conducting risk assessments, to ensure they are done according to CDCR policy and procedures.
2. The facility shall establish and implement a procedure to have all inmate, housed at the facility and the conservation camps, assessed for risk of victimization and risk of sexual abusiveness. Assessments shall only be completed by individuals who have received the corrective action training listed in #1.
3. The facility shall establish and implement a procedure to ensure that the County Boarder inmates are screened and housed appropriately moving forward.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On or between May 2-6, 2022, the facility provided training to all staff who conduct the risk assessments. Each participant was required to document the training they received by signature and the documentation was provided to the auditor.

The facility began the task to conduct a risk assessment on all inmates housed in the facility. The facility provided the auditor with an inmate roster and fifty (50) inmates were randomly selected. The facility provided the auditor with documentation of the risk assessments. Inmates who met the criteria were offered mental health but declined.

The current County Boarder Inmates were provided a risk assessment to ensure appropriate housing. Documentation was provided to the auditor. Throughout the corrective action period, the facility has been under a movement matrix due to the

covid pandemic. There have been no newly assigned County Boarder Inmates to the firecamps.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Preventative Measures
3. CDCR DOM Chapter 5, Article 44, §54040.6 Single Cell Status
4. CDCR DOM Chapter 5, Article 44, §54040.7 (Screening for Appropriate Placement)
5. CDCR DOM Chapter 6, Article 5, §62010.8.3 Initial Classification Committee
6. CDCR DOM Chapter 6, Article 12, §62080.14 Transgender or Intersex Inmates
7. CCR Title 15, §3375.2 Administrative Determinants
8. CDCR Compliance Letter 115.42
9. CDCR PREA Screening Instructions
10. Samples of Classification Chronos
11. Transgender Biannual Reassessment for safety in Placement and Programming Memo
12. CDCR 128-B Sample
13. Senate Bill 132 Brochure
14. Interviews: Staff Responsible for Screening, PREA Coordinator, PREA Compliance Manager, Transgender/Intersex Inmate

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency utilizes information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping those high risk of being sexually victimized from those at high risk of being sexually abusive.

Provision (a)(b):

CDCR DOM Chapter 5, Article 44, §54040.6 (Single Cell Status) states, "The process review and evaluation for single cell status shall be initiated during the RC processing as part of the initials screening. This process will include completion of the PREA Screening form, which includes questions related to sexual violence and victimization. Upon the offender's arrival at his/her assigned institution, this information will again be assessed and a PREA Screening Form will be updated as necessary."

CDCR DOM Chapter 5, Article 44, §54040.7 (Screening for Appropriate Placement) states, "Based on information that the offender has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the offender in a private location."

CCR Title 15, §3375.2 Administrative Determinants (2) states, "An inmate with a history of sex crimes designated in section 3377.1(b) shall be housed in accordance with their placement score and shall not be assigned outside the security perimeter."

CDCR DOM Chapter 6, Article 5, §62010.8.3 Initial Classification Committee states, "Each institution shall establish an initial classification committee to review and initiate a suitable program for each inmate within 14 days after arrival at the institution."

CDCR Compliance Letter was reviewed by the auditor. An inmate is reassessed within 14 days of arrival at an institution by the Initial Unit Classification Committee. During this committee the PREA Screening form is reviewed and considered in all decisions affecting the inmate to include housing, work, education, etc. The actions taken are documented on a Classification Chrono. The committee members are as follows:

- Captain (chairperson)
- CC-III or captain (alternate chairperson)
- CC-II or CC-I (committee recorder)
- Assignment Lieutenant
- Educational or vocational program representative
- Other staff required

The initial committee shall:

- Initiate an educational, vocational training, or work program and privilege group designation

- Evaluate case factors and assist the inmate to understand institution expectations, available programs and resources
- Designate the degree of custody necessary to control the inmate
- Refer complex cases to the ICC (Institutional Classification Committee chaired by the Warden)
- Recommend transfer of a new arrival determined to be inappropriately placed
- Grant work time credits to which the inmate is entitled while in transit.

Each conservation camp shall establish a camp committee to provide routine classification for inmates assigned to the camp program. A captain is not required to act as a chairperson but must have a chairperson and two members to form a quorum for all camp classification hearings.

The PREA Screening Form Instructions #4 states, "Custody supervisors assigning/approving housing moves are required to review the inmate precautions screen to determine if inmate(s) being moved are identified as being "PREA – At risk as a Victim" or PREA- At risk as an Abuser" If either precaution exists, the custody supervisor is to review the potential cellmate precaution screen and case factors to ensure inmates identified are not housed together in a cell." In addition, #5 states, "when housing inmates in a dorm, inmates identified as "PREA at risk as victim" shall be assigned to a location close to the staff office/podium.

During the initial review, the inmates are asked if their housing, work assignments and programming are appropriate. Each are documented on the inmate Classification Chrono. The auditor reviewed several samples of the classification chrono and confirmed the notations are made regarding housing, work assignments and programming.

The auditor is concerned with the reliability of the risk assessments completed at SCC during intake, as per §115.41. If the risk assessments were completed inappropriately, than housing decisions made from reviews of the risk assessments are also unreliable. Corrective action is required.

Provision (c)(d)(e):

CDCR DOM Chapter 6, Article 12, §62080.14 (Transgender or Intersex Inmates) states, "Inmates who have been diagnosed as transgender or intersex, as documented on the Medical Classification Chrono, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment." In order to ensure inmate-patients received the necessary medical care/mental health treatment, CDCR has identified fourteen (14) facilities within the State to house the transgender population. The designated facilities provide services in line with the needs of the transgender population, however they are not solely housed at the designated facility based on their transgender status. The inmates are not housed in specific housing units, but are housed throughout the facility.

A memo regarding Transgender Biannual Reassessment for safety in Placement and Programming dated August 25, 2017 states, "If an inmate is due to be seen for his/her annual classification review during the identified review period (August through January or February through July), the Correctional Counselor will ask the Inmate about any threats they have received during the pre-committee interview. In addition, to interviewing the inmate, the CC shall review the inmate's case factors in the Strategic Offender Management System and the Electronic Records Management System for any additional information which may indicate the inmate has any placement or programming concerns."

On a biannual basis the agency will send out a list to all PREA Compliance Managers identifying all transgender/intersex inmates that are known to the department. The list contains each institutions respective inmates, along with the month of the inmate's scheduled annual classification review. If an inmate is due to be seen for his/her annual classification review during the identified review period, the Correctional Counselor will ask the inmate about any threats they have received during the pre-committee interview. In addition to interviewing the inmate the CC shall review the inmate's case factors in SOMS and ERMS for any additional information which may indicate the inmate has any placement or programming concerns. The CC documents his/her actions, as they relate to the PREA Biannual Assessment, in the Classification Committee Chrono.

The auditor reviewed the CDCR 128-B form, which is utilized to document the biannual review of all transgender/intersex inmates. The form indicates that transgender/intersex inmates are asked about any threats to safety, and the inmate's response is documented.

The auditor reviewed the statewide list of transgender inmate tracking form. No entries were found for SCC. SCC is not one of the dedicated facilities to house transgender/intersex inmates. However, during the site review, the facility had one (1) transgender inmate at the facility. The audit team could not interview the inmate, as she was under quarantine, after testing positive for Covid 19. During the second visit to SCC, it was reported that the inmate had been transferred to one of the fourteen (14) facilities identified to house transgender inmates for appropriate medical and mental health treatment that may be required.

Provision (f):

CDCR DOM Chapter 5, Article 44, §54040.4 (Preventative Measures) states, "Per 28 CFR, Standard §115.42, upon request, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates."

The Senate Bill 132 Brochure informs transgender/intersex inmates that they have the option to shower separately if they identify as transgender, intersex or non-binary. The PREA Compliance Manager confirmed that a transgender inmate can shower separately from the other inmates if they request it.

Corrective Action Required:

1. The facility shall establish and implement a process and procedure to review appropriate housing assignments, once the facility has completed in the corrective action required in §115.41.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The facility began the task to conduct a risk assessment on all inmates housed in the facility. The facility provided the auditor with an inmate roster and fifty (50) inmates were randomly selected. The facility provided the auditor with documentation of the risk assessments. The risk assessments were utilized to ensure appropriate housing has been established for inmates housed at the facility.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor.

115.43	Protective Custody
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1158 302">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1404 479" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.6 Offender Housing 3. CCR Title 15, Article 7, §3335 4. Interviews: Warden, Staff who Supervise Inmates in Segregated Housing and Inmates in Segregated Housing <p data-bbox="240 506 1489 636">The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers.</p> <p data-bbox="240 663 504 694"><u>Provision (a)(b)(c)(d)(e):</u></p> <p data-bbox="240 721 1458 882"><i>CDCR DOM Chapter 5, Article 44, §54040.6 (Offender Housing)</i> states, "Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing."</p> <p data-bbox="240 909 1484 1039"><i>CCR Title 15, Article 7, §3335 (D) (1) Administrative Segregation</i> states, "If the placement in NDS is related to being a victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044 and subsection 3190 (b)(5)(C), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; (2) the duration of the limitation; and 3) the reasons for such limitations."</p> <p data-bbox="240 1066 1471 1196"><i>CCR Title 15 Article 7, §3335 (D) (2) Administrative Segregation</i> states, "The facility shall assign such inmates to NDC only until an alternative means of separation from likely abusers can be arranged and such an assignment shall not ordinarily exceed a period of 30 days. If the period of segregation exceeds 30 days, the reasoning shall be documented on a CDC Form 128-G, Classification Chrono."</p> <p data-bbox="240 1223 1455 1321"><i>CCR Title 15 Article 7, §3335 (D) (3) Administrative Segregation</i> states, "Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population. This review shall be documented on the CDC Form 128-G, Classification Chrono."</p> <p data-bbox="240 1348 1493 1509">An interview with a staff member who supervises the segregation unit, indicated that inmates are not placed in to segregation for being high risk, there are other options, like moving them to another housing unit. However if an inmate is placed into segregation there must be paperwork to document the placement and they would not be in segregation for very long. In addition, the facility Warden confirmed that inmates at high risk for sexual victimizations would not be placed in to segregation.</p> <p data-bbox="240 1536 376 1568"><u>Conclusion:</u></p> <p data-bbox="240 1594 1481 1662">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Offender Education
3. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification and Reporting
4. CCR Title 15, §3401.5 Reporting Mandates
5. PREA Sexual Awareness Brochure (English and Spanish)
6. Sexual Abuse/Assault Prevention and Intervention Brochure (English and Spanish)
7. Shine the Light PREA Poster
8. IST PREA Training Curriculum
9. CDCR Mailroom Correspondence
10. Interviews: Deputy Inspector General (OIG), Random Staff, Random Inmates, CDCR PREA Coordinator and PREA Compliance Manager

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has established procedures for multiple internal ways for inmates to report privately to agency officials. In addition, the agency has provided at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency.

Provision (a)(b):

CDCR DOM Chapter 5, Article 44, §54040.4 (Offender Education) states, "Verbal and written information shall be provided to offenders which will address: prevention/intervention, reporting and treatment and counseling."

CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification and Reporting) states, "Offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party." In addition, it states, "An offender may also report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCE, to the Ombudsman for Sexual Abuse in Detention Elimination in the Office of the Inspector General. In addition, offenders being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security."

CCR Title 15, §3401.5 (d) states, "Confidentiality. Alleged victims who report criminal staff sexual misconduct falling into one of the Penal Code section set forth in Government Code Section 6254 (f)(2) shall be advised that their identity may be kept confidential pursuant to Penal Code Section 293.5, upon their request."

The auditor reviewed the agency "Shine the Light" PREA poster. The poster is printed in both English and Spanish. The poster states, "If you, a friend or someone you know has been the victim of sexual assault, has been threatened with sexual assault, has been sexually harassed or has experienced retaliation for reporting an incident of sexual assault or harassment there are 3 ways to report it:

- Tell any staff member
- Use the confidential telephones numbers to CDCR Office of Internal Affairs or the Office of Inspector General PREA Ombudsperson.
- Have a family member or friend contact the institution and report it."

The auditor reviewed the Sexual Abuse/Assault Prevention and Intervention Brochures. The brochure is given to each inmate upon intake into the facility. The brochure includes the following ways to report:

- Tell any staff member
- Call the sexual misconduct reporting line, collect for any offender phone
- Write a letter to the CDCR Office of Internal Affairs or to the Office of Inspector General
- Offenders may file an appeal (grievance)
- Offenders may share the information with a family member"

The auditor reviewed the Sexual Violence Awareness brochure. The brochure is in both English and Spanish. The brochure is given to each inmate at the time of intake and provides the inmates with addresses and telephone numbers for the Office of Internal Affairs and Office of Inspector General Ombudsperson.

The auditor reviewed a sample of the Officer of the Inspector General PREA Posters. This poster is colorful and eye catching

and is in English and Spanish. The poster informs the inmate that all reports of sexual abuse as defined by the Prison Rape Elimination Act may be reported to any CDCR staff member or the prison PREA contact person. Sexual Abuse may be reported to any prison medical or mental health worker. Any inmate in a California institution, may also contact the Office of Inspector General and provides the inmate with a number to call from any inmate phone. The poster also states that the call is toll free and is unrestricted from the inmate phone system. The Office of Inspector General is not part of the agency and is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment. All documentation informs the inmates that it is a collect call and they will have to leave a message. In addition, it informs them that they can remain anonymous if they request it. During the site review, the audit team tested all phone numbers, and left messages. In addition, the Deputy Inspector General confirmed, inmates can report via the telephone and the OIG will keep the identity confidential and only use "the reporting party".

The agency "Shine the Light" posters inform the inmate that they can report retaliation for reporting sexual abuse or sexual harassment and any staff misconduct. In addition, appeal policy informs the inmates that they may file an appeal for any staff misconduct. During the site review, the auditor did not observe many "Shine the Light" PREA posters in the housing units, at SCC. At all sixteen (16) fire camps, the posters were seen in all housing units and by the inmate telephones. Prior to the issuance of the facility Interim report, the facility replaced all PREA information and provided the auditor with photographs.

During random staff and inmate interviews, they could articulate the multiple ways that an inmate could utilize to report an incident. The PREA Coordinator and the PREA Compliance Manager confirmed that the facility does not house inmates solely for civil immigration purposes.

Provision (c)(d):

CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification and Reporting states, "Offenders may report violations of this policy to any staff member verbally, or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline or through a third party."

CCR Title 15, §3401.5 (Staff Sexual Misconduct) states, "Reporting Requirements. Any employee who observes, or who receives information from any source concerning staff sexual misconduct, shall immediately report the information or incident directly to the hiring authority, unit supervisor, or the highest-ranking official on duty. Failure to accurately and promptly report any incident, information, or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action." All staff, to include contractors and volunteers can report sexual abuse or sexual harassment privately to any supervisor. Random staff interviews confirmed that staff could use the same reporting mechanisms that are afforded to inmates, if they felt the need to privately report. However, all reported there would not be a need and could report all violations through their chain of command. In addition, staff confirmed that reports must be taken verbally, in writing, anonymously or through a third party and they must immediately document such report.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7.1 Notification via Inmate Appeals or Form 22 Process
3. CDCR DOM Chapter 5, Article 44, §54040.7.2 Notification via Third Party Reporting of Misconduct against an Employee, Contractor, or Volunteer
4. CDCR DOM Chapter 5, Article 44, §54040.15.1 Alleged Victim-False Allegations
5. CCR Title 15, §3084.1 Right to Appeal
6. CCR Title 15, §3084.9 Exceptions to the Regular Appeal Process
7. CCR Title 15, §3084.8 (Appeal Time Limits)
8. CCR Title 15, §3084.7 Levels of Appeal Review and Disposition
9. Interviews: Inmates who reported sexual abuse and Appeal Coordinator

The facility indicated in their responses to the Pre-Audit Questionnaire that the facility does have an administrative procedure for dealing with inmate grievance regarding sexual abuse. In addition the facility reported there have been five (5) appeals that alleged sexual abuse, one (1) that reached final decision within the ninety days without an extension and three (3) required extensions on the ninety days.

Provision (a)(b)(c)(d)(e)(f)(g):

CCR Title 15, §3084.1 (Right to Appeal) (a) states, "Any inmate or parolee under the department's jurisdiction may appeal any policy, decision, action, condition, or omission by the department or its staff that the inmate or parolee can demonstrate as having a material adverse effect upon his or her health, safety, or welfare."

CDCR DOM Chapter 5, Article 44, §54040.7.1 Notification via Inmate Appeals or Form 22 Process states, "Any employee receiving notice of alleged staff sexual misconduct via a completed CDCR Form 602, Inmate/Parolee Appeal, CDCR Form 22, Inmate/Parolee Request for Interview, Item or Service, or CDCR Form 602HC, Inmate/Parolee Health Care Appeal shall immediately notify the institution head, unit supervisor or highest ranking official on duty as required by CCR, Title 15, Sections 3401.5, 3084.9(a)(5), 3084.9(a)(5)(A), or 9086."

CCR Title 15, §3084.9 (Exceptions to the Regular Appeal Process) (5) Prison Rape Elimination Act (PREA) Sexual Violence (Inmate on Inmate) and Staff Sexual Misconduct Appeals (A) Staff Complaints, (1) states, "There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinator, the appeal shall be screened in accordance with subsection 3084.5(b)(4) and (B) "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, §3084.8 (Appeal Time Limits) (c) (1) states, "First level responses shall be completed within 30 working days from date of receipt by the appeals coordinator." (2) states, "Second level responses shall be completed with 30 working days from the date of receipt by the appeals coordinator." (3) states, "Third level responses shall be completed with 60 working days from date of receipt by the third level Appeals Chief." There are exceptions provided for all levels 1 and 2. If there is an exceptional delay to complete the review within the specified time limits, the appellant shall be provided an explanation of the reasons for the delay and the estimated time of completion.

CCR Title 15, §3084.7 (Levels of Appeal Review and Disposition) (1) (A) states, "Appeal responses shall not be reviewed and approved a staff member who (A) participated in the event or decision being appealed. This does not preclude the involvement of staff who may have participated in the event or decision being appealed, so long as their involvement with the appeal response is necessary in order to determine the facts or to provide administrative remedy, and the staff person is not the reviewing authority and/or their involvement in the process will not compromise the integrity or outcome of the process."

CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor, or Volunteer) states, "When a third party, on behalf of an inmate, makes an allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor, or volunteer, that allegation or complaint shall be submitted in writing to the Hiring Authority of the area in which the individual is assigned." The policy also defines "third party" which includes inmates, family members, attorneys, or outside advocates.

CCR Title 15, §3084.9 (Exceptions to the Regular Appeal Process) (5) Prison Rape Elimination Act (PREA) Sexual Violence (Inmate on Inmate) and Staff Sexual Misconduct Appeals, states, "A grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal. The appeal shall be immediately

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

CDCR DOM Chapter 5, Article 44, §54040.15.1 Alleged Victim-False Allegations states, "Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable believe that the alleged conduct occurred, the offender making the allegation may be subject to disciplinary action. A charge of "making a false report of a crime," a Division "E" offense, is appropriate only if evidence received indicates the offender knowing made a false report. An allegation deemed unsubstantiated or unfounded based on a lack of evidence, does not constitute false reporting.

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse and sexual harassment and is therefore not exempt from this standard. Appeals are collected from the locked appeal boxes daily by the Appeal Coordinator. The Appeal Coordinator logs the date and time when appeals are picked up in the control log books. The auditor did review control log books and confirmed entries are made with the date and time of the pick up. Appeals filed at the conservation camps are all transported weekly to Acton Conservation Camp and are picked by SCC staff. Inmates housed at the conservation camps are aware that appeals are only picked up once a week. All appeals involving sexual abuse or sexual misconduct are forwarded to the ISU for investigation. The auditor reviewed twelve (12) investigations and determined five (5) had been initiated by an appeal filed the victim. There did not appear to have time constraints imposed and the investigation was began immediately upon receiving the appeal. During interviews with investigators, it was confirmed that an investigation is immediately started, and there are no time limits imposed.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44 §54040.8.2 Victim Advocate for Emotional Support Services
3. PREA Sexual Violence Awareness Brochure, English and Spanish
4. Sexual Abuse/Assault Prevention, English and Spanish
5. SCC Inmate Handbook, English and Spanish
6. HELP is Available Poster
7. CDCR 128-B Inmate Education
8. Memorandum of Understanding CDCR/Center for a Nonviolent Community
9. Interviews: Random Inmates, Inmates who reported Sexual Abuse and Rape Crisis Center Staff

The facility indicated in their responses to the Pre-Audit Questionnaire that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. In addition the facility informs inmates, prior to giving them access to outside services, of the mandatory reporting rules and the limits of confidentiality.

Provision (a)(b)(c):

CDCR DOM Chapter 5, Article 44 §54040.8.2 (Victim Advocate for Emotional Support Services) states, "The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing address and telephone numbers, including toll-free hotline numbers where available....The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible."

CDCR DOM Chapter 5, Article 44, §54040.8.2 (Victim Advocate and Victim Support Person) states, "A Memorandum of Understanding (MOU) between the Institution and Local Rape Crisis Center (Victim Advocate) shall be established to ensure that both agencies understand their roles and responsibilities when responding to sexual violence and staff sexual misconduct."

The auditor reviewed a Memorandum of Understanding between CDCR, SCC and the Center for a Nonviolent Community (CNVC). The MOU was executed on June 19, 2020 and remains in effect for five (5) years. The MOU defines the roles and responsibilities of each entity, to ensure that emotional support services are provided to inmates housed within SCC. In addition, the MOU defines emotional support services to include:

- toll-free, non-recorded, non-monitored calls utilizing the inmate telephone system to CNVC's hotline number;
- confidential written correspondence with contractor personnel;
- in-person crisis counseling sessions between incarcerated victims and Contractor Personnel utilizing meetings and prearranged by the PCM or designee;
- telephone calls to Contractor Personnel via chaplain, counselor, psychologist, or ISU staff as resources and scheduling allow.

The auditor made several attempts by phone and email to CNVC to learn more information. However there has been no response. During the site review, of the conservation camps, the auditor observed "*Help is Available*" signs, (English and Spanish), posted in the dorms and by the inmate telephones. The poster was only seen in two (2) dorms at SCC. The poster, informs inmates of the toll free confidential calls and provides an address for inmate to confidentially write to an advocate. In addition, the poster informs inmates to write "Evid. Code 1035.4 Privileged Communication" on the outside of the envelope. The auditor reviewed mailroom instructions, which state that envelopes with the address and this written on the envelope, shall not be opened by staff. The audit team did utilize an inmate PIN number and confirmed, the phone numbers provided were in working order. The phone number is located near the inmate phones at SCC and at all of the conservation camps. Prior to the issuance of the facility Interim report, the facility replaced all PREA information and provided the auditor with photographs.

During the intake process, all inmates are given an SCC Inmate Handbook. The manual is in both English and Spanish. Contained within the manual is a PREA information section, which states "If you are the victim of sexual violence or staff sexual misconduct while in this institution, you may be eligible to have a victim advocate and a victim support person with you during the medical examination and investigatory interviews. You may write or call the local rape crisis center for emotional support services at: Center for a Nonviolent Community and provides the mailing address."

Inmates are also given a Sexual Abuse/Assault Prevention and Intervention brochure and a Sexual Violence Awareness brochure. Both brochures inform the inmate that they can write to a victim advocate. The address is provided in the Sexual/Abuse Prevention and Intervention Brochure, as well as a hotline phone number they can access. Random inmates confirmed there are phone numbers to call for advocacy. During random interviews, inmate could articulate that there is a number and address for victim advocacy available to them.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

115.54	Third-party reporting
	<p data-bbox="240 143 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 239">Auditor Discussion</p> <p data-bbox="240 271 1158 302">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1398 510" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.7.2 Notification via Third Party Reporting of Misconduct against an Employee, Contractor or Volunteer 3. CDCR Orientation Manual-PREA Information Sheet 4. Agency PREA Website <p data-bbox="240 539 1445 602">The facility indicated in their responses to the Pre-Audit Questionnaire that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment.</p> <p data-bbox="240 631 392 663"><u>Provision (a):</u></p> <p data-bbox="240 687 1493 949"><i>CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor or Volunteer)</i> states, "When a third party, on behalf of an inmate makes an allegation of staff sexual misconduct or sexual harassment against a departmental employee, contractor or volunteer, that allegation or complain shall be submitted in writing to the Hiring Authority." The policy also defines "third party" as inmates, family members, attorneys, or outside advocates." In addition, "When a third party files such a complaint on behalf of an offender, a supervisory employee shall take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. Third party reports of staff sexual misconduct or staff sexual harassment shall be forwarded to the Hiring Authority. The Hiring Authority shall forward the documented third- party report of the allegation to a locally designated investigator."</p> <p data-bbox="240 978 1473 1108">The PREA Information Sheet contained in the Orientation Handbook, informs inmates that a family member or friend, can make a report on their behalf. The agency website provides the public with information on how to report an allegation of sexual abuse. The reporting page provides the public with telephone numbers to the Office of Internal Affairs and the Office of the Inspector General. In addition, the public is informed to provide as much detail as possible to include:</p> <ul data-bbox="284 1160 1121 1321" style="list-style-type: none"> • Inmate victim's name and CDCR number • Perpetrator's name and ID number (if available) • Facility at which the incident occurred (date, time, location -i.e. cell, showers, etc.) • Incident description • Your name, contact information and relationship to the inmate/victim <p data-bbox="240 1350 1490 1545">The auditor submitted a test report to the Office of the Inspector General utilizing the report misconduct function on the website. The system does notify the user that the report has been received and a reference number. It informs the user that they do not conduct investigations into the allegations, however staff may attempt to resolve issues by communicating and working directly with the prison administrators at the involved institution. In addition, the Office of Inspector General also provides a reporting mechanism for reporting retaliation. The auditor also submitted a test report utilizing this function. I was informed that the form was successfully sent.</p> <p data-bbox="240 1574 376 1606"><u>Conclusion:</u></p> <p data-bbox="240 1630 1481 1693">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification, and Reporting
3. CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor or Volunteer)
4. CDCR DOM Chapter 5, Article 44, §54040.8 Response
5. CCHCS Health Care DOM, Chapter 4, Article 1, §4.1.6 Prison Rape Elimination Act
6. Vulnerable Adult Memorandum
7. CDCR In-Service PREA Training PowerPoint
8. Interviews: Random Staff, Warden and PREA Coordinator

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency requires all staff to report immediately report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it part of the agency. In addition, staff are prohibited from revealing any information related to a sexual abuse report to anyone than to the extent necessary.

Provision (a)(b):

CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification, and Reporting) states, "CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of the information is done as soon as possible and in a confidential manner."

CDCR DOM Chapter 5, Article 44, §54040.8 Response states, "It is the expectation that all staff shall maintain professional behavior when interacting with an alleged victim of sexual violence or staff sexual misconduct and display sensitivity to the potential emotional impact of the situation. Incident-specific information will be treated as confidential, and disclosure made only to employees that have a "need to know" and to other persons and entities as permitted by law."

The auditor reviewed the In-Service PREA Training Curriculum, which mirrors the *CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification, and Reporting*. During interviews with staff and contractor, the auditor confirmed that all staff are aware of their duty to immediately report and knowledge, suspicion or information regarding a sexual abuse or sexual misconduct allegation. In addition, staff reported that they are aware that all information regarding sexual abuse or sexual harassment is to remain confidential.

Provision (c):

CCHCS Health Care DOM, Chapter 4, Article 1, §4.1.6 Prison Rape Elimination Act states, "...All health care staff shall: 1) Report allegations of sexual violence, staff sexual misconduct and sexual harassment. 2) Inform patients of health care staff's duty to report and the limitations of confidentiality at the initiation of services." Interviews with medical and mental health staff confirmed that they inform inmates of their duty to report, immediately, at the time of services.

Provision (d):

The State of California does have mandatory reporting laws. Suspected child abuse must be reported to a child protection agency. Child protective agency is defined as police or Sheriff's department, a county probation department or a county welfare department. All allegations of abuse under the Elder and Dependent Adult Abuser reporting laws must be reported to appropriate law enforcement agencies, public agencies and/or licensing entities having jurisdiction. The purpose of the mandatory reporting laws is to ensure that a proper investigation is conducted and that there is a legal basis for action to protect the child or vulnerable adult. SCC does not house youthful offenders and all correctional officers are sworn peace officers, have been trained on investigating these types of cases and have the authority to investigate them.

SCC does not house youthful offenders. In a memo to the auditor from the agency PREA Coordinator it was stated, "A review of current litigation against CDCR regarding vulnerable adults which resulted in the Clark (developmentally disabled) and Armstrong (physically disabled) remedial plans and the State of California-Health and Human Services Agency, there is no indication of a requirement for CDCR to report to state or local services such as Adult Protective Services. CDCR Investigators are classified as peace officers and receive specialized training in conducting sexual abuse

investigations of all persons incarcerated up to and including criminal cases.”

In review of the Watch Commander Checklist, the document includes notification to the Child Protective Services, in the event that there is a victim who was a minor at the time of the abuse.

Provision (e):

CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification, and Reporting) states, “CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of the information is done as soon as possible and in a confidential manner.”

CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor or Volunteer) states, “Third Party reports of staff sexual misconduct or staff sexual harassment shall be forwarded to the Hiring Authority. The Hiring Authority shall forward the documented third party report of the allegation to a Locally Designated Investigator.”

During an interview with the facility Warden, it was confirmed that all allegations are forwarded to the ISU for assignment and investigation.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

115.62	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification, and Reporting 3. Interviews: Director of Adult Prisons, Warden, and Random Staff <p>The facility indicated in their responses to the Pre-Audit Questionnaire that the facility takes immediate action to protect the inmate. Further the facility reported that the facility has not determined that an inmate was subject to a substantial risk of imminent sexual abuse, during the reporting period.</p> <p><u>Provision (a):</u></p> <p><i>CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification, and Reporting)</i> states, "CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of the information is done as soon as possible and in a confidential manner."</p> <p><i>CDCR DOM Chapter 5, Article 44, §54040.7.2 (Notification via Third Party Reporting of Misconduct against an Employee, Contractor or Volunteer)</i> states, "Third party reports of staff sexual misconduct or staff sexual harassment shall be forwarded to the Hiring Authority. The Hiring Authority shall forward the documented third-party report of the allegation to a locally designated investigator."</p> <p>During interviews with random staff, staff could articulate that they would take immediate actions to keep the inmate safe from harm. This was confirmed with the Director of Adult Prisons and the Facility Warden.</p> <p><u>Conclusion:</u></p> <p>Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>
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115.63	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="279 349 1249 510" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.7.4 Notification from/to other Confinement Facilities 3. Notification Samples 4. Investigation Review 5. Interviews: Agency Head and Warden <p data-bbox="242 539 1477 701">The facility indicated in their responses to the Pre-Audit Questionnaire that the agency does have a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse occurred. In addition the facility reported that there have been three (3) allegations of sexual abuse that occurred at another facility and zero (0) allegations received from other facilities.</p> <p data-bbox="242 730 475 759"><u>Provision (a)(b)(c)(d):</u></p> <p data-bbox="242 788 1485 1016"><i>CDCR DOM Chapter 5, Article 44, §54040.7.4 (Notification from/to other Confinement Facilities)</i> states, “Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. The initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim’s statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation”</p> <p data-bbox="242 1046 1490 1207"><i>CDCR DOM Chapter 5, Article 44, §54040.7.4 (Notification from/to other Confinement Facilities)</i> states, “The Hiring Authority or agency office receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in accordance with DOM Section 54040.12. The Hiring Authority shall be responsible to conduct an Institutional PREA Review Committee. Upon completion, a copy of all documentation related to the allegation shall be returned to the institution where the alleged incident was reported for tracking and audit purposes.”</p> <p data-bbox="242 1236 1493 1666">The Director of Adult Prisons and the facility Warden were very knowledgeable regarding the procedures of Warden to Warden notifications. It was confirmed that the hiring authority will notify the other hiring authority either by phone or email. The notification is required to be made within seventy-two (72) hours. Documentation of these notifications are maintained. In addition, the facility Warden, stated that the notification is made immediately by email to document the report. The report is sent to the ISU unit for assignment of the investigation. Interviews with the investigators confirmed that if the allegation occurred in a CDCR facility, the ISU will assign the allegation a case number and enter it on the facility allegation log. If within CDCR both the reporting facility and the receiving facility will utilize the assigned case number. The ISU investigator at the reporting facility will interview the victim and share the information with the investigators at receiving facility. The receiving facility will conduct the investigation and forward the final report and all evidence and documentation back to the reporting facility. The auditor reviewed twelve (12) investigations. There were three (3) investigations that required Warden to Warden notification. Warden to Warden notification was completed electronically and documentation of the notification was maintained. All notifications were made within twenty-four (24 hours). Samples of the notifications were provided to the auditor.</p> <p data-bbox="242 1695 376 1724"><u>Conclusion:</u></p> <p data-bbox="242 1753 1477 1816">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.8 Response, Initial Contact 3. Custody Supervisor Checklist 4. Initial Contact Guide 5. Interviews: Security Staff First Responders, Non-Security Staff First Responders and Inmates who reported sexual abuse <p>The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a first responder policy that includes all elements required by this standard. In addition, the facility reported that there have not been any allegations of sexual abuse, in the past twelve (12) months.</p> <p><u>Provision (a)(b):</u></p> <p><i>CDCR DOM Chapter 5, Article 44, §54040.8 (Response, Initial Contact)</i> states, "Upon the initial contact with an employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the tasks associated with the initial contact. The employee shall request the victim does not: shower; remove clothing without custody supervision; use the restroom facilities and/or consume any liquids."</p> <p>The auditor reviewed the <i>Custody Supervisor Checklist</i>, which states:</p> <ul style="list-style-type: none"> • Ensure victim is secured (ensure no visual or physical contact occurs between victim and suspect(s)) • Ensure the crime scene has been secured • Request the victim to the best of your ability does not shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquids • Ensure the suspect, to the best of ability does not shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquids <p>During in-service training, all staff and contractors are trained in their responsibilities if they have initial contact with the alleged victim. Each staff member is instructed to follow the "Initial Contact Guide."</p> <p>The auditor reviewed the <i>Initial Contact Guide</i> which state</p> <ul style="list-style-type: none"> • Request the Victim, to the best of your ability, DOES NOT: shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquid • Ensure the Suspect, to the best of your ability, DOES NOT: shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquid <p>In addition, <i>Initial Contact Guide</i> states, "If you are a non- custody staff member, notify the custody supervisor immediately of the area for assistance in responding to this situation and request the victim to the best of your ability does not shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquids. and Ensure the Suspect, to the best of your ability DOES NOT: shower, brush teeth, remove clothing without custody supervision, use the restroom facilities or consume any liquids.</p> <p>Interviews with custody first responders and random staff confirmed they would follow the Initial Contact Guide and immediately notify supervisors. Without using the Initial Contact Guide they could articulate that they would separate the victim, call for backup, get medical attention and secure the scene. Non-custody staff, stated that they would immediate notify custody staff if an incident were to happen.</p> <p><u>Conclusion:</u></p> <p>Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1158 297">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 858 477" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.8 Response 3. SCC Supplemental Custody and Security Operations 4. Interviews: Warden <p data-bbox="240 508 1477 600">The facility indicated in their responses to the Pre-Audit Questionnaire that they have developed a written institution plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and the facility leadership.</p> <p data-bbox="240 631 392 658"><u>Provision (a):</u></p> <p data-bbox="240 689 1485 784"><i>CDCR DOM Chapter 5, Article 44, §54040.8 (Response)</i> covers all areas of a response to a sexual assault/abuse, to include but not limited to initial contact, custody supervisor responsibilities, crime scene preservation, evidence, victim advocates, medical staff responsibilities, transportation responsibilities, forensic medical examination, and mental health responsibilities.</p> <p data-bbox="240 815 1485 943">The facility Warden confirmed the facility does have a coordinated response plan that was updated and revised in April 2021. SCC Supplemental Custody and Security Operations outlines the facility's plan to coordinate actions that will be taken in response to incidents involving suspected or alleged sexual abuse incidents. The supplemental identifies the responsibilities of all staff involved, including first responders, medical and mental health services, investigators and the facility leadership.</p> <p data-bbox="240 974 376 1001"><u>Conclusion:</u></p> <p data-bbox="240 1032 1477 1090">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.66	<p data-bbox="231 67 1509 1169">Preservation of ability to protect inmates from contact with abusers</p> <p data-bbox="231 129 1509 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 197 1509 257">Auditor Discussion</p> <p data-bbox="231 264 1509 302">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="231 336 1509 448" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CCPOA Agreement, 4.01 Management Rights 3. Interview: Director of Adult Prisons <p data-bbox="231 465 1509 526">The facility indicated in their responses to the Pre-Audit Questionnaire that the agency or facility has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012 or since the facility's last PREA Audit.</p> <p data-bbox="231 555 1509 593"><u>Provision (a):</u></p> <p data-bbox="231 616 1509 772"><i>CCPOA Agreement, 4.01 Management Rights</i> states, "...to establish and change work schedules, assignments and facilities locations; to hire, transfer, promote, and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees; to alter, discontinue or vary past practices and otherwise take such measures as the employer may determine necessary to be necessary for the orderly, efficient and economical operations of CDCR."</p> <p data-bbox="231 801 1509 996">CDCR employees are represented by the California Correctional Peace Officers Association, Bargaining Unit 6, Corrections. The auditor reviewed the Agreement and did not see any notations that would limit the agency's ability to remove alleged staff sexual abusers from having contact with any inmates pending the outcome of an investigation. The disciplinary process outlined in the agreement is consistent with the provisions in §115.72 and §115.76. The agency Director of Adult Prisons confirmed that management and labor have good communication and are not limited from removing a staff member if necessary.</p> <p data-bbox="231 1025 1509 1064"><u>Conclusion:</u></p> <p data-bbox="231 1086 1509 1153">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1038 577" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.1 (Policy) 3. CDCR DOM Chapter 5, Article 44, §54040.13 Allegation Follow-up 4. CCR Title 15, §3401.5 (Staff Sexual Misconduct) (g) Protective Measures 5. CDCR Form 2304 Protection against Retaliation (PAR)-Inmate 6. CDCR Form 2305 Protection against Retaliation (PAR)-Staff 7. Interviews: Facility Warden and Investigators <p data-bbox="240 607 1485 701">The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or who cooperate with an investigation from retaliation. In addition, the facility reports that there has been no incidents of retaliation with the past twelve months.</p> <p data-bbox="240 730 523 759">Provision (a)(b)(c)(d)(e)(f):</p> <p data-bbox="240 788 1453 983"><i>CDCR DOM Chapter 5, Article 44, §54040.1 (Policy)</i> states, "Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated, and shall result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offender from reporting the incident (s) or cooperating with investigation of an incident(s)."</p> <p data-bbox="240 1012 1437 1173"><i>CCR Title 15, §3401.5 (Staff Sexual Misconduct) (g) Protective Measures</i>, states, "Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperated with staff sexual misconduct investigations including but not limited to housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with an investigation."</p> <p data-bbox="240 1202 1485 1433"><i>CDCR DOM Chapter 5, Article 44, §54040.13 (Allegation Follow-up)</i> states, "For at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation.....The PCM shall act promptly (in accordance with DOM Article 14, Section 31140.22 to remedy any such retaliation and ensure a CDCR Form 2304 or 2305, Protection Against Retaliation, is initiated.....The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need." In addition, "The obligation to monitor shall terminate if the investigation determines that the allegation is unfounded or proven false."</p> <p data-bbox="240 1462 1485 1693">The auditor reviewed <i>CDCR Form 2304 (Protection against Retaliation (PAR)-Inmate)</i> and <i>CDCR Form 2305 (Protection against Retaliation (PAR)-Staff)</i>. Both forms state, "The PREA Compliance Manager or designee shall monitor staff/inmate who have reported an allegation of sexual violence or sexual misconduct or who cooperated with a sexual violence/misconduct investigation for 90 days following the allegation. If the allegation is determined to be unfounded, the monitoring shall cease. The PREA Compliance Manager or designee shall interview the inmate bi-weekly (every other week) to review his/her perception of retaliation for the allegation or cooperation in the investigation and document below. If retaliation is detected ensure immediate corrective action is taken and documented."</p> <p data-bbox="240 1722 1469 1850">In addition, CDCR form 2304 indicates that there must be a review of disciplinary reports, program or job changes, and housing changes beginning at fifteen (15) day monitoring period and increases at fifteen (15) day intervals. After the ninety (90) day monitoring period, the monitor does ask if there is a "continuing need", if there is, the user is instructed to complete an additional PAR form and attach to the original document.</p> <p data-bbox="240 1879 1485 2040"><i>CDCR Form 2305 (Protection against Retaliation (PAR)-Staff)</i> indicates that there must be a review of post reassignments (job changes), removal of alleged staff abuser from contact, facility transfer, or other, and beginning at a fifteen (15) day monitoring period and increases at fifteen (15) day intervals. After the ninety (90) day monitoring period, the does ask if there is a "continuing need", if there is the user is instructed to complete an additional PAR form and attach to the original document.</p> <p data-bbox="240 2069 1493 2134">The facility Warden confirmed that retaliation monitoring is the responsibility of the investigator or the PREA Compliance Manager. Retaliation monitoring is completed for ninety (90) days. The monitor will meet with the inmate at 15 days, 30 days,</p>

45 days, 60 days, 75 days and 90 day intervals.

The auditor reviewed twelve (12) investigations of which seven (7) required retaliation monitoring. Each investigation contained documentation that the victim was monitored for retaliation. The documentation included that housing changes, work assignments and disciplinary records were reviewed and a face to face meeting with the victim to ensure that there is no perceived retaliation. Interviews with investigators confirmed that there have not been any instances that required retaliation monitoring for staff.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

115.68	Post-allegation protective custody
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 268 1158 295">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 347 1385 477" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.6 Offender Housing 3. CCR Title 15, Article 7, §3335 4. Interviews: Facility Warden, Staff who supervise Inmates in Segregation, Inmate who reported sexual abuse <p data-bbox="240 506 1489 633">The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregation housing unless an assessment of all available alternatives has been made. In addition, the facility reported that there has been zero (0) inmates placed into segregation for protection from sexual abuse.</p> <p data-bbox="240 663 391 689"><u>Provision (a):</u></p> <p data-bbox="240 719 1457 846"><i>CDCR DOM Chapter 5, Article 44, §54040.6 (Offender Housing)</i> states, “Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers.”</p> <p data-bbox="240 875 1489 972"><i>CCR Title 15, Article 7, §3335 (D) (2) (Administrative Segregation)</i> states, “The facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.”</p> <p data-bbox="240 1001 1489 1128"><i>CCR Title 15 Article 7, §3335 (D) (1) (Administrative Segregation)</i> states, “If the placement in NDS is related to being a victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044 and subsection 3190 (b)(5)(C), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; (2) the duration of the limitation; and 3) the reasons for such limitations.”</p> <p data-bbox="240 1158 1469 1254"><i>CCR Title 15 Article 7, §3335 (D) (3) (Administrative Segregation)</i> states, “Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population.”</p> <p data-bbox="240 1283 1493 1447">During the site review, the auditor confirmed with staff who supervisor inmates in segregated housing, that currently there are no inmates assigned to segregated housing that have been the victim of sexual abuse. It was reported that inmates would not be placed in segregated housing strictly for separation of the victim and the abuse. Staff reported that the abuser would be placed in segregated housing. This was also confirmed by the facility Warden. He stated that the facility does have alternative means to protect the inmate without the use of segregated housing.</p> <p data-bbox="240 1476 1474 1671">The auditor reviewed twelve (12) investigation files. This review included a review of the inmate housing assignments, prior to the allegation and after the allegation. The auditor determine that no victims were placed into segregated housing after reporting an allegation. During an interview with an Inmate that had reported sexual abuse, he stated that he was placed in segregation after making a report. However in review of the inmate's housing history, the inmate was house at a conservation camp, when the allegation was reported. The inmate was transported back to SCC due to disciplinary issues that did not occur because of reporting an allegation.</p> <p data-bbox="240 1700 376 1727"><u>Conclusion:</u></p> <p data-bbox="240 1756 1481 1818">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.4 Education and Prevention
3. CDCR DOM Chapter 5, Article 44, §54040.12 Investigations
4. CDCR DOM Chapter 5, Article 44, §54040.17 Records Retention
5. CDCR DOM Chapter 1, Article 20, §14030.6 Who may request a Polygraph Examination
6. CDCR DOM Chapter 3, Article 14, §31140.1 Internal Affairs Investigations
7. CDCR DOM Chapter 3, Article 14, §31140.6 Authority to Conduct Investigations
8. CCR Title 15, §3316 Referral for Criminal Prosecution
9. California Penal Code 830.5
10. CDCR Records Retention Schedule Update
11. CDCR Basic Investigator Course, Specialized PREA Training for Locally Designated Investigator
12. CDCR OIG Investigator’s Field Guide
13. Interviews: Facility Warden, Investigative Staff, PREA Coordinator, PREA Compliance Manager

The facility indicated in their response to the Pre-Audit Questionnaire that the agency has a policy related to criminal and administrative investigations.

Provision (a)(b):

California Penal Code 830.5 states “The following persons are peace officers whose authority extends to any place in the state while engaging in the performance of the duties of their respective employment and for carrying out the primary function of their employment or as required under Sections 8597, 8598, and 8617, (b) correctional officer employed by the Department of Corrections and Rehabilitation.....”

CDCR DOM Chapter 3, Article 14, §31140.6 (Authority to Conduct Investigations) states, “Pursuant to Government Code Section 11182, the Secretary of the Department delegates the authority to initiate and conduct investigations to the Assistant Secretary, OIA.”

CDCR DOM Chapter 3, Article 14, §31140.1 (Internal Affairs Investigations) states, “Every allegation of employee misconduct with the California Department of Corrections and Rehabilitation (CDCR or Department) shall be promptly reported, objectively reviewed and investigated when appropriate.”

CDCR DOM Chapter 5, Article 44, §54040.4 (Education and Prevention) states “All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c).”

The Investigative Services Unit (ISU) investigates all allegations of inmate on inmate and staff on inmate sexual abuse and sexual harassment. The Local Designated Investigators (LDI) are sworn peace officers and conduct both criminal and administrative investigations. LDI's are required to attend general PREA training and specialized training in sexual abuse investigations.

The auditor reviewed the *CDCR Basic Investigator Course, Specialized PREA Training for Locally Designated Investigator Curriculum*. The instructional goal states “Investigators will understand their role and responsibilities in conducting an investigation within the correctional institution.” The curriculum includes sections on interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, proper handling of sexual abuse evidence collection in a confinement setting and how to identify evidence required to substantiate a case for administrative action or prosecution referral. The auditor confirmed through file review and the facility PREA Compliance Manager, that each investigator is required to attend the specialized training.

Provision (c)(e)(f)(g):

CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states, “Credibility of an alleged victim, suspect, or witness must be determined based on sound facts and evidence rather than an individual’s status.”

CDCR DOM Chapter 1, Article 20, §14030.6 (Who may request a Polygraph Examination) states, “An employee, inmate, or parolee under investigation for an alleged violation of the law or a regulation may make a request for a polygraph examination. No person shall be ordered to take a polygraph examination.”

CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states, "The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The investigator will include an effort to determine whether staff actions or failures to act contributed to the abuse. The Confidential Memorandum will include 1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; 3) the investigative fact and findings."

During interviews with investigators, it was confirmed that the agency does not require a victim to submit to polygraph as a condition for proceeding with an investigation. Investigators do try and determine if staff actions or failures to act contributed to the abuse. Investigators are required to complete a written report. The auditor reviewed twelve (12) investigations. Each investigation contained a written report. The written report included the circumstances of how the allegation was received and what was alleged, review of prior complaints, a description of evidence to include video evidence and interviews, reasoning behind credibility assessment and the investigative fact and findings. In addition, no investigations indicated a required elevation to the Office of Internal Affairs or a referral for prosecution.

Provision (d):

CCR Title 15, §3316 (Referral for Criminal Prosecution) (a) states, "Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on the facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged."

Staff sexual misconduct and staff sexual harassment allegations are initially conducted by ISU. ISU will gather preliminary information concerning the allegations. The findings are documented on a confidential memorandum and an SSV-IA form. If the allegations are found to have potentially occurred, ISU then refers the case to the Office of Internal Affairs (OIA), an entity within CDCR with authority to investigate all staff misconduct. The OIA completes the investigation and works with the District Attorney to make a determination on prosecuting the suspect.

The auditor reviewed a memorandum to all Wardens, dated December 29, 2021. The memorandum indicates that within the Office of Internal Affairs (OIA) the Allegation Inquiry Management Section (AIMS) was established to conduct independent and objective inquiries into specified allegations originating from grievances submitted by incarcerated persons and parolee. Effective January 1, 2022, the scope of AIMS is expanded to include all allegations of unnecessary or excessive use of force (UOF) and all allegations of staff (on offender) sexual misconduct, to include allegations of sexual harassment and sexual assault by a staff member. All allegations of staff sexual harassment or staff sexual assault of an incarcerated person or parolee shall be accepted from any source.

The auditor reviewed the *CDCR OIG Investigator's Field Guide, May 2008*, which states, "In investigator interviews involving suspected criminal misconduct the employee shall be read his specific warning of rights as delineated in the Miranda decision. If the employee waives that right, questioning can proceed. Any and all statements made by the employee waiving the Miranda warning rights can be used in both criminal and administrative proceedings. Should the employee invoke his/her rights under the Miranda decision, the agency 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." During interviews with investigators, the auditor confirmed that the process is being followed.

Provision (h):

CCR Title 15, §3316 (Referral for Criminal Prosecution) (a) states, "Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on the facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged."

The facility Warden, confirmed all substantiated allegations that appear criminal will be forwarded to the District Attorney's Office for prosecution.

Provision (i):

CDCR DOM Chapter 5, Article 44, §54040.17 (Records Retention) states, "All case records associated with such reports including incident reports, investigation reports, offender information, case dispositions, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule."

CDCR Records Retention Schedule Update states, "The investigatory File is to be retained in ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer."

Provision (j):

CDCR DOM Chapter 5, Article 44, §54040.12 (Investigations) states, "The departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation."

Provision (k):

CDCR custody staff are certified peace officers and are certified to conduct criminal and administrative investigations, therefore this provision is not applicable.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.

115.72	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.12 (Investigation) 3. CDCR DOM Chapter 3, Article 22, §33030.13.1 (Investigative Findings) 4. Interviews: Investigative Staff <p>The facility indicated in their responses to the Pre-Audit Questionnaire that the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p><u>Provision (a):</u></p> <p><i>CDCR DOM Chapter 5, Article 44, §54040.12 (Investigation)</i> states, “All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. No standard higher than the preponderance of evidence is to be used when determining whether allegations of sexual abuse or sexual harassment were sustained.”</p> <p><i>CDCR DOM Chapter 3, Article 22, §33030.13.1 (Investigative Findings)</i> defines “not sustained”, the investigation failed to disclose a preponderance of evidence to prove or disprove the allegation made in the complaint and “sustained”, the investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint.”</p> <p>Interviews with the facility investigators confirmed that the agency imposes a standard of a preponderance of evidence when determining whether an allegation of sexual abuse or sexual harassment are substantiated. In addition, this was confirmed during the review of the investigation files.</p> <p><u>Conclusion:</u></p> <p>Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>
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115.73	Reporting to inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.12.5 Reporting to Offenders 3. CDCR DOM Chapter 5, Article 44, §54040.12.5 Reporting to Offenders-Staff on Offender 4. CDCR DOM Chapter 5, Article 44, §54040.12.5 Reporting to Offenders-Offender on Offender 5. CDCR DOM Chapter 5, Article 44, §54040.8.1 Custody Supervisor Responsibilities 6. CDCR 128B 7. Interviews: Warden, Investigative Staff and Inmates who reported sexual abuse <p>The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy requiring that any inmate who make an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, the results of the investigation. In addition, the facility reported that there were five (5) investigations and all five (5) victims were notified of the results of the investigation.</p> <p>Provision (a)(c)(d)(e)(f):</p> <p><i>CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders)</i> states, "Following an offender's allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded."</p> <p><i>CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Staff on Offender)</i> states, "The PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been;</p> <ul style="list-style-type: none"> • The staff member is no longer posted within the inmate's unit; • The staff member is no longer employed at the facility; • Indicted on the alleged sexual misconduct; • Convicted of the alleged sexual misconduct." <p><i>CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Offender on Offender)</i> states, "Following an investigation into an offender's allegation that he or she suffered from sexual violence by another offender, institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated, or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been:</p> <ul style="list-style-type: none"> • Indicted on the alleged sexual violence; • Convicted of the charge." <p><i>CDCR DOM Chapter 5, Article 44, §54040.8.1 (Custody Supervisor Responsibilities)</i> states, "Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5."</p> <p><i>CDCR DOM Chapter 5, Article 44, §54040.12.5 (Reporting to Offenders-Staff on Offender)</i> states, "The agency's obligation to report/inform the offender of changes shall terminate if the offender is released from the agency's custody."</p> <p>The agency utilizes 128-B form to make notification to the victim. The form indicates the conclusion, to include substantiated, unsubstantiated and unfounded. The form also includes a section that will notify the victim if the staff has been removed from the unit, been terminated from employment, has been indicted on the allegations or has been convicted of the allegations. In addition, there is a section, if the allegations involve another inmate that states if the perpetrator was moved to another housing unit or facility, if the inmate was indicted on the allegations or if the inmate was convicted of the allegations. Notification is made to the victim, in person and the victim is required to sign the form, to document that he/she was notified. The facility Warden, PREA Compliance Manager and Investigators confirmed the process.</p> <p>The auditor reviewed the facility's 2021 Allegation Log. There have been fourteen (14) investigations, in the past twelve (12) months. The auditor confirmed through file reviews and interviews with investigators, that if an allegation is received at SCC, and the allegation occurred at another CDCR facility, the facility Warden will complete the Warden to Warden notification as required in standard §115.63. The SCC ISU will open an investigation, assign a case number and will keep in communication with the investigating facility. All documentation of the investigation will be shared with the ISU at SCC. SCC is responsible to complete the SSV-IA form and forward to the agency PREA Coordinator. The auditor reviewed twelve (12) investigations,</p>	

five (5) were reported to have occurred at SCC, two (2) at another facility and five (5) at one of the conservation camps. Each investigation had documentation that the victim was notified of the finding of the investigation. There were no incidents that required notification of indictments or convictions.

Provision (b):

CDCR custody staff are certified peace officers and are certified to conduct criminal and administrative investigations, therefore this provision is not applicable.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.

115.76	Disciplinary sanctions for staff
	<p data-bbox="240 143 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 268 1158 295">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 347 1249 539" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.3 Definitions 3. CDCR DOM Chapter 3, Article 22, § 33030.19 Employee Disciplinary Matrix 4. CDCR DOM Chapter 5, Article 44, §54040.12.4 Reporting to Outside Agencies for Contractors 5. CCR Title 15, §3401.5 Staff Sexual Misconduct 6. Interview: Warden <p data-bbox="240 571 1497 665">The facility indicated in their responses to the Pre-Audit Questionnaire that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. In addition, the facility reported that there have not been any staff members that has been disciplined for violations of the policies during the reporting period.</p> <p data-bbox="240 696 475 723"><u>Provision (a)(b)(c)(d):</u></p> <p data-bbox="240 754 1458 947"><i>CDCR DOM Chapter 5, Article 44, §54040.3 Definitions</i> defines staff sexual misconduct as any threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders. Any sexual misconduct by staff directed toward an offender, as defined in California Code of Regulations (CCR), Title 15, Section 3401.5 and Penal Code (PC) Section 289.6. The legal concept of "consent" does not exist between staff and offenders; any sexual behavior between them constitutes sexual misconduct and shall subject the staff member to disciplinary action and/or prosecution under the law.</p> <p data-bbox="240 978 1437 1039"><i>CCR Title 15, §3401.5 (Staff Sexual Misconduct) (b) Penalties</i> states, "All allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution."</p> <p data-bbox="240 1070 1490 1131"><i>CDCR DOM Chapter 3, Article 22, § 33030.19 (Employee Disciplinary Matrix)</i> indicate the penalty for sexual misconduct with an inmate(s)/parolees is dismissal.</p> <p data-bbox="240 1162 1463 1256"><i>CDCR DOM Chapter 5, Article 44, §54040.12.4 (Reporting to Outside Agencies for Contractors)</i> states, "Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee."</p> <p data-bbox="240 1288 1466 1413">During an interview with the facility Warden, he confirmed that staff would be disciplined up to and including termination for violations of the agency policy. Any contractor who violates the policy would be removed from the facility with no further contact with inmates. The facility has not had an allegation that required staff or contractor discipline, during the reporting period. The auditor confirmed this during the investigation file review.</p> <p data-bbox="240 1444 376 1471"><u>Conclusion:</u></p> <p data-bbox="240 1503 1481 1563">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

115.77	Corrective action for contractors and volunteers
	<p data-bbox="240 143 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 239">Auditor Discussion</p> <p data-bbox="240 271 1158 302">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1249 477" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.12.4 Reporting to Outside Agencies for Contractors 3. CDCR DOM Chapter 10, Article 9, §101090.9 Termination 4. Interviews: Warden <p data-bbox="240 508 1493 636">The facility indicated in their responses to the Pre-Audit Questionnaire that agency policies requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. In addition, the facility reported that there have been zero contractors/ volunteers that have been reported to licensing bodies for engaging in sexual abuse.</p> <p data-bbox="240 667 419 698"><u>Provision (a)(b):</u></p> <p data-bbox="240 723 1461 819"><i>CDCR DOM Chapter 5, Article 44, §54040.12.4 (Reporting to Outside Agencies for Contractors)</i> states, “Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee.”</p> <p data-bbox="240 846 1481 974"><i>CDCR DOM Chapter 10, Article 9, §101090.9 (Termination)</i> states, “The hiring authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security and/or orderly operations of the institution/region. A report explaining the occurrences and outcome shall be routed to the hiring authority with a copy to the CRM or designated manager.”</p> <p data-bbox="240 1003 1477 1198">CDCR custody staff are sworn peace officers within the State of California. Locally designated investigators (LDI) can conduct criminal investigations, and therefore there is no need for the facility to involve outside law enforcement. The facility Warden confirmed that if a contractor or volunteer violated the agency policy, they would be removed from the facility and their access card would be revoked. All licensing bodies would be notified of the substantiated investigation and the case would be referred to the local District Attorney's Office. There have not been any substantiated cases that would require the notification or referral.</p> <p data-bbox="240 1229 376 1261"><u>Conclusion:</u></p> <p data-bbox="240 1285 1477 1346">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.15 Disciplinary Process
3. CDCR DOM Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening
4. CDCR DOM Chapter 5, Article 44, §52080.8.5 Special Considerations of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program
5. CDCR DOM Chapter 5, Article 44, § 54040.15.1 Alleged Victim-False Allegations
6. CCR Title 15, §3007 Sexual Behavior
7. CCR Title 15, §3323 Disciplinary Credit Forfeiture Schedule
8. CCR Title 15, §3317 Mental Health Evaluations for Disciplinary Hearings
9. Interviews: Warden and Medical and Mental Health Staff

The facility indicated in their responses to the Pre-Audit Questionnaire that inmates are subject to disciplinary sanction only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. In addition, the facility reported that there have not been any administrative findings of inmate on inmate sexual abuse that have occurred at the facility.

Provision (a)(b):

CCR Title 15, §3007 (Sexual Behavior) states, "Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts."

CDCR DOM Chapter 5, Article 44, §54040.15 (Disciplinary Process) states, "Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of the CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution"

CCR Title 15, §3323 (Disciplinary Credit Forfeiture Schedule) (b) (5) classifies rape, attempted rape, sodomy, attempted sodomy, oral copulation and attempted oral copulation against the victim's will as a Division A-1 offense which can result in forfeiture of credit from 181 days to 360 days.

Sanctions for serious rule violations are determined by a disciplinary matrix and are commensurate with the nature and circumstances of the abuse that was committed.

The facility Warden confirmed that inmates are subject to disciplinary sanctions after an administrative finding that the inmate engaged in sexual abuse or after a criminal finding of guilt.

Provision (c)(d):

CDCR DOM Chapter 5, Article 44, §52080.8.5 (Special Considerations of Rules Violations Related to Mental Illness or Participation in the Developmental Disability Program) states, "Inmates who are alleged to have committed a Rules Violation shall receive a Mental Health Assessment, via completion of the CDCR Form 115-MH-A Rules Violation Report."

CCR Title 15, §3317 (Mental Health Evaluations for Disciplinary Hearings) states, "Inmates in the Mental Health program or any inmate showing signs of possible mental illness may require a CDC 115 MH Rules Violation Report: Mental Health Assessment. All inmates at the EOP, MHCB, and DMH level of care, who receive a CDC 115, Rules Violation Report shall be referred for a Mental Health Assessment."

CDCR DOM Chapter 5, Article 44, §54040.7 (Referral to Mental Health Screening) states, "If it is reported by an offender during the initial intake screening or at any other time during his/her confinement within CDCR, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128-MH5, Mental Health Chrono."

Provision (e):

CCR Title 15, §3323 (Disciplinary Credit Forfeiture Schedule) (b5) classifies rape, attempted rape, sodomy, attempted

sodomy, oral copulation and attempted oral copulation against the victim's will as a Division A-1 offense which can result in forfeiture of credit from 181 days to 360 days.

During discussions with the facility PCM, she confirmed that inmate victims are not disciplined for sexual conduct if a staff member consented to the behavior. However an inmate can be disciplined for sexual misconduct, if staff did not consent to such conduct.

Provision (f):

CDCR DOM Chapter 5, Article 44, § 54040.15.1 (Alleged Victim-False Allegations) states, "Following the investigation into sexual violence, or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action. A charge of "making a false report of a crime" a Division E offense, is appropriate only if evidence received indicates the offender knowingly make a false report."

The facility reported that there have been no inmates that have been disciplined for making a false allegation of sexual abuse. This was confirmed with the facility investigators.

Provision (g):

CCR Title 15, §3007 (Sexual Behavior) states, "Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between two consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts."

CDCR prohibits sexual activity between inmates. During discussions with investigators, the auditor confirmed that all acts of sexual activity are reviewed to ensure that inmates have not been coerced into participating in the act.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1158 297">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1474 707" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening 3. CDCR DOM Chapter 5, Article 44, §54040.7 Detection, Notification and Reporting 4. CCHCS DOM Chapter 4, Article 1, §4.1.6 Prison Rape Elimination Act 5. CDCR DOM Chapter 5, Article 44, §54040.3 Definitions 6. Program Guide Overview-Mental Health Delivery System 7. CDCR Mental Health Referral Chrono 128 MH5 8. CDCR Form 7552 Prison Rape Elimination Act Authorization for Release of Information 9. CDCR Form 7448 Informed Consent for Mental Health Care 10. Interviews: Inmates who Disclose Sexual Victimization, Staff Responsible for Risk Screening and Medical and Mental Health Staff <p data-bbox="240 741 1485 902">The facility indicated in their responses to the Pre-Audit Questionnaire that all inmates who disclosed any prior sexual victimization during a screening or inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with a medical or mental health practitioner. In addition, the facility reported that there have been one hundred (100) inmates who disclosed prior victimization during screening who were offered a follow up meeting with mental health and one hundred (100) inmates who previously perpetrated sexual abuse, were offered a follow up meeting with mental health.</p> <p data-bbox="240 931 448 958">Provision (a)(b)(c):</p> <p data-bbox="240 992 1481 1153"><i>CDCR DOM Chapter 5, Article 44, 54040.7 (Referral for Mental Health Screening)</i> states, "If it is reported by an offender during the initial intake screening or at any other time during his/her confinement within CDCR that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128- MH-5, Mental Health Referral Chrono."</p> <p data-bbox="240 1182 1474 1310"><i>Program Guide Overview-Mental Health Delivery System</i> states, "Any inmate can be referred for mental health services at any time" The document also provides a list of scenarios, when a referral shall be made. The list includes an inmate has been identified as a possible victim per the Prison Rape Elimination Act and an inmate demonstrates sexually inappropriate behavior as per the Exhibitionism policy.</p> <p data-bbox="240 1339 1474 1637">The auditor reviewed the PREA intake screening that the facility utilizes to assess for risk of sexual victimization which considers all criteria required by this provision, which include: 1A) Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting (not including sexual harassment); 1B) Have you ever experienced sexual victimization in a correctional setting that you have not previously reported; 2) Have you ever experienced sexual victimization in a non-correctional setting 3) Mental, physical, or developmental disability, 4) Age? (21 and under or 65 and over); 5) Physical Build 6) any prior or current convictions for sex offenses against an adult or a child; 7) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) first incarceration in state prison; 9) exclusively non-violent criminal history (convictions only) 10) inmate currently consider themselves vulnerable to sexual victimization. The facility does not detain inmates solely for civil immigration.</p> <p data-bbox="240 1666 1474 1727">When five (5) or more answers are "Yes" to questions 2 through 10, or a "Yes" was answered to question 1A and/or 1B the scoring routine will suggest the inmate is "at risk as a victim".</p> <p data-bbox="240 1756 1437 1883">In addition, the PREA intake screening a the inmate for risk of being sexually abusive and considers 1) history of sexual violence in a correctional setting; 2) prior convictions for sex offenses in a non-correctional setting; 3) conviction for non-sexual violent offenses in a non-correctional setting within five years; 4) guilty finding for non-sexual violent offense in a correctional setting.</p> <p data-bbox="240 1912 1449 1973">When all (3) answers are "Yes" to questions 2, 3, and 4 and a "Yes" was answered on question 1, the scoring routine will suggest the inmate is "at risk as an abuser."</p> <p data-bbox="240 2002 1481 2101">If questions 1A, 1B, 2 or 6 in section A or questions 1 or 2 in Section B are "Yes", staff is required to ask the inmate if he/she would like a Mental Health referral and must check if the inmate declined a mental health referral or if the inmate accepted mental health, and completes a CDCR 128-MH5, Mental Health Referral Chrono and submit it to mental health.</p> <p data-bbox="240 2130 1437 2157">The auditor reviewed the CDCR <i>Mental Health Referral Chrono 128 MH5</i>. Section I. Identifying Information and Referral</p>

TimeLine which allows the user to choose the referral timeline, has the following options:

- PREA Routine (within 14 calendar days)
 - Initial Intake Screening
 - New Allegations/Post 72 hours
- PREA Perpetrator Routine (within 60 calendar days: New Allegation)
 - Investigation on-going
 - Investigation completed
- PREA Emergency (within 4 hours of return from or refusal of a SART/SANE examination)

Referrals are made utilizing the 128 MH5 form and forwarded to the mental health office. When received the referral is logged and entered into the data tracking system, and scheduled for a follow-up with the appropriate clinician. The auditor reviewed screenshots of the data tracking system.

In the Pre-Audit questionnaire, the facility reported one hundred (100) inmates had reported that they experience sexual abuse in a non-correctional setting during the past twelve months. During the site review, the facility provided the auditor with a list of inmates who indicated based on their intake screening that they had experienced prior sexual abuse in a non-correctional setting. There were only eight (8) names contained in the list. The auditor reviewed all eight screening assessments. All eight (8) inmates were offered mental health, seven (7) declined and one (1) requested a follow up meeting. The audit team randomly selected four (4) inmates for interviews, three (3) reported they were offered mental health and one (1) stated he had never been victimized or reported he had been.

In the Pre-Audit questionnaire, the facility reported one hundred (100) inmates had previously perpetrated sexual abuse in an institutional setting or in the community during the past twelve months. The auditor reviewed thirty-two (32) inmate files, seven (7) inmates had previously perpetrated sexual abuse. The screening form indicated "no" to previously perpetrated sexual abuse on three (3) inmate files, however the inmates had previous conviction for sexual abuse and were not offered mental health, the facility did not provide the screening assessment for one (1) file and three (3) inmates had previously perpetrated sexual abuse and offered mental health, which was declined.

The auditor is concerned with the reliability of the risk assessments completed at SCC during intake, as per §115.41. If the risk assessments were completed inappropriately, there may be inmates who have been sexually victimized or previously perpetrated sexual abuse that have not been offered mental health. Corrective action is required.

Provision (d):

CDCR DOM Chapter 5, Article 44, §54040.7 (Detection, Notification and Reporting) states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, and program assignments, or as otherwise required by Federal, State, or local law.

CDCR DOM Chapter 5, Article 44, §54040.3 Definitions define "need to know" basis, when the information is relevant and necessary in the ordinary performance of that employee or contractor's official duties."

Provision (e):

CCHCS DOM Chapter 4, Article 1, §4.1.6 Prison Rape Elimination Act states, "When a patient who is over 18 years or over reports to health care staff that they were a victim of sexual abuse that occurred outside of an institutional setting, for the purpose of reporting the incident to the appropriate law enforcement agency, health care staff shall: 1) provide the patient with the CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information to complete for their authorization to release information.

The auditor reviewed *CDCR Form 7552 Prison Rape Elimination Act Authorization for Release of Information*. The form states, "This form shall be completed if a patient over the age of 18 alleged to California Correctional Health Care Services staff to be a victim of sexual violence or misconduct that occurred outside of an institutional setting for the purposes of reporting the incident to the appropriate law enforcement agency, prosecutor's office and any other appropriate agency."

The auditor reviewed *CDCR Form 7448 Informed Consent for Mental Health Care*, which states, "Information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations:

- I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff."

Interviews with Mental Health staff, indicated that they are aware of obtaining informed consent from inmates before reporting information that occurred outside of an institutional setting.

Corrective Action Required:

1. The facility shall establish and implement training for all persons conducting risk assessments, to ensure they are done according to CDCR policy and procedures as required corrective action for standard §115.41.
2. The facility shall establish and implement a procedure to have all inmate, housed at the facility and the conservation camps, assessed for risk of victimization and risk of sexual abusiveness. Assessments shall only be completed by individuals who have received the corrective action training listed in #1, as required corrective action for standard §115.41.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The facility began the task to conduct a risk assessment on all inmates housed in the facility. The facility provided the auditor with an inmate roster and fifty (50) inmates were randomly selected. The facility provided the auditor with documentation of the risk assessments. Inmates who met the criteria were offered medical/mental health but declined the offer.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.8.3 Medical Services Responsibilities
3. CDCR DOM Chapter 5, Article 44, §54040.8.3 Mental Health Responsibilities
4. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examination
5. cdcr CCHCS Chapter 16 §1.16.2 (Prison Rape Elimination Act Procedures)
6. CCHCS Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy
7. CDCR CDCR CCHCS policy 4.1.6 Prison Rape Elimination Act, Procedure
8. Interviews: Director of Adult Prisons and Medical/Mental Health Staff

The facility indicated in their responses to the Pre-Audit Questionnaire that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services is according to the medical/mental health staff's professional judgment.

Provision (a):

CDCR DOM Chapter 5, Article 44, §54040.8.3 (Medical Services Responsibilities) states, "Licensed health care staff shall determine and identify any injuries sustained by the alleged victim and suspect, assess and identify if the are urgent/emergent, and provide emergency medical care to the alleged victim and suspects."

CCHCS Chapter 16 §1.16.2 (Prison Rape Elimination Act Procedures) states, "The objective of this procedure is to establish the process for the California Correctional Health Care Services to provide medically necessary emergency treatment, follow-up services, treatment plans, and when necessary, referrals to patients who are alleged victims of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties under the California Department of Corrections and Rehabilitation (CDCR) Prison Rape Elimination Act policy, and CDCR Department Operations Manual."

CDCR DOM Chapter 5, Article 44, §54040.8.3 (Mental Health Responsibilities) states, "All victims of sexual violence or staff sexual misconduct shall be referred for an emergent SRE (Suicide Risk Evaluation).....In addition, "All victims of sexual violence or staff sexual misconduct shall be referred for a routine Mental Health Evaluation regardless of the outcome of the SRE."

The auditor reviewed twelve (12) investigations, each investigation provided documentation that all who reported an allegation, were seen by medical/mental health staff at the time of the report. This practice was also confirmed during interviews with medical and mental health staff.

Provision (b):

The facility has twenty-four hour qualified medical and mental health staff on duty. This provision would not be applicable to the facility.

Provision (c):

CDCR DOM Chapter 5, Article 44, §54040.9 (Forensic Medical Examination) states, "As required by Penal Code Section 2638 (part of AB550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect."

CDCR CCHCS policy 4.1.6 Prison Rape Elimination Act, Procedure (a) states, Health care staff shall inform the victim and/or suspect that custody staff will transport them to an outside contracted SART facility for an examination if deemed appropriate as indicated in the DOM Section 54040.12.1. The outside contracted count SART team is responsible to offer the following:

- Test for STIs/STDs and HIV as medically appropriate for patients who are the victims or suspects of sexual abuse.
- Pregnancy test for patients who are victims of sexually abusive vaginal penetration
- A Forensic Medical examination for patients who are alleged victims and suspects of sexual violence.

Interviews with medical and mental health confirmed that secondary information is shared with victims regarding sexually transmitted infections, HIV and pregnancy options, if needed.

Provision (d):

CDCR CCHCS Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states “The copayment shall not be charged if the health care service(s) is considered to be...treatment services relating to sexual abuse or assault.”

The Director of Adult Prisons and medical/mental health confirmed that inmates are not charged for treatment services related to sexual abuse or assault.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SCC Pre-Audit Questionnaire
2. CDCR DOM Chapter 5, Article 44, §54040.10 Mental Health Responsibilities
3. CDCR DOM Chapter 5, Article 44, §54040.7 Referral to Mental Health Screening
4. CDCR DOM Chapter 5, Article 44, §54040.9 Forensic Medical Examination
5. CDCR DOM Chapter 5, Article 44, §54040.11 Suspect Processing
6. CCHCS Chapter 16 §1.16.2 Prison Rape Elimination Act Procedures
7. CDCR CCHCS Policy 4.1.6 Prison Rape Elimination Act
8. CDCR CCHCS Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy
9. Program Guide Overview-Mental Health Delivery System
10. PREA Intake Screening Form
11. Interviews: Medical and Mental Health Staff

The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers medical and mental health evaluations, and treatment all inmates who have been victimized by sexual abuse in any prison, jail, and lockup or juvenile facility. In addition, inmate victims are offered tests for sexually transmitted infections as medically appropriate and attempts to conduct mental health evaluations on all inmate abusers within sixty (60) days of learning of such abuse history.

Provision (a)(b)(c):

CDCR DOM Chapter 5, Article 44, 54040.7 (Referral for Mental Health Screening) states, "If it is reported by an offender during the initial intake screening or at any other time during his/her confinement within CDCR that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR Form 128- MH-5, Mental Health Referral Chrono."

Program Guide Overview-Mental Health Delivery System states, "Any inmate can be referred for mental health services at any time" The document also provides a list of scenarios, when a referral shall be made. The list includes an inmate has been identified as a possible victim per the Prison Rape Elimination Act and an inmate demonstrates sexually inappropriate behavior as per the Exhibitionism policy.

CCHCS Chapter 16 §1.16.2 (Prison Rape Elimination Act Procedures) states, "The objective of this procedure is to establish the process for the California Correctional Health Care Services to provide medically necessary emergency treatment, follow-up services, treatment plans, and when necessary, referrals to patients who are alleged victims of sexual violence, staff sexual misconduct, and sexual harassment consistent with its duties under the California Department of Corrections and Rehabilitation (CDCR) Prison Rape Elimination Act policy, and CDCR Department Operations Manual."

The auditor reviewed twelve (12) investigations, each investigation provided documentation that all who reported an allegation, were seen by medical/mental health staff at the time of the report. During interviews with medical/mental health staff, it was reported that services are offered to all victims of sexual abuse at no charge. They will also complete further testing for diseases, follow ups on medical care. All services are immediately available. In addition, medical and mental health staff believed that inmates receive better care inside the facility, than out in the community.

Provision (d)(e):

Both provisions require that pregnancy tests and the results be made available to the victim of sexual abuse. The facility does not house female inmates. Therefore both provisions are not applicable to this facility.

Provision (f):

CDCR DOM Chapter 5, Article 44, §54040.9 (Forensic Medical Examination) states, "As required by Penal Code Section 2638 (part of AB550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect".

CDCR CCHCS Policy 4.1.6 Prison Rape Elimination Act, Procedure (a) states, Health care staff shall inform the victim and/or suspect that custody staff will transport them to an outside contracted count SART facility for an examination if deemed appropriate as indicated in the DOM Section 54040.12.1. The outside contracted SART team is responsible to offer the following:

- Test for STIs/STDs and HIV as medically appropriate for patients who are the victims or suspects of sexual abuse.
- Pregnancy test for patients who are victims of sexually abusive vaginal penetration.
- A Forensic Medical examination for patients who are alleged victims and suspects of sexual violence.

Interviews with medical/mental health staff confirmed this is the practice of the facility.

Provision (g):

CDCR CCHCS Policy- Grievance and Administration Chapter 10, 1.10 Copayment Program Policy states "The copayment shall not be charged if the health care service(s) is considered to be...treatment services relating to sexual abuse or assault."

Provision (h):

CDCR DOM Chapter 5, Article 44, §54040.11 Suspect Processing states "ISU staff or the LDI will provide a Miranda warning and interview the suspect to obtain his/her account of the incident. The custody supervisor will complete a referral to mental health for a mental health evaluation and assessment of treatment needs."

The auditor reviewed the CDCR Mental Health Referral Chrono 128 MH5. Section I. Identifying Information and Referral TimeLine which allows the user to choose the referral timeline, has the following options:

- PREA Routine (within 14 calendar days)
 - Initial Intake Screening
 - New Allegations/Post 72 hours
- PREA Perpetrator Routine (within 60 calendar days: New Allegation)
 - Investigation on-going
 - Investigation completed
- PREA Emergency (within 4 hours of return from or refusal of a SART/SANE examination)

The auditor reviewed twelve (12) investigations, each investigation provided documentation that all who reported an allegation, were offered mental health at the time of the report.

Conclusion:

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.

115.86	Sexual abuse incident reviews
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1158 302">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1334 448" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.17 Institutional PREA Review Committee 3. Interviews: facility Warden, Incident Review Team Member and the facility PREA Compliance Manager <p data-bbox="240 472 1485 571">The facility indicated in their response to the Pre-Audit Questionnaire that the facility conducts a sexual incident review at the conclusion of every criminal or administrative sexual abuse allegation. The facility reported that during the documentation period there have not been any conducted.</p> <p data-bbox="240 595 448 627"><u>Provision (a)(b)(c):</u></p> <p data-bbox="240 651 1465 784"><i>CDCR DOM Chapter 5, Article 44, §54040.17 (Institutional PREA Review Committee)</i> states, "Per 28 CFR, Standard §115.86, each hiring authority is required to conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegations that have been determined to be unfounded." In addition, the policy states, "The IPRC shall normally be comprised of the following staff:</p> <ol data-bbox="277 831 930 1064" style="list-style-type: none"> 1. Hiring Authority or designee 2. PREA Compliance Manager 3. At least one manager 4. In-Service Training Manager 5. Health Care Clinician 6. Mental Health Care Clinician 7. Incident Commander or Investigative Services Unit Supervisor <p data-bbox="240 1088 1493 1321">The facility utilizes a form called Institutional PREA Review Committee (IPRC) to document the incident review. The auditor reviewed thirteen (13) investigations. During the reporting period the facility had no substantiated investigations. There were twelve (12) unsubstantiated investigations, seven (7) allegations of sexual abuse and six (6) allegations of sexual harassment. All investigative files did contain the IPRC and they were completed within thirty (30) days of the investigation. Each staff member on the committee is required to sign the IPRC indicating their presence. The facility Warden indicated that he attends the IPRC committee as the chairperson. This was confirmed as all positions noted above were documented as present during the committee.</p> <p data-bbox="240 1346 392 1377"><u>Provision (d):</u></p> <p data-bbox="240 1402 1481 1534"><i>CDCR DOM Chapter 5, Article 44, §54040.17 (Institutional PREA Review Committee)</i> identifies all six (6) elements of this provision and requires that the team determines a plan to correct findings and document in the report. The team should document implementation of the action plan or reasons for not doing so and submit the final report to the Hiring Authority for final review. In review of the facility IPRC the committee considers:</p> <ol data-bbox="277 1581 1481 1814" style="list-style-type: none"> 1. If there is a need for a policy change 2. Whether the incident was motivated by race, ethnicity; gender identity; gay; bisexual, transgender or intersex or otherwise caused by other group dynamics 3. Examines areas in the facility where the incident allegedly occurred to assess where physical barriers in the area may enable abuse 4. Assess the adequacy of staffing levels in that area during the different shifts 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff <p data-bbox="240 1839 1490 1937">This was confirmed during interviews with the facility Warden, facility PREA Compliance Manager and a member of the IPRC committee. In addition, the auditor reviewed the IPRC for each investigation that required a review, all elements of this standard were included on the form.</p> <p data-bbox="240 1962 376 1993"><u>Conclusion:</u></p> <p data-bbox="240 2018 1481 2085">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.87	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1165 300">The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol data-bbox="279 349 1203 645" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring 3. CDCR DOM Chapter 5, Article 44, §54040.3 Definitions 4. CDCR DOM Chapter 5, Article 44, §54040.21 PREA Data Storage and Destruction 5. CDCR PREA Incident Log Sample 6. SSV-IA Sample Form 7. CDCR 2019 Annual Report 8. CDCR 2020 Annual Report 9. Interviews: Director of Adult Prisons, PREA Coordinator, and PREA Compliance Manager <p data-bbox="242 674 1473 801">The facility indicated in their responses to the Pre-Audit Questionnaire the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. In addition, the instrument utilized contains all necessary data necessary to answer all of the questions from the most recent version of the Survey of Sexual Violence issued by the Department of Justice.</p> <p data-bbox="242 831 419 860"><u>Provision (a)(c):</u></p> <p data-bbox="242 889 1484 1120"><i>CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring)</i> states, “The CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30.”</p> <p data-bbox="242 1149 1453 1310"><i>CDCR DOM Chapter 5, Article 44, §54040.21 (PREA Data Storage and Destruction)</i> states, “CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under the CDCRs direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection.”</p> <p data-bbox="242 1339 1445 1402"><i>CDCR DOM, Chapter 5, Article 44, §54040.3 (Definitions)</i>, includes general definitions or prohibited behaviors regarding sexual abuse and sexual harassment, as illustrated in PREA Standard §115.6.</p> <p data-bbox="242 1431 1485 1693">During an interview with the Director of Adult Prisons, she confirmed that the agency does complete and publish an annual report on the agency website. The report is completed by the Agency PREA Coordinator and approved and signed by the Agency Head. The agency has an Internal PREA Review Committee that elevates policy, training, blind spots etc. and will issue corrective action if needed. During an interview with the Agency PREA Coordinator, she stated that each PCM at the facilities must complete a Survey of Sexual Victimization Substantiated Incident Form on all substantiated allegations. These forms are sent to the Agency PREA Coordinator and are used to discover any trends or if one facility is having issues, where additional resources may be needed. The annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed.</p> <p data-bbox="242 1722 376 1751"><u>Conclusion:</u></p> <p data-bbox="242 1780 1481 1843">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.88	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1165 300">The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol data-bbox="279 349 1203 510" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.17 Departmental PREA Coordinator 3. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring 4. Link to agency website-annual reports 5. Interviews: Director of Adult Prisons, PREA Coordinator, and PREA Compliance Manager <p data-bbox="242 539 1452 633">The facility indicated in their responses to the Pre-Audit Questionnaire that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its efforts in prevention, detection and responses to sexual assault. In addition, the facility reported that it is readily available on the agency website.</p> <p data-bbox="242 663 1337 692"><i>CDCR DOM Chapter 5, Article 44, §54040.17 (Departmental PREA Coordinator)</i> states, "On an annual basis:</p> <ol data-bbox="279 741 1484 1039" style="list-style-type: none"> 1. The Departmental PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee. 2. The institution will complete the data collection tool and return it to the Departmental PREA Coordinator. 3. The Departmental PREA Coordinator will review the information contained on the data collection tool. 4. The Departmental PREA Coordinator will prepare an annual report of the findings and corrective action for each facility, as well as the agency as a whole. 5. The report will be routed through the chain of command to the Agency Secretary for review and approval. 6. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communications for placement on the CDCR Website." <p data-bbox="242 1068 1484 1328"><i>CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring)</i> states, "The CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30."</p> <p data-bbox="242 1357 1465 1487">During an interview with the Director of Adult Prisons, she confirmed that the agency does complete and publish an annual report on the agency website. The report is completed by the Agency PREA Coordinator and approved and signed by the Agency Head. The agency has an Internal PREA Review Committee that elevates policy, training, blind spots etc. and will issue corrective action if needed.</p> <p data-bbox="242 1516 1490 1744">During an interview with the Agency PREA Coordinator, she stated that each PCM at the facilities must complete a Survey of Sexual Victimization Substantiated Incident Form on all substantiated allegations. These forms are sent to the Agency PREA Coordinator and are used to discover any trends or if one facility is having issues, where additional resources may be needed. The annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed. The PREA Compliance Manager confirmed that information from each reported allegation is reviewed for trends and corrective action if needed.</p> <p data-bbox="242 1774 1481 1868">The auditor reviewed the agency website and all annual reports were located. The report contains corrective action that was taken by the facilities and the agency. The report provides a comparison of previous year data and assess the agency's progress in address sexual abuse in all facilities. The report is approved and signed by the Agency Head.</p> <p data-bbox="242 1897 376 1926"><u>Conclusion:</u></p> <p data-bbox="242 1955 1481 2016">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.89	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1165 300">The auditor reviewed, analyzed, and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1182 510" style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. CDCR DOM Chapter 5, Article 44, §54040.20 Records Retention 3. CDCR DOM Chapter 5, Article 44, §54040.20 Tracking-Data Collections and Monitoring 4. 2021 Annual Report 5. Interviews: Agency PREA Coordinator <p data-bbox="242 539 1489 633">The facility indicated in their responses to the Pre-Audit Questionnaire that it ensures that incident based and aggregate data are securely retained. In addition, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be readily available to the public at least annually through its website.</p> <p data-bbox="242 663 448 692"><u>Provision (a)(b)(c):</u></p> <p data-bbox="242 721 1453 846"><i>CDCR DOM Chapter 5, Article 44, §54040.20 (Records Retention)</i> states, "All case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule."</p> <p data-bbox="242 878 1484 1106"><i>CDCR DOM Chapter 5, Article 44, §54040.20 (Tracking-Data Collections and Monitoring)</i> states, "The CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the Federal Department of Justice no later than June 30."</p> <p data-bbox="242 1137 1477 1263">During an interview with the Agency PREA Coordinator, she stated that the annual report is sent to the Secretary for signature and is posted on the agency website. The agency does not include personal identifying information and therefore no redactions are needed. The auditor reviewed the agency website and all annual reports were located. The reports do not contain personal identifiers. In addition, the auditor reviewed the agency records retention.</p> <p data-bbox="242 1294 376 1323"><u>Conclusion:</u></p> <p data-bbox="242 1352 1477 1413">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, analyzed and retained the following evidence related to this standard:</p> <ol style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. Previous Audit report for SCC 3. Other Audit Reports for CDCR 4. CDCR Website 5. Facility Diagram 6. Tour and observation of all areas of the facility 7. Documentation for all audit standards listed in this report 8. Private interviews with the inmate population as requested 9. Posting for inmates for confidential correspondence with auditor <p><u>Provision (a)(b):</u></p> <p>CDCR operates thirty-five (35) facilities within its Department. As of August 2013, all facilities have had at least one (1) or more audits. All audit reports have been posted on the agency website. During this audit, the facility was cooperative with the auditor. The audit team was provided access to the facility and documentation requested. All interviews with staff and inmates were conducted in areas that provided confidentiality. In addition, inmates were permitted to confidentially correspond with the auditor.</p> <p><u>Conclusion:</u></p> <p>Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed, analyzed and retained the following evidence related to this standard:</p> <ol style="list-style-type: none"> 1. SCC Pre-Audit Questionnaire 2. Previous Audit report for SCC 3. Other Audit Reports for CDCR 4. CDCR Website 5. Facility Diagram 6. Tour and observation of all areas of the facility 7. Documentation for all audit standards listed in this report 8. Private interviews with the inmate population as requested 9. Posting for inmates for confidential correspondence with auditor <p><u>Provision (f):</u></p> <p>CDCR operates thirty-five (35) facilities within its Department. As of August 2013, all facilities have had at least one (1) or more audits. All audit reports have been posted on the agency website.</p> <p><u>Conclusion:</u></p> <p>Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</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 for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	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?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

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

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

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

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

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

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

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	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?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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)?	no
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes