

# PREA Facility Audit Report: Final

**Name of Facility:** California Rehabilitation Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/22/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Maria Silao-Johnson	<b>Date of Signature:</b> 06/22/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Silao-Johnson, Maria
<b>Email:</b>	maria@midwestprea.com
<b>Start Date of On-Site Audit:</b>	04/24/2023
<b>End Date of On-Site Audit:</b>	04/28/2023

FACILITY INFORMATION	
<b>Facility name:</b>	California Rehabilitation Center
<b>Facility physical address:</b>	5th Street, Norco, California - 92860
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Kevin
<b>Email Address:</b>	Anthony
<b>Telephone Number:</b>	951-966-3596

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Glen Pratt
<b>Email Address:</b>	Glen.Pratt@cdcr.ca.gov
<b>Telephone Number:</b>	951-273-2950

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Kevin Anthony
<b>Email Address:</b>	kevin.anthony@cdcr.ca.gov
<b>Telephone Number:</b>	O: 9519663596

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Muhammad, Nasir, CEO
<b>Email Address:</b>	Muhammad.Nasir@cdcr.ca.gov
<b>Telephone Number:</b>	7605876559

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	2380
<b>Current population of facility:</b>	3018
<b>Average daily population for the past 12 months:</b>	3018
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes

<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	40
<b>Facility security levels/inmate custody levels:</b>	Level II
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	1277
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	9
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	44

#### AGENCY INFORMATION

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

#### Agency Chief Executive Officer Information:

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

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Matthew Rustad	<b>Email Address:</b>	matthew.rustad@cdcr.ca.gov
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

#### Number of standards exceeded:

0

#### Number of standards met:

45

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-24
2. End date of the onsite portion of the audit:	2023-04-28

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>The auditor spoke to a Victim Advocate with the Riverside Rape Crisis Center, a local community-based sexual assault advocacy organization on 04/17/23. The advocate confirmed their organization provided emotional support services to inmates who experienced sexual abuse at CDCR-CRC and had an active MOU. They reported they did not receive any calls from CDCR-CRC in the past 12 months.</p> <p>The auditor emailed Justice Detention International on 02/27/23. They reported they did not receive any reports of sexual abuse or sexual harassment from CDCR-CRC in the past 12 months.</p>

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2380
15. Average daily population for the past 12 months:	3018
16. Number of inmate/resident/detainee housing units:	46

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

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

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>2893</p>
<p><b>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:</b></p>	<p>63</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>30</p>

<b>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:</b>	260
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	3
<b>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:</b>	0

<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>CRC - Currently does not track the following information in their risk assessment database to differentiate between the LGBTI designations:</p> <p>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.</p> <p>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.</p> <p>CRC inmates are not placed in segregation for risk of sexual victimization. CRC does not currently maintain a segregation/administrative confinement unit.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1147</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>98</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>9</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>At the time of the onsite audit phase, all volunteers and contractors (excluding medical and mental health staff) were slowly being reintroduced back into the facility, post COVID-19.</p>



# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	27
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The audit team initiated interviews with CRC inmates on 04/26/2023. Random inmates were selected from all housing units to ensure geographic diversity. Selections of inmate interviews were based on race, ethnicity, custody levels, and time in custody where possible. The lead auditor selected interviews from a list of inmates provided by the facility on the first day of the onsite visit. Sample sizes are identified from the PREA Auditor Handbook (Version 2.0, May 2021) and in accordance with the total inmate population on the first day of the onsite audit. The lead auditor randomly selected inmates from Facilities B, C, and D. Facility A was closed during the audit due to physical plant issues. CRC inmate interviews were conducted within private offices in each facility, which allowed for confidentiality. A total of 27 random inmates were selected. Two declined the interview.

<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	59
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>The auditor confirmed zero identified inmates of this target group based on PAQ and through conversations with the facility's PCM.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>The auditor confirmed zero identified inmates of this target group based on PAQ and through conversations with the facility's PCM.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>4</p>

<p><b>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:</b></p>	<p>12</p>
<p><b>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:</b></p>	<p>9</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>CDCR currently does not have the database capacity to differentiate between the different categories of LGB and TI. The response to the risk assessment question #7 is all inclusive of the categories.</p>
<p><b>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:</b></p>	<p>2</p>

<p><b>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:</b></p>	<p>3</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>The auditor confirmed zero identified inmates of this target group as noted in the PAQ, through interviews of staff and inmates as well as observations during the onsite CRC, there are no inmates who are or were ever placed in segregated housing/isolation for risk of sexual victimization at this facility.</p>

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Between 04/25/23 through 04/27/23, 59 CRC inmates were interviewed utilizing targeted interview protocols (67 in total). Inmates were selected from a listing of provided by the facility on 04/24/23. The lead auditor selected inmates from each category to ensure a geographically diverse population was interviewed from each facility and as many housing units as possible. The facility indicated they do not house youthful inmates or segregated inmates for high risk of victimization, nor are they a designated facility for those who are Blind or who have low vision, those who have a cognitive or a functional disability, or those who identify as transgender. As such, there were none to be interviewed from these categories. This was verified by policy and interviews with random staff and inmates during their interviews. The audit team was able to supplement these targeted interviews by interviewing additional inmates with (12) limited English proficiency (LEP) and (27) random inmates. The audit team used the contracted language services vendor, Interpreters Unlimited, to communicate effectively and confidentially with (6) LEP inmates. The remaining (6) limited English proficiency (LEP) inmates were interviewed with certified staff interpreters. All inmate interviews were conducted using the Interview Guide for Inmates developed by the Department of Justice.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>14</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Staff were selected at random with consideration for perceived gender, race, and ethnicity.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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):</b></p>	<p>Between 04/24/23 through 04/27/23, from a total of 1,277 staff members, random staff interviews were selected across all shifts, classifications, work assignments, tenure, and perceived gender, race, and ethnicity to ensure adequate representation. The Lead auditor selected staff from a list provided by the facility on the first day of the onsite. Random interviews were conducted using the Interview Guide for a Random Sample of Staff developed by the Department of Justice. A total of 14 random staff interviews were conducted. Staff interviews were conducted in a combination of the administrative building, their respective work location or facility in private to ensure confidentiality.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	25
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

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

**83. Provide any additional comments regarding selecting or interviewing specialized staff.**

The lead auditor conducted interviews with identified specialized staff prior to the onsite. Interviews were conducted using the Interview Guide for Specialized Staff developed by the Department of Justice. Twenty-seven (27) specialized staff interviews were conducted using 62 interview protocols. The auditor spoke to a sexual assault nurse examiner (SANE/SAFE/SART RN Coordinator) at Riverside University Hospital on 04/18/23 and affirmed they are contracted to provide sexual assault treatment and evidence collection for inmates following an incident of sexual abuse at CRC. The audit team interviewed the following specialized supervisory staff via virtual platforms and telephone: Warden; PCM; Retaliation Monitor; Sexual Abuse Incident Review team member; Security Supervisor; Mental Health staff; Medical staff; Risk Screener; Intake (i.e. inmate education); Human Resources; and Specialized Investigators (i.e. Investigative Services Unit and Office of Internal Affairs). Prior to the onsite, on 04/17/23, the lead auditor spoke via telephone to an advocate at the Riverside Rape Crisis Center), a community-based sexual assault advocacy organization, to discuss the emotional support services offered and provided to inmates following an experience of sexual abuse at CRC. Lastly (within the 12-month audit period), the auditor interviewed the Agency Head (designee); PREA Coordinator; and Agency Contract Administrator.

The audit team did not interview security staff who supervise youthful inmates, education and program staff who work with youthful inmates, or non-medical staff who conduct cross-gender strip searches. As documented in the applicable standard discussions below, CRC does not house youthful offenders nor does the facility perform non-medical cross-gender strip searches. A contract staff member and a program volunteer was interviewed; the same interview protocol was used for each. Due to the health pandemic,

volunteers were prohibited from the facility during the 12-month audit period and as of the onsite visit were just returning.

## 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?**

Yes

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)?**

Yes

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)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

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).**

Between 04/24/23 through 04/28/23 the onsite phase of the audit was conducted. The audit team arrived onsite and participated in the morning briefing by facility staff. The lead auditor facilitated an initial introduction and briefed those in attendance of the PREA audit expectations. The meeting was attended by Warden, Chief Deputy Warden, Associate Wardens, Captains, PCM, CDCR PREA Compliance Unit support staff and ISU. Other agency level staff were able to participate virtually. The briefing provided a review of the audit process, expectations, logistics and the operation schedule of the facility. The audit team initiated the onsite review escorted by the PCM, ISU and CDCR PREA team staff. The audit team was able to observe each part of the facility. The general population housing units; vocational areas; receiving and release (Intake); treatment and triage areas (Medical and Mental health); kitchen; support services (i.e. laundry, chapel, security, work change, education, canteen, etc.); warehouse; visiting; and administration. Observations included, but were not limited to, audit notice, reporting posters, and support services postings; cross-gender announcing practices; cross-gender viewing opportunities; logbook documentation; grievance box availability; security methods (i.e. video monitoring technology; staffing levels; mirrors, alarms, radios, locked doors, line of sight, etc.); risk screening; and PREA education processes. During the onsite, the audit team conducted brief, informal discussions with random staff and inmates while on the facility review. Specifically, the auditors inquired about the following: opposite gender announcing practices; unannounced round documentation; cross-gender viewing protocols; PREA training and education; reporting methods; grievance mechanisms; etc.

## Documentation Sampling

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

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

Yes

No

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

The lead auditor selected and reviewed a variety of documents, files, and records. Sample sizes were identified from the PREA Auditor Handbook (Version 2.0, May 2021). To include: Staff Personnel, Staff Training, Contractor Personnel Training, Volunteer Personnel and Training, Inmate Risk Screening and Education, Sexual Abuse and Sexual Harassment Grievances, Sexual Abuse and Sexual Harassment investigative files, Personnel and Training Files.

The facility has 1277 full- and part-time employees who have contact with inmates, in addition to 9 contracted entities and 44 volunteers who may have contact and are currently authorized to enter the facility. The audit team reviewed personnel records, which included evidence of background checks, discipline, and training. The file selections, as with the interview selections, spanned a variety of job functions and post assignments, including supervisory, line staff and those involved in inmate sexual abuse allegations.

On the first day of the audit, the inmate population totaled 2893. 62 risk screening and education records were reviewed by the audit team. Records were selected from the pool of 62 inmates interviewed and included evidence of PREA education, screening, and medical/mental health referrals and documentation, if applicable. The file selections, as with interview selections, span all housing units and interview categories to ensure diversity. CRC reported that 16 sexual abuse and sexual harassment allegations were filed in the last 12 months. The audit team reviewed all allegations of sexual misconduct to better understand the facility's response process.

During the 12-month review period, there were 17 allegations of sexual abuse and 3 allegations of sexual harassment. Per the PREA Auditor Handbook (Version 2.0, May 2021), the audit team was required to review



10 records, at minimum. The audit team reviewed 20 records. Of these 20 investigations, 17 alleged sexual abuse and three alleged sexual harassment. Zero investigation was substantiated, nine investigations were unsubstantiated, seven investigations were unfounded, and four investigations were still open. The records spanned perpetrator type (i.e. staff and inmate). As peace officers, ISU specialized investigators conduct parallel administrative and criminal investigations.

## **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:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	4	0	4	0
<b>Staff-on-inmate sexual abuse</b>	13	2	13	2
<b>Total</b>	17	2	17	2

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	3	1	3	1
<b>Total</b>	3	1	3	1

## 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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	2	0	0	0	0
<b>Total</b>	2	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	4	0
<b>Staff-on-inmate sexual abuse</b>	2	7	4	0
<b>Total</b>	2	7	8	0

### Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	2	0	0	0	0
<b>Total</b>	2	0	0	0	0

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

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

17

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>13</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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 harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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 harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	During the time of the onsite four investigation files were op
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

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



<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.2 Purpose (rev 05/19/20)</li> <li>d. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (rev 05/19/20)</li> <li>e. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process (rev 05/19/20)</li> <li>f. CDCR-CRC Operations Manual, Chapter 5, Article 44-Prison Rape Elimination Policy (11/30/22)</li> <li>g. CDCR-CRC DOM Supplement, Chapter 5, Article 44, 54040 Prison Rape Elimination Policy (April/2023)</li> </ul>

h. California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, 3401.5 Staff Sexual Misconduct.

i. Memorandum of Prison Rape Elimination Act Implementation (08/13/15)

j. CDCR DAI FOP &S/SHM CBU Organization Chart

k. CDCR DAI FOP & S/SH Duty Statement for (PREA) Coordinator

l. CDCR statewide PREA Compliance Manager contact list

#### Interview(s)

a. PREA Coordinator (PC)

b. PREA Compliance Manager (PCM)

#### Site Review Observations

a. The audit team observed PREA audit notices and PREA informational posters throughout the facility. The information was posted in English, Spanish and Hmong languages.

b. Inmate Handbooks and PREA informational pamphlets were reviewed to ensure they contained the Zero tolerance of sexual abuse and sexual harassment policy.

#### Findings (By Provision)

115.11 (a). CDCR-CRC indicated in the PAQ, the agency has a written policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in the facilities it operates directly or under contract. DOM, Chapter 5, Article 44, 54040.1 states, "CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and of all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole." This policy also outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; and agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The PREA audit team noted CRC produced large metal signs in preparation for the PREA audit, posted throughout the facility (Cal Fire station and the R&R area) which provided PREA information on how to report and who to report an allegation of PREA in more than one language. The larger print PREA posted signs allowed for better viewing from an additional distance.

A final analysis of the evidence indicates the facility exceeds compliance with this provision.

115.11 (b). The facility indicated in the PAQ, the agency employs or designates an upper-level, agency wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. CDCRs statewide PREA Coordinator (PC) is Captain Matthew Rustad. The PC oversees 35 PREA Compliance Managers (PCM). 34 of the PCMs are located within the CDCR facilities and one is responsible for monitoring facilities contracted with CDCR to house CDCR inmates. The PC reports directly to the Associate Warden of Female Offenders Program and coordinates with the 35 PCMs is responsible for PREA compliance for all state correctional facilities. The duty statement outlines the responsibilities of the PC and describes the PC's primary responsibility is to provide "a safe, humane, secure environment, free from sexual misconduct in California State Prisons...(by) ensuring compliance with Public Law 108-79, the Prison Rape Elimination Act (PREA), the Sexual Abuse in Detention Elimination Act (AB 550), the federal PREA Standards and the Departmental policies and procedures."

An interview with the PC (02/08/23 by Auditor C. Radtke) indicated this was his only job and he has two lieutenants to assist with PREA compliance. There are monthly conference calls with the PCMs, they communicate regularly through memos and during facility tours. They review the standards to ensure correct interpretation. They work with the PREA auditor(s) to discuss any issues and determine how to adjust a process, if needed.

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

115.11 (c). The facility indicated in the PAQ, they have a designated PCM, Captain Kevin Anthony. The PCM duties are outlined in the agency PCM duty statement.

	<p>An interview with Captain Anthony indicated he has sufficient time and authority to complete his duties as PCM. He stated that he has been given the support he needs to ensure PREA Compliance. His support staff include the Lieutenant of the Investigative Services Unit (ISU), the CRC staff members who provide inmate PREA education and agency/facility staff who provide staff PREA training at the academy and the in-service training staff. At the facility level, the PCM reports directly to the Chief Deputy Warden and has regular access to the Warden. This was verified through onsite discussions with both the Warden and the PCM. At the agency level, the PCM reports to the PREA Coordinator, who is based out of the Sacramento office.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. (12) CDCR Contract Standard Agreements</li> <li>c. Contract facilities status document</li> <li>d. Male Community Reentry Program (MCRP) - CCF (completed 02/22/23)</li> <li>e. Male Community Reentry Program (MCRP) - Kern (completed 12/27/21)</li> <li>f. Community Confinement Facility (CCF) Boston Avenue Residential Reentry Center (completed 02/23/23)</li> <li>g. CCTRP-MCRP PREA Compliance Memorandum</li> <li>h. Community Confinement Facilities Memorandum</li> <li>i. Amity Foundation MOA (expiration 06/30/24)</li> <li>j. LA Centers for Alcohol and Drug Abuse (expiration 06/30/25)</li> <li>k. Mental Health Systems (expiration 06/30/25)</li> <li>l. WestCare California, INC (expiration 06/30/25)</li> <li>m. Saint John's Program for Real Change (expiration 06/30/23)</li> </ul>

- n. Butte County Probation Department (expiration 06/30/23)
- o. Turning Point of Central California, INC (expiration 06/30/23)
- p. CORECIVIC (expiration 06/30/23)
- q. Community Education Centers, INC (expiration 06/30/24)
- r. HealthRIGHT 360 (expiration 06/30/24)
- s. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M (contract shell)
- t. CDCR Contractor Special Terms and Conditions, Exhibit D (contract shell)
- u. Contract Compliance Review Report (PREA) Amity foundation (04/19/22)
- v. Contract Compliance Review Report (PREA) CCTRP-Santa Fe Springs (03/30/22)
- w. Contract Compliance Review Report (PREA) HealthRIGHT 360 (04/05/22)
- x. Contract Compliance Review Report (PREA) Turning Point of Central California (12/20/22)
- y. Contract Compliance Review Report (PREA) WestCare California (03/31/22)
- z. Contract Compliance Review Report (PREA) St. Johns Program (03/11/22)

#### Interview(s)

- a. Agency's Contract Administrator

#### Site Review Observations

- a. Audit team noted the amount of staff monitoring the inmates appeared to be appropriate considering the classification level of the prisoners and the mission of CRC.
- b. Any blind spots noted by the audit team was quickly address by the onsite PCM and CRC staff. Photos were taken of the identified areas and photos were taken of the proof of practice and compliance.

#### Findings (By Provision)

115.12 (a). CDCR-CRC indicated in the PAQ, the agency entered into 12 contracts for the confinement of inmates and all contracts require the contractor to comply with the PREA Standards. The auditor reviewed the 12 contracts and found that this

expectation is reflected in CDCR’s contractual Exhibit D Special Terms and Conditions which specify that the contractor and its staff are “required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR’s Department Operations Manual, Chapter 5, Article 44, including updates to this policy.” In addition to, the auditor reviewed the final PREA audits from two of the contracted facilities; California City Correctional Facility and Kern County. Both facilities were found to be substantially compliant with all standards.

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

115.12 (b). CDCR-CRC indicated in the PAQ that all contracts require the agency to monitor the contractor's compliance with PREA standards. The auditor found that all submitted contracts for confinement require CDCR to monitor the contracted facility for compliance with the federal standards. The auditor has reviewed the monitoring mechanism and finds that the agency is currently substantially compliant with this provision.

An interview with the Agency’s Contract Administrator (02/16/23 with Auditor L. Weber) indicated the Division of Rehabilitative Programs/PCM for contracted facilities conducted onsite reviews. This was confirmed by the lead auditor after reviewing six contract compliance reports for the Amity Foundation, CCTRP-Santa Fe Springs, HealthRIGHT 360, Turning Point of Central California, WestCare California, and St. Johns Program location.

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

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 1, Article 26, 14090.3 General Information (rev 06/19/08)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (rev 05/19/20)</li> </ul>

- d. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (rev 05/19/20)
- e. CDCR DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (rev 05/19/20)
- f. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Security Rounds (rev 05/19/20)
- g. Standardized Staffing for Operations
- h. Staffing Plan Analysis (CRC Warden and Agency PC)
- i. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet; completed and blank (03/23/21)
- j. Codes for Staff Vacancies (effective 7/2020)
- k. CDCR In-Service Training, Prison Rape Elimination Act (PREA) Participant Workbook, Version 2.0, BET Code: 11054378 (date unknown)
- l. The Future of California Corrections (date unknown)

Interview(s)

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

Site Review Observations

a. The audit team did not note any lack of staff (security/non-security) during the on-site audit portion. Inmates were housed in dorm like settings. Due to the numbers, inmates were double bunked with a footlocker at the end of each bed/bunk. Due to the barracks configuration, the custody staff have a direct line of sight down the middle of the barracks, housing approximately 100 inmates with two staff members. Any areas identified as a line of sight issue was quickly mitigated by the strategic placement of mirrors.

Findings (By Provision)

115.13 (a). CDCR-CRC indicated in the PAQ, the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse.

DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan outlines the expectations as well as the 11 elements of this provision when completing and reviewing the facility staffing plan.

Auditor reviewed the CRC staffing plan. The facility is currently designed to accommodate 3435 inmates and the staffing plan is predicated on this design. On the first day (04/24/23) of the onsite audit, the inmate population count was at 2893. The previous CRC PREA audit report (2020) identified the average daily number of inmates in which the staffing plan was predicated was 3018. CRC's current staffing plan includes 791 custody positions, 213 medical/mental health positions, and 273 non-custody/support positions providing an overall position count of 1277.

The submitted staffing plan, signed by the warden and agency PREA coordinator, indicate all 11 elements of this provision have been considered in its development.

Interviews with the warden and PCM indicated the staffing needs of CRC are calculated at CDCR headquarters in Sacramento, CA. Facilities may request additional staff by articulating and justifying the need then submit to headquarters. The warden outlined the process by which staffing levels are determined are found in "The Future of California allows for 741 custody positions." According to the auditor's interview with the Warden and PCM, CDCR has adopted a "standardized staffing" model wherein staffing levels and patterns are determined using a matrix which weighs facility and housing unit design, specialized programming, and population needs. As the staffing needs are calculated by headquarters, this allows for little facility-level latitude in adjusting outside of a formal request process. The Future of California Corrections states, "standardized staffing replaces the outdated ratio-driven staffing model" and allows facilities to "safely operate" with a population density ranging from 100 to 160 percent. The Warden and PCM affirmed the 11 required elements of this provision are considered on an annual basis when reviewing the staffing plan.

CRC provided the materials utilized in the development of the staffing plan. This included the annual review of the staffing plan documented on CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet which includes a consideration of the 11 elements. The auditor's review of the staffing plan materials provided by CRC revealed the facility is detailed in defining what positions are required to meet minimum staffing levels on each shift.



The audit team was informed that CRC is undergoing a camera installation project of approximately 200 cameras to enhance the supervision of areas within the facility. This project will have a major impact on the facility's ability to prevent, detect and respond to sexual abuse and sexual harassment.

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

115.13 (b). CDCR-CRC indicated in the PAQ, each time the staffing plan is not complied with the facility documents and justifies all deviations from the staffing plan. In the past 12 months, CRC reported that there have not been any deviations from the staffing plan. DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan states, "In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan."

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

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

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

115.13 (c). CDCR-CRC indicated in the PAQ, at least once every year the facility, in

collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan directs the PCM and Program Support Unit, in consultation with the PREA Coordinator, to “assess, determine, and document” whether adjustments are needed to the aforementioned variables.

Interviews with the PREA Coordinator and PCM confirmed this annual review process. The Warden explained to the auditor the process for requesting additional staff though the annual review process and on a day to day basis as the staffing plan is always considered to maintain the safety and security of the facility. The auditor reviewed CRC staffing plan and found that all expectations of this provision in creating a staffing plan are included.

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

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

While onsite, the audit team reviewed housing unit logbooks and other major areas of the facility where supervisors and staff are required to sign in. The auditor found that intermediate and higher-level staff are making rounds and based on the dates and times appeared random with no specific pattern. The audit team noted the unannounced rounds were in the unit log books and signed in red on a weekly basis pursuant to policy.

Interviews with random staff and informal conversations during the site review confirmed that unannounced rounds are conducted. All staff stated that they are prohibited from notifying other staff of supervisory rounds. Interviews with intermediate and higher-level staff also verified that unannounced rounds are completed and on a more frequent basis than required by policy.

	A final analysis of the evidence indicates the facility is in substantial compliance with this provision.
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <p>a. Pre-audit Questionnaire (PAQ)</p> <p>Interview(s)</p> <p>a. PREA Compliance Manager (PCM)</p> <p>Site Review Observations</p> <p>a. The PREA audit team did not observe any youthful inmates nor appearing to be under the age of 18. Auditor reviewed a complete inmate listing of the inmate population during the on-site review and no inmates under the age of 18 housed at CRC.</p> <p>Findings (By Provision)</p> <p>115.14 (a-c). CDCR-CRC indicated in the PAQ, CRC does not house youthful inmates. CDCR Division of Juvenile Justice maintains custody of youthful offenders. Informal interviews with staff in the housing units and with the PCM confirmed that youthful inmates are not housed at CRC. Accordingly, there were no security, education, or program staff to interview regarding their interaction with this population or this provision.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents

- a. Pre-audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (effective 07/1/15)
- c. CDCR DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (rev 2020)
- d. CDCR DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (effective 07/01/15)
- e. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches (revised 05/19/20)
- f. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Preventative Measures (rev 05/19/20)
- g. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (rev 05/19/20)
- h. CDCR DOM, Chapter 5, Article 44, 54040.5 Searches (rev 05/19/20)
- i. CDCR-CRC DOM Supplement, Chapter 5, Article 44, 54040 Prison Rape Elimination Policy (rev May2023)
- j. Changes in the Use of the ADANI COMPASS Low Dose Scanner memo (dated 02/08/19)
- k. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (modified 11/2015)
- l. CDCR In-Service Training, Transgender Inmates Participant Workbook, Version 1.0, BET Code: 11058564 (approved 06/2018)
- m. CDCR In-Service Training, Transgender Inmates, Version 1.0, BET Code: 11058564 (approved 06/2018)
- n. CDCR In-Service Training, Instructor Text, Transgender Inmates, Version 1.0, BET Code: 11058564 (approved 6/2018)
- o. CDCR In-Service Training, Instructor Text, Working Successfully with Transgender, Intersex, and Non-Binary Inmates, Version 2.0, BET Code: 11060835 (approved 12/2019)
- p. Searches and Inmate Property, Instructor Guide (modified 10/2015)

q. CDCR On-the-Job Training (OJT) Module, Inmate Body Search, Version 1.0, BET Code: 11059429 (approved 12/2018)

r. Unclothed body search in progress - Posted signs memo (dated 07/23/21)

s. Update to Body-Worn Camera Deactivation Events memo (dated 08/19/21)

t. Overview of Senate Bill 132 -Training memo (dated 11/06/20)

u. CDCR On-the-Job Training (OJT) Module, Overview of Senate Bill 132, BET Code: 11062278 (approved 11/2020)

v. CDCR On-the-Job Training (OJT) Module, Expectations for Working with Transgender, Intersex, Gender Non-Conforming, and the Non-Binary Inmate Population, BET Code: 11060256 (approved 11/2020)

w. Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmates memo (dated 09/24/19)

x. Course enrollment reports (positive and negative) (various dates) x. Transgender Access card

#### Interview(s)

a. Random Staff

b. Random Inmates

#### Findings (By Provision)

115.15 (a). CDCR-CRC indicated in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates and have not conducted any cross-gender strip searches or cross-gender body cavity searches in the previous 12 months. DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates mandates staff of the opposite biological sex shall not conduct unclothed body inspections or searches of inmates except in an emergency or when performed by a qualified medical professional. The policy also outlines the procedure If an unclothed cross-gender search is required during or in response to an emergency. The individual completing the search must document the search utilizing the Notice of Unusual Occurrence (NOU) form. This form is forwarded and reviewed by a supervisor and routed to the PCM for record retention.

All fourteen random staff confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed except under exigent circumstances. One hundred percent of interviewed inmates stated they have never

been subject to an unclothed body search by a non-medical female staff.

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

115.15 (b). CDCR-CRC indicated in the PAQ, the facility does not house female inmates. A review of the agency website, interviews with random staff and random inmates and during the site review, the audit team has determined that there are no female inmates housed at CRC. DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates. A male staff shall not perform a non-emergency search of a female inmate under any circumstances. This DOM excerpt maintains that searches of female inmates shall only be conducted by female staff unless an exigent circumstance is present. Exigent circumstances are defined as “the threat of death, escape, or great bodily injury to staff, inmates, or visitors.”

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

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

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

During the onsite review, the auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of male inmates occurred in the past 12

months as no related NOU's were on record. This was also confirmed during interviews with fourteen random security staff and 50 random and target inmates who all indicated that they were not aware of any female officers conducting cross-gender strip searches.

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

115.15 (d). CDCR-CRC indicated in the PAQ, the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Preventative Measures states, "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." This policy further requires cross gender announcements, "Staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes."

The audit team reviewed all areas of the facility where inmates would be able to shower, perform bodily functions, and change clothing. The audit team viewed these areas from different vantage points to inspect whether staff had the ability to view genitalia.

The housing unit shower and toilet areas on the housing units were identified as too low. The CRC maintenance staff on site were immediately able to raise the "saloon" type door dividers and eliminate the accidental viewing of inmates in a state of undress. The audit team observed the use of privacy screens in education, programming and vocational areas sufficiently concealed breasts, buttocks, or genitalia of inmates utilizing toilets in these areas.

CRC provided audit team with an updated and revised CDCR-CRC DOM Supplement, Chapter 5, Article 44, 54040 Prison Rape Elimination Policy (rev May2023) which mandated the provision of privacy screens for transgender inmates upon request during shower times.

Interviews with the inmates, all 59 inmates they had not been naked in full view of

staff. During the onsite review, CDC staff ensured the cross-gender notification was announced to the inmate population prior to our team entering the housing unit. The following process was observed by the audit team: “Females on the floor, followed by females walking. Interviews with inmates confirmed that this process was normal on the unit.

A final analysis of the evidence indicates the facility exceeds compliance with this provision.

115.15 (e). CDCR-CRC indicated in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate’s genital status. DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates. This policy prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined by conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

CRC reported no such searches or examinations had occurred in the previous 12 months. Interviews with fourteen random staff confirmed that all were aware of the agency policy prohibiting these types of searches. CDCR has implemented a policy which allows transgender inmates the opportunity to select the gender of the staff person who conducts a search. The preference is designated on a transgender access card, which the inmate would carry on their person.

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

115.15 (f). CDCR-CRC indicated in the PAQ, 100 percent of all security staff received training conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner starting at the academy and then on an annual basis. DOM, Chapter 5, Article 44, 5404.4 Education and Prevention, Staff Training requires that staff be trained on the tenets of this provision. The auditor noted that all security staff received training during the academy as well as annual in-service trainings, on proper pat search procedures.



The auditor also reviewed lesson plans and curriculum from the training academy as well as for in service training. A review of these materials found that proper procedures for conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner is thoroughly covered and consistent with national standards for conducting inmate searches, including cross-gender searches. The auditor reviewed current training records and noted annual training was cyclical based on their training calendar years. All security staff had completed the initial PREA training.

CRC is not considered one of the six transgender hubs in CDCR however discussion with the PCM indicated that if a transgender wanted to be transferred to CRC they would not be denied as CRC would accommodate them as needed to ensure their sexual safety. CDCR policy requires that staff are to search inmates who identify as transgender in the manner consistent with the primary gender of the facility they are housed in. As CDCR determine inmate housing placement on a case by case basis, with the best interest of the transgender inmate the target, a transgender female may be housed in either a predominately male facility or female facility. In the female facility the transgender female inmate would only be searched by female staff in a manner consistent with clothed female searches. In the male facility both male and female staff would be allowed to conduct a search. Her clothed lower body will be searched in a manner consistent with male searches while her upper body will be searched utilizing the back of the hand.

CDCR also utilizes a process by which a transgender inmate is allowed to choose which gender of staff they wish to be searched by. This decision is documented on a card that the inmate carries on their person.

Fourteen random staff identified as security staff all indicated that they had received training conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner while in the training academy and also during in service annual training. As there were zero inmates identified as Transgender the interview protocol was not utilized.

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

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

### Documents

- a. Pre-audit Questionnaire (PAQ)
- b. US Census 2020 <https://www.census.gov>
- c. CDCR Inmates with disabilities and inmates who are limited English proficient memo (dated 10/06/17)
- d. CDCR I Speak... Language Identification Guide poster
- e. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020)
- f. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification and Reporting
- g. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation (rev 05/19/2020)
- h. CRC Non-English-Speaking Inmates report (04/24/23)
- i. CRC Disability Inmate Roster report (02/27/23)
- j. CDCR Disability Code Definitions
- k. Interpreters Unlimited, Standard Agreement #C5610079 (expires 06/30/24)

### Interview(s)

- a. Agency Head
- b. Random staff
- c. Inmates who are Limited English Proficient
- d. Inmates who are Deaf or Hard of Hearing

### Site Review Observations

- a. PREA information in English and Spanish (Predominant languages in California pursuant to US Census of 2020) posted at all common areas frequented by inmates, staff, and the public.
- b. Information pertaining to PREA is also provided to inmates in Spanish and English during the intake process in both audible and visual formats.
- c. Interpreters Unlimited telephone access line and certified staff interpreters were utilized for six LEP inmate interviews.

#### Findings (By Provision)

115.16 (a). CDCR-CRC indicated in the PAQ, the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. DOM, Chapter 5, Article 44 Education and Prevention, Offender Education states "appropriate provisions shall be made to ensure effective communication for offenders. This policy is inclusive of inmates with low literacy levels, and those with disabilities and allows institutions to consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases."

A memo issued on 10/6/17 notified the facilities that CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act and outlines the process for inmates with low scores on the basic education testing to ensure effective communication.

CDCR maintains a contract with Interpreters Unlimited for communication, including American Sign Language, assistance. Interpreter services are available 24 hours a day, seven days a week. While onsite the audit team noted postings of I Speak. Language Identification Guide. These postings were found throughout the facility to include the intake and screening area. The audit team observed the processing of new inmates arriving at CRC and conducted formal and informal interviews with intake staff which demonstrated that staff ensures PREA education provided, presented and understood. Staff will document if there are any barriers to effective communication with individual inmates.

An interview with the Agency Head indicated inmates with language barriers are identified during their assessments into CDCR and it's noted in SOMS. Interviews with inmates who identified as Limited English Proficient or disabled were conducted. The audit team selected six inmates from different areas of the institution, with differing ages, and differing lengths of incarceration timeframe. All inmates identified with communicative limitations or disabilities indicated that they are provided with access to facility services and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment. Inmates who stated that they have not needed accommodations for their limitation or disability stated that they believed CRC would do whatever was necessary to assist them.

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

115.16 (b). CDCR-CRC indicated in the PAQ, the agency has established procedures to provide those with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. DOM, Chapter 5, Article 44 Education and Prevention, Offender Education states "appropriate provisions shall be made to ensure effective communication for offenders not fluent in English...Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases."

CDCR maintains a contract with Interpreters Unlimited for foreign language assistance. Interpreter services are available 24 hours a day, seven days a week. CRC also maintains a list of approved multilingual staff who are certified to provide translation services. Posted throughout the facility the I Speak...Language Identification Guide, to assist staff in identifying the language needs of inmates. The intake staff identify language barriers when inmates enter the facility. This was observed the audit team during the onsite review.

The auditor reviewed the California 2020 census and noted English is the most common language followed by Spanish for this state.

Interviews with the six inmates identified as limited English proficient were conducted using the language line. Certified staff interpreters as well as the language interpreter line were utilized in conducting these interviews. All of the inmates interviewed indicated that they are provided with access to facility services and are provided with material regarding their rights to be free from sexual abuse and sexual harassment, as well as information on how to report sexual abuse and sexual harassment.

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

115.16 (c). CDCR-CRC indicated in the PAQ, the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. The facility engages interpretation services

to avoid using inmates in this capacity, but should they need to the facility indicated they would document such assistance. CRC indicated that the facility has not utilized inmate interpreters in the previous 12 months. DOM, Chapter 5, Article 44, 54040.12 Investigation which prohibits the use of inmate as interpreters or to provide assistance during investigations.

Twelve inmates with limited English proficiency were interviewed. All of these inmates indicated that that they had no difficulty reading or understanding the PREA information (e.g., handouts, video, and posters) made available at the facility and were aware of their rights pursuant to the Prison Rape Elimination Act. Of the twelve inmates with limited English proficiency, six were interviewed with the use of Spanish speaking staff certified to provide translation services for state inmate. All twelve inmates were able to articulate the process to access interpretation services and how they could report sexual abuse or sexual harassment.

Informal interviews with staff indicated they understood how to access the interpretive services provided by CRC. The audit team interviewed fourteen random staff. None of the staff interviewed were aware of any instance where an inmate interpreter was used to assist with first responder or investigative actions.

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

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents
	a. Pre-audit Questionnaire (PAQ)
	b. Hiring Guide for Managers and Supervisors: Phase 6 Selecting Candidates (rev 10/2022)
	c. CDCR DOM, Chapter 3, Article 6, 31060.3 Power of Appointment (rev 02/16/21)
	d. CDCR DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (rev 09/02/21)
	e. CDCR DOM, Chapter 3, Article 6, 31060.16 Employee Disciplinary Matrix Penalty Levels (2022)

- f. CDCR DOM, Chapter 3, Article 6, 31060.16.1 Individuals Mandated for Live Scanning (09/02/21)
- g. CDCR DOM, Chapter 3, Article 6, 31060.17 Pre-Employment Documentation (07/01/15)
- h. CDCR DOM, Chapter 3, Article 7 Personal Identification Cards (rev 04/18/20)
- i. CDCR DOM, Chapter 10, Article 9, 101090.6.2 Volunteer Application Packet and Files (07/23/18)
- j. CDCR 1951 Supplemental Application for All CDCR Employees; completed and blank (rev 07/2018)
- k. CDCR 2025 Employment Reference Questionnaire (dated 07/1988)
- l. CDCR 2164 Live Scan Response completed and blank (rev 03/2019)
- CDCR 1902 Personal History Statement; completed (rev 01/2019)
- m. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)
- n. CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status (updated 01/2009)
- o. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown)
- CA Department of Human Resources, STD 678 Examination/Employment Application (revised 12/2017)
- p. Completion of Background Checks Under the Prison Rape Elimination Policy memo (dated 07/14/17)
- q. Personnel Information Bulletin; Revision to the Supplemental Application for All CDCR Employees
- r. Hiring and promotion decisions memo (dated 10/06/17)
- s. Personnel Identification Card Issuance (dated 02/26/16)
- t. State of California Application Instructions (Rev 12/2021)
- u. Request for Assistance with State Licensing Board Investigations Related to Mandatory SB-425
- v. Reports of Patient Sexual Allegations memo (dated 11/09/20)
- w. Mandatory Reporting of Patient Sexual Abuse or Misconduct (dated 01/03/20)
- x. Duty to Report - Prison Rape Elimination Act memo (dated 05/15/20)

Interview(s)

a. Administrative (Human Resources) staff

Findings (By Provision)

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

a. has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;

b. has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

c. has been civilly or administratively adjudicated to have engaged in the activity described immediately above.

DOM, Chapter 3, Article 6, 31060.3 Power of Appointment requires the hiring authority to "Consider substantiated incidents of sexual harassment in all hiring decisions."

CDCR 1951 Supplemental Application, which is required to be completed by all applicants for employments within CDCR, is a self-disclosure form for new applicants to disclose any violation of a.-c. above. This form also asks applicants, "Have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution?" Directions on this form require the hiring authority to contact the agency PREA Coordinator for any affirmative responses on this form.

An interview with human resources staff confirmed that the process is the same for new applicants and current employees seeking promotional opportunities. While onsite the auditor reviewed the complete personnel records of 17 employees as well as copies of the 14 random staff that had already been interviewed by the audit team.

CDCR does not incorporate interviews or employee self-evaluations in the annual performance review conducted with current employees. Therefore, the expectation of 115.17(f) which requires the agency to ask current employees about previous misconduct in any interviews or written self-evaluations as part of the review process does not apply.

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

115.17(c). CDCR-CRC indicated in the PAQ, agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. CRC reported one hundred percent of individuals (11) hired in the past 12 months who may have contact with inmates had a criminal background record check completed. DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check outlines the agency's criminal background check requirement. CDCR digitally fingerprints all likely hires prior to employment utilizing Live Scan; Criminal Identification & Information State Summary Criminal History, for obtaining criminal information from the FBI and DOJ. CDCR also requires or applicants to complete a CDCR 1951 Supplemental Application which affords the applicant the opportunity to self-disclose any previous engagement in sexual abuse or sexual harassment in a confinement setting or the community.

All CDCR employees are issued a personal identification card which must be presented when entering any facility. DOM, Chapter 3, Article 7 Personal Identification Cards. The personal employee identification is not issued until the criminal background check has been completed CDCR reference check process requires CDC 2025 Employment Reference Questionnaire is circulated to former employers so as to ascertain whether the applicant has a prior history of substantiated sexual abuse or resignation related to such allegation while employed. this process includes former employment in confinement settings as required per memo dated 07/14/17, titled Completion of Background Checks Under the Prison Rape Elimination Policy. The memo instructs CDCR Office of Peace Officer Selection, Background Investigative Unit investigators to attempt to contact all previous institutional (defined as a federal or state prison, county jail, policy lockup, community confinement facility, juvenile facility, or other correctional institutions) employers using the updated CDC 2025.



The auditor reviewed 17 randomly selected personnel records. The records included employees hired in the previous 12 months, promotion within the previous 12 months and long-term employees. the auditor found CRC in compliance with the hiring process set forth by the agency including the previous employer inquiry process and criminal background checks. During a specialized interview, HR staff confirmed that reference checks are conducted whenever an applicant, contractor or volunteer report previous employment in a confinement setting.

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

115.17 (d). CDCR-CRC indicated in the PAQ, agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with inmates. CDCR policy Contractor Special Terms and Conditions, section Security Clearance/Fingerprinting states, "CDCR reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information, prior to award and at any time during the term of the Agreement." Contractors are directed not to assign any contracted employee who may have contact with inmates to a CDCR facility if any of the provisions as outlined in 115.17(a, b) are applicable. Special Terms and Conditions provides instructions for contractors concerning their employees and criminal background checks. Contractors are required to conduct a criminal background check for each contract employee who will have contact with inmates and provide a written certification of the check. As a condition of the background check, contractors must verify that the employee has not engaged in sexual abuse in a confinement facility or been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community.

CRC reported 11 contractors for services where criminal background record checks were conducted. CDCR requires that all prospective contractors be fingerprinted (Live Scanned) and run through the California Law Enforcement Telecommunications System (CLETS). This clearance process provides a criminal background check nationally and locally. In reviewing 11 randomly selected contractor files, the auditor verified that this process is being completed at CRC.

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

115.17 (e). CDCR-CRC indicated in the PAQ, agency policy requires either a criminal background check be conducted at least every five years for current employees and

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

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

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

115.17 (g). CDCR-CRC indicated in the PAQ, agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

CDCR 1951 Supplemental Application for All CDCR Employees states all applicants must list their history of conduct and that "failure to disclose your arrests will be grounds for denial of your application and/or termination of your employment." By signing the supplemental application all prospective employees "understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be rejected, on probation, and/or disciplined, up to and including dismissal from State service."

Human resources staff confirmed that all background checks completed by the Office of Peace Officer Selection, Background Investigative Unit are reviewed for misrepresentation or falsification, omission or concealment of material fact and are grounds for non-employment or termination. Employees are also required to notify their hiring authority and Employee Relations Officer of any contact with law enforcement. This expectation is codified in CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status states that if an employee is arrested or convicted of any violations of law, the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. A memo issued by the Division of Adult Institutions Director on 5/15/20 further detailed that all staff have a continuing affirmative duty to promptly notify the institution head if any of the conditions of this standard apply. As described in this memo, the agency is

	<p>seeking an edit to California Code of Regulations to expressly state this duty.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.17 (h). An interview with the facility’s Institution Personnel Officer (IPO) confirmed that the facility receives inquiries from other confinement facilities related to a current or former employee’s history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are directed to the Employee Relations Officer for review and response in accordance with agency policy.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Design Change Request Form example (dated 05/03/17)</li> <li>c. CDCR Design and Construction Policy Guidelines (dated 08/14/17; prefaced by Notice of Change Supplement dated 08/14/17)</li> <li>d. DIV 27 51 23 CSO CSC technology project manual specifications</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Warden</li> </ul> <p>Site Review Observations</p> <ul style="list-style-type: none"> <li>a. PREA audit team observed the camera system currently being utilized at CRC</li> </ul>

during the on-site review.

115.18 (a-b). CDCR-CRC indicated in the PAQ, an expansion to CRC Medical occurred on April 1, 2021. Two Mobile Medical Trailers (Medical Clinic T-1 and T-2) were purchased to meet the needs of the inmate population during the height of the COVID pandemic.

CRC is also in the process of installing 200 cameras, monitors and recording system. CRC submitted the Div 27 51 23 CSO CSC technology project manual specifications for auditor review. This project manual outlines where cameras will be installed and how they will be monitored. The CDCR Design and Construction Policy Guidelines Manual states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse."

An interview with the agency head and warden indicated that the agency works consistently to consider safety and privacy needs of inmates, while ensuring direct lines of sight and using tools, like mirrors, windows, and cameras, to assist with supervision. They also indicated that it's an ongoing priority of the agency to request and obtain additional resources from the state legislature to fund camera projects especially in areas of heavy foot traffic, passage ways and congregation areas.

The agency head also reported that funding has been allocated to ensure that CDCR facilities are systematically provided the needed electronic monitoring equipment for their sites in the coming months.

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

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents a. Pre-audit Questionnaire (PAQ)

- b. CDCR Evidence Protocol and forensic Medical Examinations (10/06/17)
- c. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (rev 05/19/20)
- d. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (rev 05/19/20)
- e. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation, Evidence (rev 05/19/20)
- f. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate and Victim Support Person for Medical Examination (rev 05/19/20)
- g. CDCR DOM, Chapter 5, Article 44, 54040.8.4 Transportation Responsibilities (rev 05/19/20)
- h. CDCR DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination (rev 05/19/20)
- i. CDCR DOM, Chapter 5, Article 44, 54040.12.1 Investigation of Sexual violence or Staff Sexual Misconduct - Less than 72 hours post incident (revised 05/19/20)
- j. CDCR DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual violence or Staff Sexual Misconduct - Greater than 72 hours post incident (revised 05/19/20)
- k. CDCR DOM, Chapter 5, Article 44, 54040.19 Community Service (unknown date)
- l. CDCR Initial Contact Guide (PREA)
- m. CDCR Custody Supervisor Checklist (PREA)
- n. CDCR Watch Commander Notification Checklist (PREA)
- o. CDCR Transportation Guide (PREA)
- p. Sexual Assault Kit Processing memo (10/17/18)
- q. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 (approved 07/2017)
- r. Specialized PREA Training for Locally Designated Investigators, Version 1.0, Power Point (approved 05/2020)
- s. Visio-PRA Work Flow Chart (01/01/23)
- t. U.S. DOJ, Office on Violence Against Women, A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition (revised 04/2013)
- u. California Correctional Health Care Services Memorandum of Discontinuation of copayment for Health Care Services and Payment for Dental Prosthetic appliances (effective 03/01/19)
- v. Help is Available posters Riverside Area Rape Crisis Center; English, Spanish, Hmong

w. STD 213 (Rev 06/2003) Rape Crisis Center for County of Riverside, University Health System - Medical Center

x. MOU with Riverside area Rape Crisis Center for Emotional Support Services to CRC (expiration 06/30/24)

#### Interview(s)

- a. PCM
- b. SAFE/SANE staff
- c. Random staff
- d. Inmates who reported Sexual Abuse

#### Site Review Observations

a. Pursuant to policy Sexual Abuse Evidence Kit (SAEK) are located in the ISU or in the Watch Commander's office. Only designated staff will have possession of the SAEK. The SAEK will travel with the victim to the hospital after which, the collected samples will be secured by ISU staff to maintain the chain of custody until delivered to DOJ (Crime lab) for processing.

#### Findings (By Provision)

115.21 (a). CDCR-CRC indicated in the PAQ, the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. When conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol. The state of California has designated CDCR correctional staff as peace officer status. CRC employs correctional staff that have been trained to conduct both administrative and criminal investigations. All custody staff are trained in crime scene preservation which is outlined in DOM 54040.8.1, Chapter 5.

CRC employs an Investigative Services Unit (ISU) which is supervised by a Lieutenant. ISU in coordination with the PCM investigate the majority of PREA related incidents that may be criminal in nature. While onsite, the audit team toured ISU, reviewed 16 investigations and conducted informal interviews with members of the team. ISU is made up of Locally Designated Investigators (LDI) who along with other designated facility staff are trained to conduct both administrative and criminal investigations of sexual abuse and sexual harassment. ISU and other designated facility investigators follow a uniform evidence protocol contained in DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation, Evidence. The policy

outlines evidence collection and preservation procedures and checklists for supervisors and watch commanders to enhance their response. The DOM also describes evidence preservation and collection expectations for first responders, transportation and medical and mental health staff following an incident of sexual abuse.

Interviews of 14 random security staff indicated each of the security staff understood and had been trained in the agency's policy for obtaining usable physical evidence. Also, each were able to identify ISU as being responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment at the facility. Three inmates who had reported sexual abuse indicated they waited before they spoke to someone about it. Also, during interviews with three investigative staff (ISU), they were able to articulate the process of utilizing SAEK to collect and preserve physical evidence. The kit further provides direction for managing the victim and suspect and the steps required to maintain a proper chain of custody. These kits accompany the victim when transported for a sexual assault examination. DNA samples and other evidence is forwarded to the state crime lab for processing.

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

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

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

115.21 (c). CDCR-CRC indicated in the PAQ, the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility; CRC does not perform such examinations. Examinations conducted at an outside facility (i.e. Riverside University Hospital) are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, zero SAFE/SANE exams were performed.

DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination states that the victim shall be transported to the designated hospital, or onsite location, where SART contract staff will complete the forensic examination. Policy delineates between sexual abuse discovered less than 72 hours and more than 72 hours post-incident; each carries an expectation of SANE care or consultation. In addition, as directed by policy, CRC offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim California Correctional Health Care Services Memorandum of Discontinuation of copayment for Health Care Services and Payment for Dental Prosthetic appliances (effective 03/01/19).

During the pre-onsite audit phase, the auditor conducted an interview with a SANE nurse who conducts medical forensic examinations at Riverside University Hospital. The representative indicated that the hospital has treated inmates at CRC but could not recall care in the immediate past. They are equipped to respond 24/7 after consulting with the facility via telephone on the appropriateness of transport. Non-certified medical staff will not conduct examinations. The auditor reviewed the procurement contract between CDCR and Riverside University Hospital, which details their respective responsibilities. CRC healthcare professionals affirmed victims would not be charged for the hospital/clinic visit or a SANE exam.

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

115.21 (d). CDCR-CRC indicated in the PAQ, the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. CRC states that when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

A review of the contract with Riverside Rape Crisis Center, it states a victim advocate will be made available 24 hours a day, 7 days a week. A counselor will support the victim during the examination and investigative process. The victim advocate will also provide emotional support, crisis intervention, information, and referrals. Specialized staff were interviewed who corroborated this existing agreement. Although a victim advocate is on call 24 hours a day, 7 days a week, the facility does maintain a process to provide an alternate qualified staff member in the event an advocate is unavailable.

An interview with an advocate at the Riverside Rape Crisis Center confirmed they have a rotating on-call list for staff to respond 24 hours a day, 7 days a week to meet



	<p>the needs of a victim.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.21 (e). CDCR-CRC indicated in the PAQ, DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities identifies the watch commander or designee is responsible for immediately notifying the local Rape Crisis Center in the event of a need for a SAFE/SANE examination. The facility shall make available an advocate during investigatory interviews and for emotional support services.</p> <p>During the onsite the audit team observed posters containing information of how to contact Riverside Rape Crisis Center were posted throughout the facility. The posters included the phone number and address for inmates to secure support services. The inmate handbook was also reviewed for this information.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.21 (f). As stated, CDCR/CRC officials (i.e. Investigative Services Unit or Office of Internal Affairs) are responsible for administrative and criminal investigations. As such, this provision is not applicable.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.21 (g). Auditor is not required to audit this provision of the standard.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <p>a. Pre-audit Questionnaire (PAQ)</p> <p>b. CDCR DOM, Chapter 1, Article 44, 15080.2 Office of Internal Affairs (Rev 12/13/12)</p>

- c. CDCR DOM, Chapter 3, Article 14, 31140.1 Internal Affairs Investigations (effective 01/2007)
- d. CDCR DOM, Chapter 3, Article 14, 31140.0 Authority to conduct Investigations (unknown date)
- e. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation through 54040.12.5 Reporting to Offenders (rev 05/19/20)
- f. CRC 54040 Prison Rape Elimination Act Policy LOCAL (May2023)
- g. Policies to ensure referrals of allegations for investigations memo (10/06/17)
- h. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year 2020 (signed 07/16/21)
- i. CDCR Public Website

#### Interview(s)

- a. Agency Head
- b. Investigators

#### Findings (By Provision)

115.22 (a, b). CDCR-CRC indicated in the PAQ, the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.12 Investigation states “all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing.” This policy outlines the investigative process of staff on offender and offender on offender allegations. The hiring authority is responsible for assigning investigations to a locally designated investigator (LDI).

The process at CRC for an investigation assignment was explained by investigative staff that were interviewed by the audit team. Of special note, the CRC ISU-LDI staff will initiate an “inquiry” into allegations of sexual abuse and sexual harassment regardless of how the allegations were reported (i.e. written, verbal or anonymous). A confidential memorandum is generated and forwarded to the Hiring Authority for review. The Hiring Authority may elevate the “investigation” allegations to the Office of Internal Affairs (OIA) if there is staff involvement. Both ISU-LDI and OIA have sworn peace officer status and are tasked with being the fact finders of each allegation. As such, once either ISU-LDI or OIA have completed their fact finding, the Hiring Authority will determine the outcome of the allegations based on the evidence

	<p>presented. If there is evidence substantiating a rape or sexual assault, a copy of all reports shall be referred to the District Attorney's (DA) office for possible prosecution.</p> <p>Through review of ISU's logs and information submitted by CRC, the audit team identified 16 allegations of sexual abuse or sexual harassment in the 12-month audit review period, four were outside the review period. A total of 20 investigation files were reviewed by the auditor of which nine were closed and determined to be unsubstantiated. Seven were closed and determined to be unfounded. Of the four that are open, three are at OIA/AIMs for investigation. One is still pending on site.</p> <p>The agency head indicated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. She stated LDI's receive specialized training and, as such, conduct an initial inquiry. Following the initial inquiry, the LDI will be instructed by the hiring authority to complete the investigation or refer to OIA. At minimum, an administrative investigation is completed. If a criminal investigation is appropriate, OIA or ISU will notify the local district attorney. Interviews with two LDIs and one agency Office of Internal Affairs confirmed this practice.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.22 (d). The auditor is not required to audit this provision of the standard.</p> <p>115.22 (e). The auditor is not required to audit this provision of the standard.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/20)</li> </ul>

- d. CDCR In-Service Training, Prison Rape Elimination Act (PREA)-Responsibilities, Version 3.0, BET Code: 11054378 (approved 10/2022)
- e. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA)-Zero Tolerance, Version 2.0, BET Code: 11053499 (approved 02/2022)
- f. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA)-Responsibilities, Version 2.0, BET Code: 11053499 (approved 02/2022)
- g. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA)-Free of Sexual Harassment & Abuse, Version 2.0, BET Code: 11053499 (approved 02/2022)
- h. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA)-Retaliation, Version 2.0, BET Code: 11053499 (approved 02/2022)
- i. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA)-Dynamics, Version 2.0, BET Code: 11053499 (approved 02/2022)
- j. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA)-Detect and Respond, Version 2.0, BET Code: 11053499 (approved 02/2022)
- k. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA)-Communicate with LGBTI, Version 2.0, BET Code: 11053499 (approved 02/2022)
- l. CDCR In-Service Training, Prison Rape Elimination Act (PREA)-Common Reactions, Version 2.0, BET Code: 11054378 (approved 10/2022)
- m. CDCR In-Service Training, Prison Rape Elimination Act (PREA)-Detect and Respond, Version 3.0, BET Code: 11054378 (approved 10/2022)
- n. CDCR In-Service Training, Prison Rape Elimination Act (PREA)-Inmate and Staff Interaction, Version 2.1, BET Code: 11054378 (approved 10/2018)
- o. CDCR In-Service Training, Prison Rape Elimination Act (PREA)-Communicating with LGBTI, Version 2.1, BET Code: 11054378 (approved 08/2022)
- p. CDCR In-Service Training, Prison Rape Elimination Act (PREA)-Reporting, Version 2.1, BET Code: 11054378 (approved 08/2022)
- q. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (approved 09/2015)
- r. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (modified 11/15)
- s. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11054378 (date unknown)
- t. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378, Knowledge Checks
- u. CDCR Basic Correctional Officer Academy (BCOA), Prison Rape Elimination Act

(PREA), Version 2.0, BET Code: 11055014 (date unknown)

v. Course enrollment reports

w. Learning Management System (LMS) course acknowledgment screenshot

#### Interview(s)

a. Random staff

b. Training Coordinator

c. Random staff

#### Site Review Observations

a. Auditor was able to observe CRC training coordinator extract training schedules for all staff. An onsite review of the training records indicated CRC staff are on an annual training rotation whereas throughout the calendar year, staff before or on their anniversary start date will be taken off line for a week to complete mandatory training requirements for the agency. During the on-site the auditor noted CRC was on schedule with their staff training calendar.

#### Findings (By Provision)

115.31 (a). CDCR-CRC indicated in the PAQ, all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training states

all employees, volunteers, and contractors shall receive training on the provisions as outlined in 115.31(a). The policy states that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training.

CRC utilize the training academy, the Office of Training and Professional Development Instruction and in-service educators to train staff in the sub-topics found in this provision of the PREA standards. The auditor reviewed submitted curriculum, instructor guides and lesson plans for PREA related training. The auditor found required elements outlined in the curriculum.

Interviews with the staff indicated they received training and were able to give an explanation of how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, the agency's zero tolerance policy and the rights of inmates and staff to be free from retaliation. Many of the staff, who were selected from different departments and classifications were able to discuss the dynamics and characteristics of sexual abuse. The audit team selected fourteen random training records for review. All fourteen records indicated staff have been trained in the above provisions.

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

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

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

115.31 (c). CDCR-CRC indicated in the PAQ, between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training states all employees, volunteers, and contractors shall receive instruction on the provisions enumerated above. The same policy states that this content will be delivered during new

employee orientation, Correctional Training Academy, and annual training. Specifically, employees participate in annual web-based in-service training and biennial on-the-job refresher training.

During the onsite audit phase, the auditor confirmed through 14 random staff interviews that each completed a combination of classroom and web-based training prior to having contact with inmates. These trainings include the elements described in provision (a). Less senior security staff (less than a year of seniority) reported receiving classroom instruction during CDCR's training academy.

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

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

The auditor reviewed staff training records of all staff electronically while onsite and confirmed the electronic acknowledgment method that accompanies staff training. The agency and facility are able to query reports which show positive and negative results in the Learning Management System (LMS).

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

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 10, Article 9, Volunteer Orientation</li> <li>d. CDCR DOM, Chapter 10, Article 9, Volunteer Application Packet and Files</li> <li>e. CDCR On the Job Training (OJT) n-Service Training, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (modified 02/2020)</li> <li>f. CDCR 2301, PREA Policy Information for Volunteers and Contractors signature pages (revised 5/2020)</li> <li>g. Volunteer and contractor training memo (dated 10/6/17)</li> <li>h. CDCR Form 2301-PREA Policy Information for Volunteers and Contractors memo (dated 05/2020)</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. Volunteers or Contractors who have contact with inmates</li> </ul> <p>Site Review Observations</p> <p>Findings (By Provision)</p> <p>115.32 (a). CDCR-CRC indicated in the PAQ, 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 and sexual harassment prevention, detection, and response. DOM, Chapter 5, Article 44, 54040.4 Education and Training, Staff Training confirms the agency expectation as noted on the PAQ. This policy further states that the training will be delivered at the time of the contractor's and volunteer's orientation and annually thereafter.</p> <p>The audit team reviewed the submitted curriculum utilized in the instruction of</p>



contractors and volunteers and found the content consistent with the expectation of this provision. During the onsite audit phase, two contractors were interviewed. These individuals were selected for an interview based on availability in relationship to the schedule of the auditors. Both interviewed contractors confirmed that they had received training on their responsibilities under the agency's zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The auditor reviewed the CDCR 2301, PREA Policy Information for Volunteers and Contractors. The form includes an overview of PREA, zero tolerance, professional behavior, preventative measures, and detection. The form also contains self-disclosure questions and a continuous duty to report which the contractor or volunteer acknowledge with their signature. The audit team reviewed the records of 10 current contractors to include their signed CDCR 2301.

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

115.32 (b). CDCR-CRC indicated in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Further, all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

A supplementary memo to the policy regarding volunteer and contractor training, dated 10/6/17, was reviewed by the auditor. The memo outlines and clarifies the training for contractors and volunteers. All volunteers and contractors are to receive one hour of mandatory inmate/staff interaction training. Contractors and volunteers who interact more frequently or with less supervision with inmates are to receive more extensive training. The directive also mandates that the following topics be included in the training of contractors and volunteers: Maintain professional distance while maintaining effective communication with inmates; determine the fine line between establishing rapport with inmates; identify consequences of denying inmates' rights; and identify and react appropriately to manipulation by an inmate. All volunteers and contractors are required to sign a CDCR 2301 acknowledging that they had received and understood the training they received. Volunteers and contractors are required to complete continual PREA training provided annually in-service.

The audit team reviewed training records for random contractors and volunteers. The

	<p>audit team found that the records contained signed CDCR 2130s. Two contractors who were working on site stated during their interviews that they had received training specific to the agency’s zero tolerance policy and how to make a report of sexual abuse or sexual harassment.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.32 (c). CDCR-CRC indicated in the PAQ, the agency maintains documentation confirming that volunteers and contractors understand the training they have received. The process for maintaining documentation of training and understanding for volunteers and contractors is outlined in DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training and DOM, Chapter 3, Article 18, 32010.8.3 Record Keeping Form. The facility utilizes the CDCR 844 Training Participation Sign-in Sheet for in-service training and CDCR 2301 PREA Policy Information for Volunteers and Contractors as the initial informational PREA resource prospective volunteers and contractors receive. Prior to the signature line on the form is the following 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.”</p> <p>CRC reported 56 volunteers and contractors completed PREA training and signed CDCR-2301 forms.</p> <p>During the onsite portion of the audit, the auditor reviewed training files for contractors and volunteers and found that the completed CDCR 2301 was completed in every file.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents
	a. Pre-audit Questionnaire (PAQ)

- b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (rev 05/19/20)
- c. PREA Information for Orientation Handbook template; English and Spanish versions
- d. CDCR Sexual Violence Awareness; English and Spanish versions
- e. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (rev 11/2020)
- f. Senate Bill 132 brochure
- g. Inmate Orientation Handbook; English and Spanish (rev 2016)
- h. CDC-128B Receipt of Inmate PREA Education (rev 01/1995)
- i. Shine the light on Sexual Abuse poster; English and Spanish
- j. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish
- k. PREA brochures, posters, and booklets order form; blank
- l. Prison Rape Elimination, Written Materials Distribution memo (dated 11/04/15)

#### Interview(s)

- a. PREA Compliance Manager (PCM)
- b. Intake Staff
- c. Random Staff
- d. Random and Targeted inmates

#### Site Review Observations

a. Auditor was able to observe the Intake process with where inmates received their initial PREA assessment as well as their first PREA education and orientation from CRC staff. This included the PREA education component. CRC utilizes a PREA education video (i.e. Just Detention International's video PREA: What You Need to Know) which is shown on a loop through the CCTV system. The video is played on a screen in a holding area while inmates await their turn for processing into CRC. The video may be shown with or without subtitles in English, Spanish, and Hmong. A sign language interpreter is on the screen as the video continues. Each inmate is given an inmate handbook and brochure which is documented by the intake sergeant. CRC also utilizes their CCTV system to broadcast the PREA Education Video periodically

throughout the week on the institution channel.

59 Random and Targeted inmates noted during their interview that the facility plays the PREA information video on a regular basis.

Informal conversations and interviews with both staff and inmates demonstrated that inmates readily knew how and where to access information concerning PREA and methods of reporting.

#### Findings (By Provision)

115.33 (a). CDCR-CRC indicated in the PAQ, inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The audit team noted during the onsite all new admissions were provided with a PREA information pamphlet and an inmate handbook. Both the pamphlet and handbook are available in English or Spanish and contain PREA information including the zero-tolerance policy and the different ways to report sexual abuse and sexual harassment. CRC noted on the PAQ that 3333 inmates were admitted to CRC in the previous 12 months and that 100 percent of newly admitted inmates were given this information at intake. Certain identified staff members (normally an intake supervisor) will facilitate the intake process for new admissions as well as the PREA risk assessment.

Two intake supervisors were interviewed, both stated the new admissions receive a pamphlet and handbook. The audit team confirmed both pieces of literature outline the agency's zero tolerance policy and ways to report sexual abuse and sexual harassment at CRC.

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

115.33 (b). CDCR-CRC indicated in the PAQ, the previous 12 months, within 30 days of intake, 100 percent of inmates (i.e. 3333) 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. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education states that verbal and written information shall be provided to offenders which will address prevention/intervention; reporting; treatment and counseling. The same policy requires that initial orientation is "provided in reception centers via either written or multi-media presentation on a weekly basis in both English and Spanish."

The audit team reviewed the CRC Inmate Orientation Handbook, which is distributed to all inmates upon admission, it contains the agency's zero tolerance policy and reporting options. This handbook provides information on the federal law, inmates' rights to be free from sexual abuse and sexual harassment in confinement, definitions, retaliation, cross-gender announcing, transgender accommodations, and support services (i.e. advocacy). The facility also distributes three brochures: Sexual Violence Awareness, Sexual Abuse/Assault Prevention & Intervention, and Senate Bill 132. The sum of these materials detail dynamics of sexual abuse, protective measures, medical care, investigative process, and transgender rights. 50 inmates interviewed stated that they had received comprehensive PREA education. All 50 knew how to access information through the video, handbook or posters.

The auditor was able to review inmate files specifically for education acknowledgment (CDC-128B Receipt of Inmate PREA Education chrono). All files reviewed for inmates that had transferred into CRC in the previous 12 months had an education acknowledgement. The vast majority of records for inmates that had been housed at CRC longer than 12 months also contained an education acknowledgment.

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

115.33 (c). CDCR-CRC indicated in the PAQ, all inmates have received education. Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. The facility reported that comprehensive education is repeated upon each intra-agency transfer.

The facility staff and the PCM reported during interviews that all CDCR facilities have adopted the agency's DOM, Chapter 5, Article 55, 54040.4 Education and Prevention policy. Specifically, section Offender Education which states that the brochures entitled Sexual Violence Awareness and Sexual Abuse/Assault - Prevention & Intervention "shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook." The facility's intake sergeant and audit team's observation of the R&R process corroborated practice is consistent with policy; all inmates processed through CRC R&R receive comprehensive PREA education. As observed on all education materials, the agency has adopted a universal means of

reporting sexual abuse, sexual harassment, and report-related retaliation.

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

115.33 (d). CDCR-CRC indicated in the PAQ, PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. DOM, Chapter 5, Article 44, Education and Prevention, Offender Education requires such accommodation.

The auditor team observed that CRC has PREA information posters displayed throughout the facility printed in Spanish, English and Hmong languages. If an inmate arrived at the facility with any disabilities or limited English proficiency limitations, the facility is prepared to assign a bilingual staff member or engage interpretation services to ensure understanding. CRC has a contract with a translation service, Interpreters Unlimited, to assist non-English speaking or non-reading inmates understand the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The agency's PREA video is translated into Spanish and Hmong, in addition to subtitles and a sign language interpreter.

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

115.33 (e). CDCR-CRC indicated in the PAQ, the agency maintains documentation of inmate participation in PREA education. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education states that receipt of education shall be documented on CDC Form 128-B General Chrono (or the updated form CDC-128B Receipt of Inmate PREA Education), which shall be forwarded to Inmate Records for scanning into the Electronic Records Management System. Refusal to sign the acknowledgment shall be noted by staff on the CDC -28B. The auditor randomly selected 17 inmate records to review; all records did include receipt of education documentation as required by this provision or agency policy.

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

	<p>115.33 (f). CDCR-CRC indicated in the PAQ, the agency ensures key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. CRC utilizes various written materials to continuously provide PREA information including the inmate handbook and PREA brochures provided to every inmate at intake, the Just Detention video played on their CCTV channel and posted materials. The posted materials included the Shine the light on Sexual Abuse posters and the Prison Rape Elimination Act Office of the Inspector General poster. Both posters were observed to be presented throughout the facility in both English and Spanish versions. The Shine the light on Sexual Abuse posters restate the agency’s zero tolerance position and describes internal and external reporting options. The Prison Rape Elimination Act Office of the Inspector General poster describes reporting options; specifically, Office of the Inspector General (OIG) notification, which may be made anonymously. Indicates OIG is also an avenue to contest the results of a PREA investigation.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (rev 05/19/20)</li> <li>d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text,</li> <li>e. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators Participant Workbook</li> <li>f. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0 PowerPoint (05/2020)</li> <li>g. PREA Locally Designated Investigator enrollment log</li> </ul>

Interview(s)

a. Investigative staff

Findings (By Provision)

115.34 (a). CDCR-CRC indicated in the PAQ, agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training states that “all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). Facility-based staff are, specifically, deemed “locally designated investigators” after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct.

The auditor reviewed training records of eight investigators. Three were interviewed as specialized staff to include the lieutenant of investigative services. CRC demonstrated that all LDIs have received the specialized training required by this provision.

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

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

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



	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.34 (c). CDCR-CRC indicated in the PAQ, the agency maintains documentation showing that investigators have completed the required training. Specifically, 8 staff members at CRC are trained to conduct sexual abuse investigations. Training completion is tracked via the agency’s learning management system; a list of participants may be queried by course title and retained accordingly. The auditor reviewed such documentation demonstrating training.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>11 5.34 (d). The auditor is not required to audit this provision of the standard.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements (rev 12/04/18)</li> <li>d. Prison Rape Elimination Act - Specialized Training for Medical and Mental Health Staff memo (dated 08/09/17)</li> <li>e. CDCR On-the-Job Training, Prison Rape Elimination Act Policy, Specialized Training for Medical and Mental Health Staff, version 1.0, BET: 11057450 (approved 08/2017)</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. Medical and Mental Health staff</li> </ul>

Findings (By Provision)

115.35 (a). CDCR-CRC indicated in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements states, "It is a condition of employment that all employees complete the training required for their job classification/position. A memo issued on 08/09/17 directs CDCR Division of Health Care Services and CCHCS medical and mental health staff practitioners who have contact with inmates to complete a Learning Management System (LMS) module within 60 days of the memo's issue. Employees who fail to meet these training requirements may have their merit salary award denied or be subject to other administrative sanctions."

CRC provided the training records which demonstrates that 169 medical and mental health care practitioners received training required by this provision. The auditor reviewed the training content and found the elements required for specialized training were present. Interviews with both medical and mental health staff and contractors indicated that they were able to articulate their knowledge and responsibilities of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Staff indicated that they have received both online and classroom instruction on their responsibilities.

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

115.35 (b). CDCR-CRC indicated in the PAQ, agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at local medical hospital, Eisenhower Medical Center. In preparation for the onsite audit, the auditor conducted a telephone interview with a forensic nurse examiner who stated that the aforementioned hospital conduct is available to conduct all such examinations for CRC.

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

115.35 (c). CDCR-CRC indicated in the PAQ, the agency maintains documentation showing that medical and mental health practitioners have completed the required training. During the pre-onsite audit phase, CRC reported that nearly 169 of medical and mental health care providers (employees and contractors) that provide services to inmates received agency training of how to detect and assess signs of sexual

	<p>abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. CRC tracks participation electronically via the Learning Management System (LMS). While onsite, the auditor reviewed a training report reflecting the participation of staff.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.35 (d). During the pre-onsite audit phase and the onsite audit phase, the auditor cross-referenced a random sample of specialized medical and mental health care practitioner training records with the respective employees' (or contractors') introductory and refresher training record, as required per 115.31; all received training in accordance with this provision. Interviews with contracted medical and mental health staff affirmed their receipt of the training standards directed by 115.31.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.4.1 Communication and Pronoun Usage with Transgender Inmates (revised 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing, Single Cell Status and no discipline for not participating in the assessment (revised 05/19/20)</li> <li>d. CDCR DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (revised 05/19/20)</li> <li>e. CDCR DOM, Chapter 5, Article 46, 54046.5 Initial Screening (effective 04/13/09)</li> <li>f. CDCR, Title 15, Section 3269 Inmate Housing Assignments</li> <li>g. CA Penal Code, Part 1, Title 16, Section 667.5(c) (effective 01/01/20)</li> </ul>

- h. Prison Rape Elimination Act Risk Screening memo (dated 08/28/17)
- i. PREA Screening Instructions
- j. Reception Center - Prison Rape Elimination Act (PREA) Reassessment
- k. Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities memo (dated 09/29/27)
- l. Prison Rape Elimination Act Risk Screening memo (dated 08/28/17)
- m. Proof of Practice Regarding: Prison Rape Elimination Policy (dated 07/01/15)
- n. Prison Rape Elimination Act - Reassessments at Reception Centers (dated 03/13/19)
- o. Prison Rape Elimination Act Risk Rescreening - Correctional Counselor Responsibilities memo (dated 09/29/17)
- p. Changes to the Prison Rape Elimination Act Screening Form - Standard 115.41 Compliance (dated 07/23/20)
- q. PREA Screening Job AID and Instructions (SOMS)
- r. Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmates (dated 09/24/19)
- s. Overview of Senate Bill 132 - Training memo (dated 11/06/20)
- t. Senate Bill 132 Implementation memo (dated 12/18/20)

#### Interview(s)

- a. EA Coordinator (PC)
- b. PREA Compliance Manager (PCM)
- c. Staff who perform Risk screenings
- d. Random inmates

#### Site Review Observations

a. Audit team observed the Risk Screenings for inmates transferring into CRC during the onsite and observed the 30 days screening with the counselors on the units. The auditor was able to observe inmate risk for victimization or risk for abusiveness as noted in SOMS with the alert of "Inmate PRECAUTIONS." At the time of the onsite six inmates were identified as with an at-risk identifier in SOMS.

Findings (By Provision)

115.41 (a). CDCR-CRC indicated in the PAQ, the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. DOM 54040.6 outlines the facility's responsibility for screening for the risk of victimization or abusiveness for every inmate upon admission to CRC. The auditing instrument and the instructions for completion of screenings using this assessment measure were reviewed by the auditor.

While on site the audit team interviewed 2 staff responsible for risk assessment screenings. Both staffs verified that all inmates entering CRC completed a PREA risk assessment screening consistent with the documents provided by the facility in the PAQ. The audit team was able to observe risk assessment screening process for admission to CRC while on site. The screening was conducted in a confidential area and the screening tool was consistent with documents provided by the PAQ.

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

115.41 (b). CDCR-CRC indicated in the PAQ, the agency has a policy that requires inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. In the past 12 months, 3180 inmates reportedly entered the facility and remained there for 72 hours or more. Of these inmates, the facility stated all were screened for risk within 72 hours of admission.

CRC intake staff reported process for incoming transfers to receive a PREA assessment usually occurs within hours of arrival to the facility. The auditor randomly selected 25 inmate records to review for timeliness. The facility provided records which demonstrated that all inmates were screened within 72 hours of admission.

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

115.41 (c). CDCR-CRC indicated in the PAQ, the risk assessments are conducted using an objective screening instrument. A review of the PREA Screening reveals 15 questions or screening measures. Four of the 15 questions depend upon the inmate's self-assessment and response (i.e. "Have you experienced sexual victimization in a correctional setting that you have not previously reported?"; "Have you experienced

sexual victimization in a non-correctional setting?"; "Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming?"; "Inmate currently considers themselves vulnerable to sexual victimization?"). Question #7 of the screening tool specifically asks the custody supervisor if they perceive the inmate to be LGBTI or gender non-conforming.

The evidence indicates that the PREA Screening is standardized, consistently administered to all inmates, structured using a weighting and scoring mechanism, guided by a supplemental user guide, and culminates in an overall determination of sexual risk. The 15 questions as described above are appropriately subjective and are compliant with the variables required per 115.41(d).

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

115.41(d). CDCR-CRC indicated in the PAQ, the screening instrument covers all criteria identified in the standard to assess inmates' risk of sexual victimization. CRC does not detain individuals solely for the purpose of civil immigration thus assessing criminal history/reason for incarceration appears to satisfy this item of the standard. Staff responded to interview questions indicating all standard identified inmate assessment areas are addressed and all interviews are conducted in a private and confidential area away from others. The audit team observed that each of the criteria for assessment of risk of victimization was inquired about by the screening staff, in compliance with the risk assessment screening measure and the provision of this standard.

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

115.41(e). The CDCR PREA-Screening Form with Staff instructions was reviewed by the auditor. This screening instrument covers all criteria identified in the standard to assess inmates' risk of sexual abusiveness. CRC does not detain individuals solely for the purpose of civil immigration thus assessing criminal history/reason for incarceration appears to satisfy this item of the standard.

While onsite the audit team discussed the risk of abusiveness screening with staff responsible for risk screening and observed intake risk assessment screening. Staff

responded to interview questions indicating all standard identified inmate assessment dynamics are addressed and all interviews are conducted in a private and confidential area separate from others. The audit team observed that each of the criteria for assessment of risk of abusiveness was inquired about by the screening staff, in compliance with the risk assessment screening measure and the provision of this standard.

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

115.41(f). CDCR-CRC indicated in the PAQ, DOM 54040.7, requiring PREA risk assessment rescreening with receipt of additional information bearing on the inmate's risk of sexual victimization or abusiveness, referral, request, or incident of sexual abuse. CRC reported 2810 inmates arriving at CRC within the past 12 months with stays of 30 or days 100% were rescreened for abusiveness or victimization within the standard designated 30-day time frame

During the audit team's onsite review staff responsible for completing risk screening indicated that ISU monitors for the 30 days rescreenings. It is noted that staff completing initial intake screenings are intake staff. The rescreening responsibility is designated to the Correctional Counselors and is monitored by ISU for compliance. A Review of records of inmates' initial assessment and reassessment for risk of sexual victimization or abusiveness was completed. This review indicated compliance with the within 30-day time frame for rescreening all reviewed files of inmates arriving within the past 12 months.

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

115.41(g). CDCR-CRC indicated in the PAQ, DOM 54040.17 and DOM 54040.7 amendment requiring a PREA rescreening for any individual when referral, request, incident of sexual abuse, or receipt of additional information bearing on inmate's risk of sexual victimization or abusiveness is identified.

Review of records for inmate's show were reassessed for risk of sexual victimization or abusiveness along with a sample of records of inmate who have been victims or perpetrators of sexual abuse was conducted. This record review indicated that PREA rescreening for individuals when referred, requested, identified incident of sexual

abuse, or receipt of additional information that may impact risk of abusiveness or victimization was conducted for all reviewed files of inmates arriving within the past 12 months.

During the onsite phase staff responsible for completing risk screening indicated that inmates are reassessed for risk of abuse and/or risk of victimization upon referral, request, incident of sexual abuse, or receipt of additional information. During inmate interviews, inmates reported completing a PREA risk assessment rescreening interview with their counselors and they discuss it at their annual classification reviews. Records review indicated that rescreening was conducted under this provision's requirements.

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

115.41(h). CDCR-CRC indicated in the PAQ, DOM 54040.6 and a November 6, 2020 memorandum entitled Overview of Senate Bill 132. Inmates will not be disciplined for refusing to answer or disclose complete information related to mental, physical, or developmental disabilities; their sexual orientation, sexual victimization; or perception of vulnerability.

During the onsite, two CRC staff responsible for conducting risk screenings were interviewed and 24 inmates were interviewed, all indicated that no one is disciplined for failing to answer or provide information in these areas. 24 interviewed inmates indicated awareness that they have a right to be free from discipline if they refuse to answer questions about or disclose this information. The audit team observed intake PREA risk assessment screening at R&R. Inmates were not disciplined for failing to respond to or disclose the noted information.

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

115.41 (i). CDCR-CRC indicated in the PAQ, The PREA Screening Instructions state risk-related identification (i.e. "at risk as a victim" or "at risk as an abuser") is not confidential but rather sensitive information and shall only be shared with staff who have a need to know. The risk screening is completed within the agency's intranet; the populated form is uploaded to the respective inmate's electronic medical record. A secondary copy is not saved within the intranet. Only staff with proper computer



	<p>program access permissions may access the electronic medical record. Staff must have a defined role in the assessment process to be granted access to the assessment system.</p> <p>Interviews with the PREA Coordinator and PCM affirmed that access is controlled by role or classification; access to the automated system is governed by the user's login and computing permissions. The administrator of the automated system is the only person who can add or modify a user's access. Correctional counselors tasked with rescreening inmates indicated they do not record confidential information in the classification chrono as inmates are permitted a copy of this document during annual classification. The facility elects to omit such information to mitigate safety risks. The audit team observed the initial and rescreening risk screening processes. The initial risk screening occurs on the day of arrival at the institution R&amp;R, in the supervisor's office. Within 30 days, the rescreening occurs in the corrections counselor's office. Both locations provide a private space for the risk screening to take place.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.4.1 Communication and Pronoun Usage with Transgender Inmates (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (rev 05/19/20)</li> <li>d. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (rev 05/19/20)</li> <li>e. CDCR DOM, Chapter 5, Article 12, 62080.14 Transgender or Intersex Inmates (rev 05/15/18)</li> </ul> <p>CDCR DOM, Chapter 6, Article 44, 62080.14 Transgender or Intersex Inmates (rev 05/15/18)</p> <ul style="list-style-type: none"> <li>f. CCR, Title 15, Article 1.6 Inmate Housing</li> </ul>

- g. CDCR, Title 15, Section 3377 Facility Security Levels
  - h. Use of Screening Information memo (dated 10/6/17)
  - i. PREA Screening Instructions
  - j. Instructions for Completion of the PREA Screening Tool
  - k. CDCR 115.42 Compliance memo
  - l. Changes to Prison Rape Elimination Act Screening Form - Mental Health Referral Process memo (10/24/18)
  - m. Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities memo (dated 09/29/17)
  - n. Classification Committee Chrono; samples
  - o. CDCR 128-B Transgender Bi-Annual Assessment - PREA
  - q. Transgender Biannual Reassessment for Safety in Placement and Programming memo (dated 8/25/17)
  - r. Senate Bill 132 brochure; English and Spanish
  - s. Overview of Senate Bill 132 - Training memo (dated 11/6/20)
  - t. Senate Bill 132 Implementation memo (dated 12/18/20)
  - u. Gender Identity Questionnaire; blank (version 07/21/19)
  - v. Transgender query instructions (date unknown)
  - w. CCHS, Volume 4, Chapter 26, 4.26 Gender Dysphoria Management Policy (revised 6/2015)
  - x. CCHS/DHCS Care Guide: Gender Dysphoria (dated 05/2015)
  - y. CA Penal Code Section 667.5(c) defines violent felony
- Interview(s)
- a. PREA Compliance Manager (PCM)
  - b. Risk screeners
- Site Review Observations
- a. Informal discussions with Warden, PCM and ISU Lieutenant during on-site netted a policy change in regards to Transgender showering process.

### Findings (By Provision)

115.42 (a). CDCR-CRC indicated in the PAQ, the agency uses the information from the risk screening as required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The "Use of Screening Information Memo" outlines what staff classifications can use information from screening and for what purpose. The "PREA Risk Screening Correctional Counselor Responsibilities" provides an explanation on how to use findings from screening for placement. The "PREA Screening Instructions" provides instructions on the SOMS PREA Screening Job Aid to input the required information when the inmate is identified as either being "At Risk as an Abuser" or "At Risk as a Victim". The DOM 54040.6 states "Housing 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. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs.

The offender's retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation. Single Cell Status The process of review and evaluation for single cell status shall be initiated during RC processing as part of initial 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. 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. The offender shall be referred to a classification committee for determination of single cell status in accordance with CCR Section 3377.1(c), based on documented evidence that the offender may not be safely housed in a double cell or dormitory situation. An offender's need for single cell

status shall be reviewed as part of initial/annual classification, or any time an offender is referred for transfer or placement consideration.”

During the interview with the PREA Compliance Manager, the auditor was informed that inmates at risk are not segregated. Option for cell mates is reviewed to prevent inmates with a risk of victimization from being celled up with an inmate at risk of abuse.

Interviews with the Risk screening staff indicated they stated that the information was utilized to determine housing locations, programming and education.

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

115.42 (b). CDCR-CRC indicated in the PAQ, the agency/facility makes individualized determinations about how to ensure the safety of each inmate. The “Use of Screening Information Memo” outlines what staff classifications can use information from screening and for what purpose. Title 15 3377 states “Facility Security Levels. Each camp, facility, or area of a facility complex shall be designated at a security level based on its physical security and housing capability.” 3269 states “Inmate Housing Assignments. Inmates shall accept Inmate Housing Assignments (IHAs) as directed by staff. It is the expectation that all inmates double cell, whether being housed in a Reception Center, General Population (GP), an Administrative Segregation Unit (ASU), a Security Housing Unit (SHU), or specialty housing unit. If staff determines an inmate is suitable for double celling, based on the criteria as set forth in this section, the inmate shall accept the housing assignment or be subject to disciplinary action for refusing. IHAs shall be made on the basis of available documentation and individual case factors. Inmates are not entitled to single cell assignment, housing location of choice, or to a cellmate of their choice. (a) Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment. The screening authority involved in the review and approval of an inmate’s housing assignment must evaluate all factors to be considered when completing the Initial Housing Review, including but not limited to:

- Inmate name, CDC number, and Personal Identification number.
- Personal factors such as race, date of birth, age, weight, height, birth place, and whether the inmate is a foreign national.
- Receiving Institution.
- County of commitment.
- Out to court return and escape history.
- Length of sentence.
- Enemies and victimization history.
- Criminal influence demonstrated over other inmates.
- Previous housing status.
- Reason(s) for prior segregation.
- History of “S” suffix determination pursuant to CCR subsection 3377.1(c).
- History of in-cell assaults and/or violence.
- Security Threat Group affiliation.
- Involvement in a race-based incident(s).
- Nature of commitment offense.
- Documented reports from prior cellmate(s) that the inmate intimidated, threatened, forced, and/or harassed him or her for sex.
- Documentation that the

cellmate(s) refused to return to a cell occupied by the inmate because of fear, threats, or abuse perpetrated by the inmate. • Documentation that the inmate has been the victim of a sexual assault or was previously single celled.” Additionally, it states “(d) Single cell status shall be considered for those inmates who demonstrate a history of in-cell abuse, significant in-cell violence towards a cell partner, verification of predatory behavior towards a cell partner, or who have been victimized in-cell by another inmate. Staff shall consider the inmate’s pattern of behavior, not just an isolated incident. An act of mutual combat in itself does not warrant single cell status.” Section 3269 reads “Inmate Housing Assignments. Inmates shall accept Inmate Housing Assignments (IHAs) as directed by staff. It is the expectation that all inmates double cell, whether being housed in a Reception Center, General Population (GP), an Administrative Segregation Unit (ASU), a Security Housing Unit (SHU), or specialty housing unit. If staff determines an inmate is suitable for double celling, based on the criteria as set forth in this section, the inmate shall accept the housing assignment or be subject to disciplinary action for refusing. IHAs shall be made on the basis of available documentation and individual case factors. Inmates are not entitled to single cell assignment, housing location of choice, or to a cellmate of their choice.

(a) Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment. The screening authority involved in the review and approval of an inmate’s housing assignment must evaluate all factors to be considered when completing the Initial Housing Review, including but not limited to: • Inmate name, CDC number, and Personal Identification number. • Personal factors such as race, date of birth, age, weight, height, birth place, and whether the inmate is a foreign national. • Receiving Institution. • County of commitment. • Out to court return and escape history. • Length of sentence. • Enemies and victimization history. • Criminal influence demonstrated over other inmates. • Previous housing status. • Reason(s) for prior segregation. • History of “S” suffix determination pursuant to CCR subsection 3377.1(c). • History of in-cell assaults and/or violence. • Security Threat Group affiliation. • Involvement in a race-based incident(s). • Nature of commitment offense. • Documented reports from prior cellmate(s) that the inmate intimidated, threatened, forced, and/or harassed him or her for sex. • Documentation that the cellmate(s) refused to return to a cell occupied by the inmate because of fear, threats, or abuse perpetrated by the inmate. • Documentation that the inmate has been the victim of a sexual assault or was previously single celled.” Section 3377 states “Facility Security Levels. Each camp, facility, or area of a facility complex shall be designated at a security level based on its physical security and housing capability. Reception centers are not facilities of assignment and are exempt from the security level designations except for the assignment of permanent work crew inmates. The security levels are: (a) Level I facilities and camps consist primarily of open dormitories with a low security perimeter. (b) Level II facilities consist primarily of open dormitories with a secure perimeter, which may include armed coverage. (c) Level III facilities primarily have a secure perimeter with armed coverage and housing units with cells adjacent to exterior walls. (d) Level IV facilities have a secure perimeter with internal and external armed coverage and housing units described in section 3377(c), or cell block housing with cells non-adjacent to exterior walls.”

During the interview with the Staff that do the Risk Screenings - they stated that the

information from the Risk Screening was used to properly house inmates to prevent sexual abuse from inmates / staff, to try to make the best decision for that individual. During the site review - we witnessed staff completing the intake process, to include the Risk Screening process. These staff stated that the information obtained in the screening would assist them in their housing placement.

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

115.42 (c). CDCR-CRC indicated in the PAQ, when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. DOM 62080.14 states "Transgender or Intersex Inmates (Revised May 15, 2018) 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, receive the necessary medical care/ mental health treatment, transgender or intersex inmate-patients, to the maximum extent practical, shall be housed at one of 11 identified institutions. In cases where an inmate-patient has multiple case factors which make it difficult to house them in one of the above listed institutions, a case conference will be conducted as outlined in The Operations Manual, DCR, Chapter 6, states that the conference shall be conducted to determine the most appropriate level of care/institution suitable for housing consistent with the inmate-patient's case factors.

Inmates identified as transgender or intersex on the Medical Classification Chrono shall, upon request, be provided with state issued brassieres or boxer shorts via the institution clothing room and permitted to purchase such items as needed." The "Gender Dysphoria Management Policy", states "California Correctional Health Care Services (CCHCS) and the California Department of Corrections and Rehabilitation (CDCR) shall provide medically necessary treatment that meets constitutional requirements for incarcerated patients who are diagnosed with Gender Dysphoria (GO). This condition, more commonly known as transsexualism and/or transgenderism, is recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM). published by the American Psychiatric Association. The CCHCS GO Care Guide shall be used to aid medical and mental health staff in the evaluation and management of GO patients. The GD Care Guide is a tool to assist medical and mental health staff in consistently applying clinical judgment in transgender patient care. The GD Care Guide should be given great weight in the decision-making process, but it is not a substitute for the clinical judgment of the primary care provider or mental health professional."

During the interview with the PREA Compliance Manager, the auditor was informed that CRC does not house transgender or intersex inmates as it is not an identified hub, however CRC would accommodate a transgender or intersex inmate who chooses to be housed at CRC. They would have substantial input as it pertains to their health and safety. This includes how they identify, gender of staff performing searches and safety choices of where they are housed at a particular facility or area of a facility.

Interviews with nine inmates who identified as LGB stated that they have not been placed on a housing unit solely for transgendered or intersex inmates.

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

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

CRC is not a designated hub for transgender and intersex inmates. The PCM and correctional counselors confirmed there is a process in place to review any transgender and intersex inmates biannually; specifically, during classification.

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

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

An interview with the PCM corroborated that the facility's practice aligns with agency policy should CRC have a transgender or intersex inmate at the facility. He indicated that CRC gives serious consideration to transgender or intersex inmate's own views about their safety within the institution. CRC is not an identified Transgender hub, however PCM reported that should a transgender person request to transfer to CRC, they would not be denied.

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

115.42 (f). CDCR-CRC indicated in the PAQ, the facility's physical plant and showering accommodations confirmed a discussion with the facility's PCM who stated that transgender inmates have an opportunity to shower separately and privately by space. Modesty curtains or barriers can be placed in all showering areas.

Discussions with the PCM, ISU lieutenant and the Warden resulted in an updated DOM Supplement 54040 CRC Transgender Privacy Screens stating "The temporary/permanent housing of a transgender inmate shall be the responsibility for the housing staff and to coordinate a designated shower schedule to accommodate the inmates(s). For the duration of the shower schedule, staff shall ensure a rollaway privacy/modesty screen is accessible and utilized." (effective 04/27/23)

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



	<p>115.42 (g). CDCR-CRC indicated in the PAQ, the agency is not subject to a consent decree, legal settlement, or legal judgment requiring lesbian, gay, bisexual, transgender, or intersex inmates be placed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. Inmates who identify as such they are spread throughout the agency in accordance with their security and programming needs. While inmates who identify as transgender or who have an intersex condition may be placed in a designated facility, they are housed throughout the facility in all housing types and not in a dedicated unit. Transgender and intersex inmates are not housed in one of the designated facilities solely on the basis of their gender identity or medical diagnosis, but due to potential housing, medical, and/or property needs.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.4.1 Communication and Pronoun Usage with Transgender Inmates (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (rev 05/19/20)</li> <li>d. California Code of Regulations (CCR), Title 15, Section 3335 Administrative Segregation (updated 10/2016)</li> <li>e. CDCR Custody Supervisor Checklist (PREA)</li> <li>f. Administrative Segregation Placement Notice chrono</li> <li>g. Classification Review chrono</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. Warden</li> <li>b. PREA Compliance Manager (PCM)</li> </ul>

## Site Review Observations

a. The audit team noted that CRC did not have a Restrictive Housing Unit nor an Administrative Segregation Unit. Team was informed by the PCM that any inmate requiring such housing would be transferred to another prison. The state prison in Chino is the closest to Norco (CRC).

## Findings (By Provision)

115.43 (a). CDCR-CRC indicated in the PAQ, the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Of those inmates identified as being at risk of sexual victimization, zero were held in involuntarily segregated housing in the past 12 months for 24 hours or less awaiting an assessment.

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

A review of the Custody Supervisor Checklist (PREA) revealed that as part of the first response the shift supervisor must determine the most appropriate level of housing. This item is followed by a reminder that the CDC Form Administrative Segregation Placement Notice shall be completed if this placement is necessary.

In the past 12 months, CRC reports that there have been zero inmates who are at risk of victimization who have been involuntarily segregated for any time period.

An interview with the Warden indicated CRC does not have a segregation unit, any inmate in need of such housing would be transferred to another prison. With that being said, agency policy prohibits placing those at high risk for victimization, on that basis alone, in a segregated status unless there are no other safer means. As CRC does not have an Administrative Segregation Unit or Restricted Housing Unit, there were zero segregation staff to interview.

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

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

CRC does not have a segregation or restricted housing unit, however if a need did arise, the inmate would be transferred to Chino as a last housing resort. Zero inmates have relocated to another prison for administrative segregation needs pursuant to this standard.

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

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

Interviews with the Warden and the PCM indicated that transporting an inmate to another prison for segregation is the last resort, other options such as moving the

CRC inmate to another housing unit on the facility is the more palatable.

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

115.43 (d). CDCR-CRC indicated in the PAQ, the facility has not identified a need to separate inmates at high risk of sexual victimization by placing them in involuntary segregated housing in the last 12 months. DOM, Chapter 5, Article 44, 54040.6 Offender Housing state, if an involuntary segregated housing assignment is made in accordance with the above provisions, a restrictive housing supervisor shall clearly document on an Administrative Segregation Placement Notice chrono the basis for the staff member's concern for inmate safety; the other alternative means of separation that were explored; and the reason why no alternative means of separation can be arranged.

Interviews with the Warden and the PCM indicated that transporting an inmate to another prison for segregation is the last resort, other options such as moving the CRC inmate to another housing unit on the facility is the more appropriate. Zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

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

115.43 (e). CDCR-CRC indicated in the PAQ, no inmates were held in involuntary segregated housing pursuant to this standard. The facility further responded that if an involuntary segregated housing assignment was made, the inmate would have to be transferred to Chino as CRC does not have a segregated housing unit. DOM, Chapter 5, Article 44, 54040.6 Offender Housing requires the Institution Classification Committee shall convene every 30 days to review and determine whether there is a continuing need for separation from the general population.

The Warden reported that zero inmates were placed in involuntary segregated status or administrative confinement during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

	A final analysis of the evidence indicates the facility is in substantial compliance with this provision.
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (rev 05/19/20)</li> <li>d. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct</li> <li>e. CCR, Title 15, Section 3138 Indigent Inmates</li> <li>f. CCR, Title 15, Section 3141 Confidential Correspondence</li> <li>g. CDCR Sexual Violence Awareness brochure; English and Spanish versions (rev 11/2020)</li> <li>h. CDCR Sexual Abuse/Assault Prevention &amp; Intervention; English and Spanish versions (rev 11/2020)</li> <li>i. CDC-128B Receipt of Inmate PREA Education (rev 01/1995)</li> <li>j. Shine the light on Sexual Abuse poster; English and Spanish</li> <li>k. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish</li> <li>l. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M</li> <li>m. PREA Information for Orientation Handbook English and Spanish (12/01/21)</li> <li>n. California State Prison - Sacramento, Inmate Orientation Handbook; English and Spanish (rev 2016)</li> <li>o. CDCR, Instructor Text, T4T - PREA Training</li> <li>p. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 02/2020)</li> </ul>

q. Mailroom and rape crisis center correspondence instructions email; PREA Confidential Correspondence with Rape Crisis Centers attachment (dated 06/27/21)

#### Interview(s)

- a. PREA Compliance Manager (PCM)
- b. Random Staff
- c. Random Inmates

#### Site Review Observations

- a. PREA audit notices in English and Spanish provided by the lead auditor were posted at all common areas frequented by inmates, staff, and the public.
- b. The audit team observed multiple types of PREA posters displayed throughout the facility to include areas where third parties may observe. These displays included the reporting types, phone numbers and addresses as outlined in agency policy. The audit team tested the hotline numbers provided and learned that inmates are required to enter a PIN to place these calls.

#### Findings (By Provision)

115.51 (a). CDCR-CRC indicated in the PAQ, the agency has established multiple internal methods for inmates to privately report sexual abuse; sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting identifies multiple ways for inmates to report including informing any staff member verbally or in writing, utilizing the Inmate appeals process, through the sexual assault hotline, through a third party or contacting the OIG Ombudsman for Sexual Abuse in Detention Elimination. The same policy further states the facility shall display posters which include reporting hotline numbers.

Upon arrival at CRC, a facility-specific Inmate Orientation Handbook and the brochures Sexual Violence Awareness and Sexual Abuse/Assault Prevention & Intervention upon intake. Each detail reporting options which include those outlined in policy above. Each inmate is asked to sign receipt via CDC- 128B Receipt of Inmate PREA Education. in addition to the address and phone numbers for the agency's Office of Internal Affairs. Since the onsite date, the need for an inmate PIN number to make calls to OIG and OIA have since been changed to allow for inmates to dial directly.

The audit team interviewed 59 random and targeted inmates during the onsite portion of the audit. All could identify at least one way to report sexual abuse or sexual harassment. All 16 random staff members interviewed were able to articulate multiple ways for inmates and staff to report.

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

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

Policy states that letters to OIG will be processed as legal mail and reporters can request to remain anonymous. The inmate handbook and brochures distributed to inmates at intake state that this is the process.

Mail addressed to the OIG does not need to include identifying information of the sender and is treated as confidential. The PCM confirmed this process during his interview with the auditor and also stated that inmates may also report anonymously via a third party.

The audit team member tested the inmate phone systems to access outside reporting entities to test accessibility. This was accomplished after an inmate PIN was entered. Discussions with agency level PREA staff indicated CDCR was changing the phone access process for inmates to contact victim services or report an allegation of sexual abuse or sexual harassment.

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

During interviews with 27 random inmates, the audit team recognized that most inmates were unsure if they had the ability to report anonymously. Of the inmates that believed they could report anonymously, most were unaware of the process.

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

115.51 (c). CDCR-CRC indicated in the PAQ, the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. CCI also noted that staff are required to document verbal reports. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting states that staff are responsible for reporting immediately and confidentially to an appropriate supervisor (i.e. hiring authority, unit supervisor, or highest ranking official on duty) any information that indicates an inmate has experienced sexual abuse or sexual harassment. Thereafter, staff members shall document on CDCR Form 837 Crime Incident Report.

All 41 random staff interviewed articulated their responsibility to accept and document a verbal report of sexual abuse or sexual harassment from an inmate. All inmates could not identify an option for reporting sexual abuse or sexual harassment. Most were able to give multiple ways in which to report.

A review of CDCR's public website revealed a list of ways in which sexual abuse or sexual harassment may be reported by third parties on behalf of an inmate to include OIG, OIA and the respective facility. The displayed information includes a listing of mailing addresses and telephone numbers.

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

115.51 (d). CDCR-CRC indicated in the PAQ, the agency has established procedures for staff to privately report sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting as well as training materials for staff, volunteers and contractors.

The audit team review of submitted materials found that employees/volunteers/contractors are instructed of their responsibility to immediately report as well as their ability to privately report to any supervisor. A review of the Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M also affirmed this reporting option.



	<p>Interviewed with 41 random staff stated that they can privately report and provided multiple ways. Most staff confirmed that they would inform their immediate supervisor.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CCR Title 15, Division 3, Chapter 1, Article 8, 3084 Inmate on Inmate Sexual Violence, Staff on Inmate Sexual Misconduct, and Sexual Harassment of Inmates. (12/20/21)</li> <li>c. CCR Title 15, Division 3, Chapter 1, Article 8, 3483 Grievance Review (12/20/21)</li> <li>d. CDCR, DOM, Chapter 5, Article 44, 54040.7.1 Notification via Inmate Appeals or Form 22 Process (rev 05/19/20)</li> <li>e. CDCR, DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (rev 05/19/20)</li> <li>f. CDCR, DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender (rev 05/19/20)</li> <li>g. CDCR, DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim - False Allegation (rev 05/19/20)</li> <li>h. Sexual Violence Awareness brochure; English and Spanish versions (rev 11/2020)</li> <li>i. CDCR Sexual Abuse/Assault Prevention &amp; Intervention; English and Spanish versions (rev 11/2020)</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. Inmates who Reported Sexual Abuse</li> </ul> <p>Site Review Observations</p>

b. Signage was observed throughout the facility. Large metal signs were created and mounted in some areas where inmates congregate for work.

c. The audit team tested 3rd party reporting mechanisms while on site, to include calling out using the inmate phone system. Positive contact was made with the outside agency.

d. The audit team conducted informal discussions with unit staff during the onsite. Unit staff explained the mail process and reported that there was a specific box for inmates to drop off their grievance forms 602. The grievance boxes were located in the walkways from the unit entry door. This allowed for inmates leaving or entering the units to utilize the grievance box. At the time of the onsite CDCR was in the process of uploading commonly used forms into an electronic format in the inmate tablet system. This would allow all inmates to electronically submit forms directly to the appropriate email box for processing.

#### Findings (By Provision)

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

The auditor reviewed CRC Inmate Orientation Handbook and noted that inmates are informed about how to submit a grievance and file an appeal, if necessary. During the audit period, 43 complaints alleging sexual abuse were received via the appeal process. The auditor reviewed five complaints and spoke to the facility's senior grievance staff member who described the review, follow-up, and documentation process.

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

115.52 (b). CDCR-CRC indicated in the PAQ, the agency has a policy procedure allowing an inmate to submit a grievance regarding an allegation of sexual abuse at

any time, regardless of when the incident allegedly occurred. The facility also reported that agency policy does not requires an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, following an incident of sexual abuse. The agency's appeals policy, CCR, Title 15, Article 8, states that there should be no time limit for allegations of staff sexual misconduct or inmate-on-inmate sexual violence. Inmate Orientation Manual encourages inmates to attempt to resolve the issue with appropriate staff before filing an appeal but it is not a requirement.

Staff confirmed during interviews that no time limits are imposed for allegations of sexual abuse and no requirements are imposed regarding using an informal grievance process prior to making an allegation of sexual abuse.

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

115.52 (c). CDCR-CRC indicated in the PAQ, the agency's policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the person who is the subject of the complaint and grievances of this nature will not be referred to the staff member who is the subject of the complaint. Agency policy CCR, Title 15, Article 8 states that appeal responses shall not be reviewed and approved by a staff person who participated in the event or the decision being appealed. Outside of the grievance process, inmates are afforded to opportunity to report sexual abuse or sexual harassment in writing or by phone to the OIG or OIA, in writing to any staff member and through a third party without involving a staff member who is the subject of a complaint. Inmates are notified of the grievance/appeal process within the inmate handbook. Appeals relating to the reporting of employee sexual misconduct will go directly to the Warden for immediate review and action.

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

115.52 (d). CDCR-CRC indicated in the PAQ, the agency's policy requires a decision on a grievance alleging sexual abuse within 60 days. Agency policy CCR, Title 15, Article 8 Appeals, states that grievances in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal and subject to second level of review. Following a risk assessment, which must be completed within 48 hours, a second level response is required within five working days. Immediate corrective action shall be taken if the inmate is deemed at substantial risk of imminent abuse. Exceptions to this time limit are provide in unique, well-defined circumstances; in these events, the inmate shall be provided with an

explanation of the reasons for the delay and the estimated completion date. When an exception exists and an extension is warranted, second and third level reviews may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the facility. The inmate may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level.

CRC reported 5 allegations of sexual abuse-related grievances were filed in the previous 12 months. All but one allegation received a final decision within 90 days. One was referred to the agency level investigators for follow up.

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

115.52 (e). CDCR-CRC indicated in the PAQ, the agency policy allows third parties to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. If an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse the agency documents the inmate's decision to decline. DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, states that inmates are able to report sexual abuse with the assistance of third parties. Further, when a third-party report is received, a supervisor must privately discuss the complaint and assess immediate housing needs with the alleged victim. Thereafter, the report is forwarded to the Hiring Authority for review and action by an LDI. Inquiry and/or investigative information gathered by the LDI must be documented on a Confidential Memorandum.

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

115.52 (f). CDCR-CRC indicated in the PAQ, the agency has a policy and established procedures, which include an initial response within 48 hours, for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Agency policy CCR, Title 15, Article 8 Appeals, states that all grievances alleging sexual violence of staff sexual misconduct are processed as emergency appeals, which triggers an assessment to determine risk. If the assessment determines that there is an imminent risk, immediate corrective action is required. Policy requires that the imminent risk assessment be documented within 48 hours and the final decision within 5 days. Documentation must contain actions taken in response to the assessment.

	<p>CRC reported that they received zero grievances or appeals citing substantial risk of imminent sexual abuse in the previous 12 months. As such the auditor did not have any grievances or appeals citing substantial risk of imminent sexual abuse for review.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.52 (g). CDCR-CRC indicated in the PAQ, the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim - False Allegations, states the reporter may be subject to disciplinary action if it is determined the allegation was not made in good faith or upon reasonable belief that the alleged conduct occurred. The policy also states that a charge of “making a false report of a crime” is applicable only if evidence indicates the inmate “knowingly” made a false report. This policy instructs that unsubstantiated or unfounded dispositions are not equivalent to false reporting unless evidence also supports that the reporter knowingly provided false information.</p> <p>CRC reported in the previous 12 months there were zero grievances alleging sexual abuse that resulted in disciplinary action by the facility against the inmate for having filed the grievance in bad faith.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate for Emotional Support Services (rev 05/19/20)</li> </ul>

- c. CDCR Sexual Violence Awareness; English and Spanish versions (rev 11/2020)
- d. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (rev 05/2017)
- e. PREA Information for Orientation Handbook; English and Spanish versions
- f. Attachment C, Victims of Sex Crimes form
- g. Attachment C-1, CDCR Prison Rape Elimination Policy, Victim Restricted Information Deletion form
- h. PREA Confidential Correspondence with Rape Crisis Centers attachment (dated 06/27/21)

#### Interview(s)

- a. Random Inmates

#### Site Review Observations

- a. PREA audit notices in English and Spanish provided by the lead auditor were posted at all common areas frequented by inmates, staff, and the public.
- b. The audit team tested the inmate phone systems to ensure contact with a 3rd party entity was attainable. Auditor was able to make positive contact with local rape crisis center. At the time of the onsite an inmate PIN was still a requirement to access an outside line.

#### Findings (By Provision)

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

DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocates for Emotional Support Services requires publishing the contact information to receive these services in the inmate handbook and brochures given to all inmates at intake.

Interviews with 27 random inmates indicated they were aware of at least one reporting mechanism for sexual abuse and sexual harassment at CRC. All reported to have seen the PREA posters in the common areas and posted by the phones.

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

115.53 (b). CDCR-CRC indicated in the PAQ, the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Interviews with 59, both random and targeted inmates indicated that most did not know if their communication with an advocate would be confidential and none recalled being informed of the expectations provided in this provision. The facility handbook and brochures provided to all inmates at intake contain the procedure for inmates to maintain the confidentiality of their correspondence with outside victim services. Both the handbook and brochure state the following. "The outside envelope must state, "Evid. Code 1035.4 Confidential/Privileged Communication." Evidence Code 1035.4 Privileged Communication states, legal mail shall not be read by staff and shall only be opened in the presence of the addressee.

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

115.53 (c). CDCR-CRC indicated in the PAQ, the facility maintains a MOU (i.e. Letter of Agreement) with a community service provider (Riverside Rape Crisis Center) for the provision of emotional support services related to sexual abuse experienced by inmates. The agreement describes the respective responsibilities of CRC and the service provider as it relates to facilitating and providing support services for inmates following an experience of sexual abuse in confinement.

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

<b>115.54</b>	<b>Third-party reporting</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 421 374">Documents</p> <ul style="list-style-type: none"> <li data-bbox="256 412 724 445">a. Pre-audit Questionnaire (PAQ)</li> <li data-bbox="256 483 1453 562">b. CDCR DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (rev 05/19/20)</li> <li data-bbox="256 600 1086 633">c. CCR, Title 15, Article 2, 3391 Employee Conduct (2021)</li> <li data-bbox="256 672 1203 705">d. CDCR public website screenshots of PREA Reporting Information</li> <li data-bbox="256 743 1337 777">e. PREA Information for Orientation Handbook; English and Spanish versions</li> </ul> <p data-bbox="256 887 619 920">Site Review Observations</p> <ul style="list-style-type: none"> <li data-bbox="256 958 1465 1160">a. PREA audit notices in English and Spanish provided by the lead auditor were posted at all common areas frequented by inmates, staff, and the public. Posters on how to report sexual abuse and sexual harassment were observed posted on the housing unit bulletin boards for the inmates and within the line of sight of the inmate telephones. The audit team observed PREA posters throughout the whole facility.</li> </ul> <p data-bbox="256 1270 576 1303">Findings (By Provision)</p> <p data-bbox="256 1341 1481 2002">115.54 (a). CDCR-CRC indicated in the PAQ, the agency and facility provide a method, and publicly distribute reporting information on CDCR’s website, to receive third-party reports of inmate sexual abuse or sexual harassment. The auditor observed this information is posted publicly by navigating to CDCR, Locations, Adult Institutions, Prison Rape Elimination Act (PREA). Third parties may contact the facility directly, the regional Office of Internal Affairs, or Office of the Inspector General. In addition to posting methods on the public website, the facility circulates such information in the inmate orientation handbook. This information was visible and posted in common areas of CDC. DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Employee, Contractor, or Volunteer and 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender emphasizes that third party reports may be received on behalf of an inmate and goes on to describe the process of elevating the report for investigation. The term “third party” includes inmates, family members, attorneys, or outside advocates. Interviews with random and target inmates affirm that they are aware they may report to a person external to the agency.</p>



	A final analysis of the evidence indicates the facility is substantially compliant with this standard.
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (rev 05/19/20)</li> <li>d. CDCR DOM, Chapter 5, Article 44, 4040.7 Detection, Notification, and Reporting (rev 05/19/20)</li> <li>e. CDCR DOM, Chapter 5, Article 44, 54040.7.2 Notification to Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 05/19/20)</li> <li>f. CDCR DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (rev 05/19/20)</li> <li>g. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (rev 05/19/20)</li> <li>h. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (rev 05/19/20)</li> <li>i. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (rev 05/19/20)</li> <li>j. CCHCS Volume 1, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure (rev 10/2016)</li> <li>k. CDCR 7448 Informed Consent for Mental Health Care</li> <li>l. CDCR 2304 Protection Against Retaliation (PAR) - Inmate</li> <li>m. CDCR 2304 Protection Against Retaliation (PAR) - Staff</li> <li>n. Mandatory Reporting of Patient Sexual Abuse or Misconduct (Senate Bill 425) memo (dated 01/03/20)</li> <li>o. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 2.0, Section V. PowerPoint (approved 08/2020) Complete (117 pages)</li> <li>p. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 2.0, Section V. PowerPoint (approved 08/2020)</li> </ul>

q. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 02/2020)

#### Interview(s)

- a. Warden
- b. PREA Coordinator (PC)
- c. Medical and Mental Health staff
- d. Random staff

#### Site Review Observations

- a. PREA audit notices in English and Spanish provided by the lead auditor were posted at all common areas frequented by inmates, staff, and the public.

#### Findings (By Provision)

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

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

Interviews with random staff indicated staff are familiar with reporting requirements should an inmate disclose an experience of sexual abuse or sexual harassment.

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

115.61 (b). CDCR-CRC indicated in the PAQ, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. DOM, Chapter 5, Article 44, 54040.8 Response, reminds staff that incident-based information is confidential and shall only be disclosed on a “need to know” basis or in accordance with law. The agency defines “need to know” in the DOM as “when the information is relevant and necessary in the ordinary performance of that employee or contractor’s official duties.”

All 14 random staff interviewed reported they would immediately contact a security supervisor; they would refrain from sharing the information other than with staff who have a need to know.

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

115.61 (c). CDCR-CRC indicated in the PAQ, CHCS Volume 1, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure directs medical and mental health staff to notify the patient (inmate) of the healthcare staff member’ duty to report all allegations of sexual abuse and sexual harassment, and the limitations of confidentiality, at the initiation of services. California State law (i.e. Senate Bill 425) further requires the agency to report allegations of sexual abuse involving a healthcare professional to the appropriate licensing agency within 15 days of receiving the allegation. An agency memo dated 01/03/20 instructs CCHCS staff to notify the facility’s PCM of such conduct so that the reporting obligation may be met.

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

Clinical staff are responsible for reviewing CDCR 7448 Informed Consent for Mental Health Care form with their respective patient (inmate) and obtaining signature with affirms understanding. This form states in part that information shared in treatment is confidential and will be discussed only with the treatment team except under the

following situations: 1) I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff 2) An assessment and report is required by legal proceedings such as, but not limited to, Board of Parole hearings, mentally Disordered offender Evaluations, Sexually Violent predator Evaluations, 3) My clinician suspects child, elder, or dependent adult abuse (sexual, physical, and/or financial).

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

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

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

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

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

115.61 (e). CDCR-CRC indicated in the PAQ, DOM, Chapter 5, Article 44 states in various sections that staff are responsible for accepting reports in a multitude of formats from any source and, thereafter, notify a security supervisor for investigation referral. An interview with the Warden and PREA Coordinator confirmed this practice.

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

	this provision.
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (rev 05/19/20)</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Warden</li> <li>c. Random staff</li> </ul> <p>Findings (By Provision)</p> <p>115.62 (a). CDCR-CRC indicated in the PAQ, when the agency or facility learns an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. CRC reported that there have been zero instances of substantial imminent risk in the previous 12 months. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting directs all staff to protect offenders in their custody and requires all staff to report 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.</p> <p>An interview with the Agency Head and Warden indicated that all staff are responsible for immediately protecting the inmate when they receive information that an inmate may be at imminent risk. 14 Random staff were interviewed. All 14 articulated their reporting obligations and provided examples of how they could maintain the safety of the reporter until a qualified staff member assessed their circumstances.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>

**115.63 Reporting to other confinement facilities**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents

- a. Pre-audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (rev 05/19/20)

Interview(s)

- a. Agency Head
- b. Warden

Site Review Observations

- a. PREA audit notices in English and Spanish provided by the lead auditor were posted at all common areas frequented by inmates, staff, and the public.

Findings (By Provision)

115.63 (a). CDCR-CRC indicated in the PAQ, the agency policy states, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities states of the expectation to notify. Policy further indicates that the notification between hiring authority or agency head shall be made via telephone contact or electronic mail. Such notification shall be accompanied by a written summary of the alleged victim's statements.

In the previous 12 months, CRC has received 1 allegations of abuse at another confinement facility. The auditor confirmed the allegation was forwarded to the location of the incident for their investigation. CRC/staff conducted their own inquiry and it was reviewed by the auditor during the onsite.

Interviews with the Warden and the Agency Head confirmed the warden to warden

	<p>notification as outlined by agency policy; specifically, the warden will send a notification of alleged abuse to the warden where the alleged incident occurred within 72 hours of receiving the complaint.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.63 (b). CDCR-CRC indicated in the PAQ, agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities states this expectation and further directs such notification to be documented via an emailed summary. CRC reported one such notifications in the previous 12 months. The auditor reviewed the investigation file of the allegation while onsite.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.8 Initial Contact (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (rev 05/19/20)</li> <li>d. CDCR Operations Manual Supplement, Chapter 5, Article 44, 54040 Prison Rape Elimination Act (PREA)</li> <li>e. CDCR Initial Contact Guide (PREA)</li> <li>f. CDCR Custody Supervisor Checklist (PREA)</li> </ul> <p>Interview(s)</p>

- a. First responders
- b. Inmates who reported sexual abuse

#### Site Review Observations

- a. PREA audit notices in English and Spanish provided by the lead auditor were posted at all common areas frequented by inmates, staff, and the public.

#### Findings (By Provision)

115.64 (a). CDCR-CRC indicated in the PAQ, the facility has a first responder policy for allegations of sexual abuse. The policy requires upon learning an allegation of an inmate sexually abuse, the first security staff member to respond to the report must separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request the alleged victim and ensure the alleged suspect not take any actions that could destroy physical evidence.

In the past 12 months, the facility indicated they received 13 allegations of sexual abuse. Per the facility's responses to the PAQ, a security staff member was the first to respond to 4 out of the 13 allegations. 9 out of 13 allegations had a non-security staff member as the first responder. CRC reported zero of the reports were received in time to collect physical evidence and preserve the crime scene.

DOM, Chapter 5, Article 44, 54040.8 Initial Contact directs all employees to take the alleged victim to a private secure location and follow the response steps described in the Initial Contact Guide (PREA). Steps include notifying a security supervisor, requesting the alleged victim not take any actions that may destroy physical evidence and preventing the alleged abuser from taking actions that may destroy evidence. DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities outlines the responsibilities of the custody supervisor. This policy includes the Watch Commander Notification Checklist (PREA) which includes the first responder steps required of the supervisor along with other supervisory responsibilities. This policy includes evidence preservation and retention guidelines in the section titled, Custody Supervisor Responsibilities. It defines crime scene preservation and evidence procedures for first responders and custody supervisors. This contains supplementary guides, one of which is Operational Procedure #47, Crime Scene Preservation and Preservation of Physical Evidence.

14 of 14 security staff members interviewed demonstrated an understanding of all



	<p>their first responder duties. They articulated the following steps; separating the victim and abuser; notifying a supervisor and medical staff; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence.</p> <p>A final analysis of the evidence indicates the facility exceeds substantial compliance with this provision.</p> <p>115.64 (b). CDCR-CRC indicated in the PAQ, agency policy requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. CRC reported that in the last 12 months 9 non-security staff members were the first to respond to a report of sexual abuse. DOM, Chapter 5, Article 44, 54040.8 Initial Contact directs all employees to take the alleged victim to a private secure location and follow the response steps described in the Initial Contact Guide (PREA), which includes notifying a security supervisor and requesting the alleged victim not take any actions that may destroy physical evidence.</p> <p>Interviews with non-security staff members indicate an awareness of their first responder duties. The non-security staff were adamant that getting custody staff to their location to assist with the situation was paramount.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (rev 11/30/22)</li> <li>c. CRC Operational Procedure 54040 Prison Rape Elimination Act Policy, Investigative Services Unit (ISU)</li> <li>d. CDCR Initial Contact Guide (PREA)</li> </ul>

	<p>e. CDCR Custody Supervisor Checklist (PREA)</p> <p>f. CDCR Watch Commander Notification Checklist (PREA)</p> <p>g. CDCR Transportation Guide (PREA)</p> <p>Interview(s)</p> <p>a. Warden</p> <p>Findings (By Provision)</p> <p>115.65 (a). CDCR-CRC indicated in the PAQ, they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. DOM, Chapter 5, Article 44, 54040.8 Response describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers.</p> <p>Annually, CRC reviews and revises a DOM supplement which details the facility's coordinated response plan. Initial contact guides, custody supervisor checklists, and watch commander notification checklists serve to structure staff response. An interview with the Warden affirmed CRC OP 54040 guides the facility's response following an allegation of sexual abuse; it includes practical steps for leadership, custody, and healthcare staff. This procedure is accessible to staff in a shared folder; they, further, receive training related to their response duties.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents
	a. Pre-audit Questionnaire (PAQ)

- b. Agreement between state of California and California Correctional Peace Officers Association (CCPOA) covering Bargaining Unit 6 Corrections (expiration 07/02/23)
- c. Agreement between state of California and Union of American Physicians and Dentists (UAPD) covering Bargaining Unit 16 Physicians, Dentists and Podiatrists (expiration 07/01/22)
- d. Agreement between state of California and California Association of Psychiatric Technicians (CAPT) covering Bargaining unit 18 Psychiatric Technicians (expiration 07/01/22)
- e. Agreement between state of California and International Union of Operating Engineers (IUOE) covering Bargaining unit 12 Craft and Maintenance (expiration 06/30/23)
- f. Agreement between state of California and the Professional Engineers in California government (PECG) covering Bargaining unit 9 Professional Engineers (expiration 07/01/22)
- g. Agreement between state of California and CAL FIRE Local 2881 covering Bargaining unit 8 Firefighters (07/01/21)

Interview(s)

- a. Agency Head

Findings (By Provision)

115.66 (a). CDCR-CRC indicated in the PAQ, the agency/facility has entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later.

The auditor reviewed CDCR Collective Bargaining Agreements (CBA), with 6 different entities, and verified that they do not contain language limiting the agency's ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

In addition to a host of scope and scheduling latitudes, CBA section, Article IV, 4.01 Management Rights states that the agency has the authority "to hire, transfer, promote and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees; to alter, discontinue or vary past practices and otherwise to take such measures as the employer may determine to be necessary for the orderly, efficient and economical operation of CDCR." CBA Section, Article IX, 9.09 Personnel

	<p>Investigations details employee rights pending a personnel investigation. Finally, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy governs.</p> <p>An interview with the Agency Head (designee) agreed that the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.66 (b). The auditor is not required to audit this provision of the standard.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CCR, Title 15, Section 3335 Administrative Segregation (updated 10/2016)</li> <li>c. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct Retaliation against Inmate/ Parolee</li> <li>d. CCR, Title 15, Section 3401.5, Staff Sexual Misconduct Retaliation against Employees</li> <li>e. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (rev 05/19/20)</li> <li>f. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (rev 05/19/20)</li> <li>g. CDCR 2304 Protection Against Retaliation (PAR) - Inmate; blank and completed samples (rev 02/2018)</li> <li>h. CDCR 2305 Protection Against Retaliation (PAR) - Staff; blank and completed samples (rev 02/2018)</li> <li>i. Institutional PREA Review Committee form</li> </ul>

Interview(s)

- a. Agency Head
- b. Warden
- c. Retaliation monitor

Findings (By Provision)

115.67 (a). CDCR-CRC indicated in the PAQ, the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. At CRC, the PCM delegates the responsibility for retaliation monitoring to ISU. The agency's zero tolerance statement as recorded in DOM, Chapter 5, Article 44, 54040.1, 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." The policy goes on to describe types/examples of retaliation. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct repeats that retaliatory actions against inmate or staff reporters shall not be tolerated" and met with the consequences stated above.

DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up states the PCM is required to monitor staff and inmate reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member and, additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer/contractor reports, or if any person fear retaliation for cooperating with an investigation. Retaliation monitors are instructed to act promptly to remedy retaliation and document such efforts on CDCR 2304 or 2305 Protection Against Retaliation (PAR) form series.

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

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

An interview with the Agency Head affirmed that the agency protects reporters from

retaliation by implementing a zero-tolerance policy for such conduct. She stated the PCM receives an allegation, then assigns a supervisor for retaliation monitoring. Within the first 90 days to talk to the complainant, staff and any witnesses during the monitoring time frame. The retaliation monitor can check the temp (climate) of the area and ensure normal flow of professionalism between the staff and the inmates. complainants have avenues to bring forward any issues during this time too.

An interview with the Warden indicated facility will act promptly to investigate retaliation related to reporting via the PAR process, which is facilitated by ISU. The goal of the PAR process is to remedy retaliation, ensure safety and, if applicable, protect the integrity of the investigation. In addition to investigating potential retaliation, the facility will protect the alleged victim from real or perceived retaliation by separating from the suspect and offer supportive resources. Staff and inmates who engage in retaliation are subject to progressive discipline and consequences, respectively. In practice, per the facility's primary retaliation monitor (ISU staff), those who report sexual abuse are monitored every two weeks. Prior to each investigatory interview, inmates and staff are reminded that there is zero tolerance for report-related retaliation and that every effort is made to keep the information they share confidential. After monitoring a variety of sources for real and perceived retaliation, if remedy is needed, the retaliation monitor echoed the intervention measures described by the warden.

The auditor reviewed 18 completed PAR forms during the onsite review. Retaliation monitoring continued for a full 90 days (except in unfounded cases), but no follow-up actions to remedy retaliation were necessary.

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

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

DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up tasks the PCM with ensuring that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. At CRC, this responsibility is delegated to ISU. ISU

investigators meet with reporters or alleged victims once every two weeks for a period of 90 days following the report unless the allegation is deemed unfounded. Retaliation monitors are instructed to document their findings on Protection Against Retaliation form and notify the facility PCM if their finding affirm the presence of retaliation. The PCM shall act promptly to remedy any such retaliation. Per policy, retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a continuing need. Monitoring, as directed by policy and prompted by the Protection Against Retaliation form, shall include reviewing: disciplinary reports; housing reports; program changes; negative performance reviews; and reassignments of staff.

The Warden stated that when the facility suspects retaliation they will investigate the potential action and protect the alleged victim from real or perceived threat by separating the victim and suspect or threat, for instance. A retaliation monitors at CRC stated he monitors inmates at 15-day interval for a total of 90 days; during which time he assesses their perception of safety and abnormal medical, mental health, work, programming, or disciplinary status changes. If the review suggests the presence of retaliation, he stated he notifies the PCM and appropriate authority, refers to mental health, and/or initiates a housing change so as to alleviate the placement, work, programming, or education-related retaliation.

The auditor reviewed 18 completed Protection Against Retaliation forms connected to allegations of sexual abuse and sexual harassment. The form, itself, prompts users to comment on their monitoring efforts and actions taken to remedy (to include post reassignment (job change); emotional support services referral; removal of alleged staff abuser from contact with victim(s); facility transfer; and other). The form includes instructions which reminds the responsible party of the agency's retaliation monitoring policy and procedure. Of the completed forms, monitors initiated contact with the inmate within 15 days of receiving the allegation. In addition, the agency's Institutional PREA Review Committee form, as required by standard 115.86, requires the review team to indicate whether retaliation monitoring was conducted.

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

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

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>116.67 (e). CDCR-CRC indicated in the PAQ, DOM, Chapter 5, Article 44, 54040.1 Policy, states that “retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.” The policy statement goes on to describe types/examples of retaliation. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct repeats that retaliatory actions against inmate or staff reporters shall not be tolerated” and met with the consequences stated above. DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up, the PCM is required to monitor staff and inmate reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member and, additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer/contractor reports, or if any person fear retaliation for cooperating with an investigation.</p> <p>An interview with the Agency Head indicated the agency or facility would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. The Warden reiterated that any who expresses fear would be protect from such retaliation. The person would be closely monitored and an investigation would commence during which time the inmate or staff person would be separated from the threat. As stated earlier, CRC has not received any reports of retaliation, or fears of retaliation, from an inmate or staff in the last 12 months.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.67 (f). The auditor is not required to audit this provision of the standard.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <p>a. Pre-audit Questionnaire (PAQ)</p>



- b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (rev 05/19/20)
- c. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (rev 05/19/20)
- d. CCR, Title 15, Section 3335 Administrative Segregation (updated 2021)

#### Interviews

- a. Warden

#### Findings (By Provision).

115.68 (a). CDCR-CRC indicated in the PAQ, the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

In the past 12 months, CRC reports that there have been zero inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing for any time period. As such, the facility was unable to produce documentation to demonstrate the basis of the facility's concern for the inmate's safety and the reason(s) why an alternative means of separation could not be arranged.

DOM, Chapter 5, Article 44, 54040.6 Offender Housing, inmates "at a high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available means of separation from likely abusers." If the facility cannot conduct the assessment immediately, the facility may hold the inmate in segregated housing for less than 24 hours while completing the assessment. In the event segregated housing is appropriate, the inmate shall be issued an Administrative Segregation Placement Notice, which must state that the reason for segregation is related to a pending housing assessment in response to their high risk for sexual victimization. Thereafter, the inmate's placement will be reviewed by Institution Classification Committee. The inmate's retention in segregation should not ordinarily exceed 30 days. If placement exceeds 30 days, it must be reviewed at the same interval regularly. DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation allows for a similar process for those experiencing ongoing safety concerns. CCR, Title 15, Section 3335 Administrative Segregation expressly states that an alleged sexual abuse victim may be placed in a non-disciplinary segregation (NDS) status during the investigatory

	<p>process provided the alleged victim is afforded “all programs, privileges, and education.”</p> <p>An interview with the Warden and PCM indicated CRC does not have a restricted housing unit onsite. Any needs for such a placement would occur at Chino. Agency policy prohibits placing alleged victims in a segregated status (i.e. NDS) unless there are no other safer means. Traditional segregation is predominantly reserved in response to behavioral issues; not vulnerability or victimization. Rather, they consider what other housing unit(s) are most appropriate with the goal of preserving their programming and privileges. Segregation is permissible pending an assessment of more appropriate housing options or if all other options are exhausted.</p> <p>Options available for placement at CRC are to assign an inmate to another cellmate; single cell status; special needs yard; or transfer to another facility entirely. Policy dictates if segregation is the only option an alleged victim would be placed there for as little time as possible until an alternative means of separation from the abuser could be identified. During their placement in segregation, all housing review intervals are observed. For example, those with a mental health condition must be removed from NDS within 72 hours, whereas general population must be released or reviewed within 30 days of placement. An initial assessment will take place within 72 hours of placement, again within 10 days, and, thereafter every 30 days while a threat assessment is conducted and actions are taken to mitigate the risk. During this time or thereafter, inmates on an NDS status maintain work status (or pay if they are unable to attend), education, property, yard time, access to providers, and programming; full restriction is not acceptable.</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CCR, Title 15, 3316 Referral for Criminal Prosecution</li> <li>c. CDCR DOM, Chapter 3, Article 14, 31140.4.12 Locally Designated Investigators (01/</li> </ul>

2007)

d. CDCR DOM, Chapter 3, Article 14, 31140.5 Employee Expectations & Reporting (01/2007)

e. CDCR DOM, Chapter 3, Article 14, 31140.5.1 Employee Duty to cooperate (01/2007)

f. CDCR DOM, Chapter 3, Article 14, 31140.6 Authority to Conduct Investigations (01/2007)

g. CDCR DOM, Chapter 3, Article 14, 31140.14 Allegation Inquiry (01/2007)

h. CDCR DOM, Chapter 3, Article 14, 31140.15 Requests for Internal Affairs Investigations (01/2007)

i. CDCR DOM, Chapter 3, Article 14, 31140.16 Review, evaluations, and Disposition (01/2007)

j. CDCR DOM, Chapter 3, Article 14, 31140.20 Criminal Investigations (01/2007)

k. CDCR DOM, Chapter 3, Article 14, 31140.21 Administrative Investigations (01/2007)

l. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Act, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, contractor, or volunteer (rev 05/19/20)

m. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Act, 54040.8.1 Custody Supervisor Responsibilities (rev 05/19/20)

n. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Act, 54040.12 Investigation, Staff on Offender (rev 05/19/20)

o. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Act, 54040.12 Investigation, Offender on Offender (rev 05/19/20)

p. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Act, 54040.15 Records Retention (rev 05/19/20)

q. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Act, 54040.20 PREA Data Storage and Destruction (rev 05/19/20)

r. CDCR, Office of Internal Affairs, Investigator's Field Guide, Version 2 (updated 05/2008)

s. Sexual Assault Interview Guidelines (PREA)

t. PREA Allegation LDI Guide

u. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 (approved 07/2017)

v. PREA - Instructions for Record Retention Schedule (RRS) Update

w. Sexual abuse and sexual harassment investigation files

Interview(s)

a. Investigative staff

b. Warden

c. PREA Compliance Manager (PCM)

Site Review Observations

a. Auditor reviewed 20 investigative files in ISU utilizing an investigative review sheet.

Findings (By Provision)

115.71 (a). CDCR-CRC indicated in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations. DOM, Chapter 5, Article 44,54040.12 Investigation asserts that every allegation of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and findings documented in writing.

Interviews with locally designated investigators and members of the investigative services unit, the audit team was informed how allegations are processed for inmate on inmate and staff on inmate allegations. Inmate on inmate allegations are assigned to an LDI or investigative services to investigate.

Staff sexual misconduct allegations are reported to the Hiring Authority. The Hiring Authority assigns a Locally Designated Investigator (LDI), who may be a member of the Investigative Services Unit (ISU) or specially trained institutional staff member. The LDI opens an initial inquiry until information is gathered which warrants an Office of Internal Affairs (OIA) referral or until evidence is present to refute the allegation.

In conversations with ISU and OIA the above discussed process was confirmed. The auditor was informed that following the completion of an investigation that the file is

sent to the PCM for review. Interviews with 3 investigators indicated that third party or anonymous reports would be investigated in the same manner as any other reported allegation.

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

115.71 (b). CDCR-CRC indicated in the PAQ, DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training states “all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). Facility-based staff are, specifically, deemed “locally designated investigators” after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. DOM, Chapter 5, Article 44, 54040.3, Definitions, which defines a Locally Designated Investigator (LDI). The Hiring Authority or PCM are responsible for ensuring those tasked with sexual abuse or sexual harassment investigations are properly trained.

The auditor reviewed the training records for eight ISU/LDIs at CRC. The auditor found that all eight had completed specialized investigator training per standard 115.34.

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

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

During the file review, the auditor reviewed investigation files to locate

comprehensive interviews of all parties; related evidence; and prior complaints involving the suspected perpetrator and victim. The auditor noted that while the files did exist, the documentation within the investigation files did not contain much information as to how the investigation was processed.

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

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

An interview with an IAO investigator confirmed this is in practice at CRCR.

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

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

No inmates who previously reported sexual abuse stated they were subject to a polygraph examination.

During the file review, the auditor reviewed investigation files to locate comprehensive interviews of all parties; related evidence; and prior complaints involving the suspected perpetrator and victim. The auditor noted that while the files did exist, the documentation within the investigation files did not contain much information as to how the investigation was processed.

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

115.71 (f). CDCR-CRC indicated in the PAQ, DOM, Chapter 5, Article 44, 54040.12 Investigation, to prepare a "Confidential Memorandum," which includes an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Investigative staff reported any findings or potential work rule violations are forwarded to the hiring authority for their review and action, including referral to OIA. They are supported in taking such action by DOM, Chapter 3, Article 14, 31140.37 Administrative Misconduct Discovered During an Investigation/Inquiry which states that when an investigation or inquiry of alleged employee misconduct reveals possible additional misconduct, the OIA investigator shall present the facts of the case to the Special Agent in Charge who is, thereafter, responsible for notifying the Hiring Authority and consulting with the Vertical Advocate.

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

115.71 (g). CDCR-CRC indicated in the PAQ, zero investigations were referred for prosecution during the review period. However, as sworn peace officers, ISU staff and their investigative material can be used to file criminal charges when warranted.

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

115.71 (h). CDCR-CRC indicated in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or the facility's last PREA audit, whichever is later, the facility reports there have been zero substantiated allegations of sexual harassment (zero substantiated allegations of sexual abuse); the conduct was not criminal. DOM, Chapter 3, Article 14, 31140.20 Criminal Investigation states that after a sexual abuse investigation has been completed "if probable cause exists to believe that a crime has been committed, the investigation shall be referred to the appropriate agency for prosecution."

A facility investigator was asked when cases are referred for prosecution. He indicated that all cases are referred to the local prosecutor when it appears potentially criminal conduct is present.

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

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

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

115.71 (j). CDCR-CRC indicated in the PAQ, DOM, Chapter 4, Article 44, 54040.12 Investigation states the departure of an alleged victim or abuser from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

An interview with investigative staff indicated that when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation. The investigation would proceed, by or under the direction of IAO,



	<p>including a reasonable effort to interview the involved parties. All efforts would be documented.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.71 (k). The auditor is not required to audit this provision of the standard.</p> <p>115.71 (l). CDCR-CRC indicated in the PAQ, CDCR and CRC conduct administrative and criminal investigations. This provision does not apply as stated. However, the PREA Coordinator stated that each facility maintains a memorandum of understanding with the local district attorney’s office so as to formalize and facilitate a strong working relationship. The (criminal) investigative responsibility lies with the agency, information sharing between the two parties is imperative.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings (2022)</li> <li>c. CDCR DOM, Chapter 5, 54040.12 Investigation (2022)</li> <li>d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text, version 1.0, BIC ID: 11055853 (date approved 03/2017)</li> <li>e. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators Workbook, version 1.0, BIC ID: 11055853 (date approved 03/2017)</li> </ul> <p>Interview(s)</p>

	<p>a. Investigators</p> <p>Findings (By Provision)</p> <p>115.72 (a). CDCR-CRC indicated in the PAQ, the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings states that a “sustained” or substantiated investigation demonstrated a “preponderance of evidence to prove the allegation(s) made in the complaint.” The agency’s basic investigator course curriculum reviews the definition of preponderance of evidence.</p> <p>Interviews with the investigative staff indicated they were aware of and knowledgeable of the preponderance of evidence standard, they also stated it was not their role to make such determinations but for the hiring authority. The role of the investigator is to conduct fact finding and to forward the report. There were zero substantiated sexual abuse or sexual harassment investigations during the 12 months review period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <p>a. Pre-audit Questionnaire (PAQ)</p> <p>b. CDCR DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (revised 05/19/20)</p> <p>c. CDCR Basic Investigators Course LDI Workbook; Version 1.0; BIC BET ID: 11055853 (05/2020)</p> <p>d. CDC-128B PREA Closure Chrono; blank and complete</p> <p>e. Sexual abuse and sexual harassment investigation files</p>

Interview(s)

a. Warden

b. Investigative staff

Site Review Observations

a. Auditor reviewed 20 investigations of which 12 closed sexual abuse investigations noted inmates signed their CDC-128B PREA Closure Chrono.

Findings (By Provision)

115.73 (a). CDCR-CRC indicated in the PAQ, agency policy requires any inmate who makes an allegation that they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders, provides that after completion of an investigation the institution shall inform the alleged victim of the disposition. The obligation to provide such notification is terminated if the inmate releases from the agency's custody.

In interview with the Warden and Investigative staff indicated the use of CDC-128B was a regular practice for post investigations as in the inmate's electronic file.

A review of 16 investigative files by the auditor found that 12 inmates who alleged sexual abuse in the past 12 months were informed of the outcome via CDC-128B PREA Closure Chrono. When the CDC-128B is delivered to the inmate they are asked to sign showing that they received said notice.

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

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

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

115.73 (c). CDCR-CRC indicated in the PAQ, following an inmate's allegation that a staff member committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the disposition is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders, mirrors the required notifications in these provisions.

CRC noted that in the 12-month review period, there were four unsubstantiated staff-on-inmate sexual abuse allegations. The auditor was able to affirm the CDC 128-B outcome notifications were signed by the inmate and staff then filed in the investigation folder.

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

115.73 (d). CDCR-CRC indicated in the PAQ, following an inmate's allegation that they have been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders, states verbatim the applicable provisions.

During the reporting period, there were zero inmate-on-inmate sexual abuse allegation that has been referred for prosecution. Interviews with the investigative staff indicate all inmates are informed whether the allegation was determined to be substantiated or unsubstantiated and noted on CDC-128B PREA Closure Notice.

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

115.73 (e). CDCR-CRC indicated in the PAQ, all notifications to inmates described under this standard are documented. DOM, Chapter 5, Article 44, 54040.8.1 states that alleged victims shall be provided written notification of investigative findings as described in the Reporting to Offenders section.

Auditor reviewed 16 investigative files, in all instances, the inmate who alleged

	<p>sexual abuse or sexual harassment was notified of the findings as documented on CDC-128B PREA Closure Notice.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.73 (f). The auditor is not required to audit this provision of the standard.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct</li> <li>c. CCR, Title 15, Section 3401.6 Staff Sexual Harassment</li> <li>d. CDCR, DOM, Chapter 3, Article 22, 31140.20</li> <li>e. CDCR, DOM, Chapter 3, Article 22, 33030.15 Types of Adverse Action Penalties (effective 01/2006)</li> <li>f. CDCR, DOM, Chapter 3, Article 22, 33030.15.1 Letter of Reprimand</li> <li>g. CDCR, DOM, Chapter 3, Article 22, 33030.15.2 Salary Reduction within the Salary Range of the Class</li> <li>h. CDCR, DOM, Chapter 3, Article 22, 33030.15.3 Suspension without Pay</li> <li>i. CDCR, DOM, Chapter 3, Article 22, 33030.15.4 Demotion to a Lower Class</li> <li>j. CDCR, DOM, Chapter 3, Article 22, 33030.15.5 Dismissal from State Service</li> <li>k. CDCR, DOM, Chapter 3, Article 22, 33030.16 Employee Disciplinary Matrix Penalty Levels</li> <li>l. CDCR, DOM, Chapter 3, Article 22, 33030.18 Mitigating and Aggravating Factors</li> <li>m. CDCR, DOM, Chapter 3, Article 22, 33030.19 Employee Disciplinary Matrix</li> <li>n. CDCR, DOM, Chapter 3, Article 22, 33030.20 Imposition for Penalty and Consultation</li> </ul>

o. CDCR, DOM, Chapter 5, Article 44, 54040.12.3 Reporting to Outside Agencies (rev 05/19/20)

p. CDC-128B PREA Closure Chrono (dated 08/1987)

#### Findings (By Provision)

115.76 (a). CDCR-CRC indicated in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct, states that all allegations of staff sexual misconduct are subject to investigation, disciplinary action and/or criminal prosecution. Further, "failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action. The same section of code describes the five types of adverse action penalties at the agency's disposal; they include letter of reprimand, salary reduction, suspension without pay, demotion to a lower class, and dismissal from state service.

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

115.76 (b). CDCR-CRC indicated in the PAQ, in the past 12 months zero staff members have violated agency sexual abuse or sexual harassment policies. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct codifies agency disciplinary procedure, which indicates staff sexual misconduct with an inmate is subject to dismissal.

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

115.76 (c). CDCR-CRC indicated in the PAQ, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. CRC reported in the past 12 months zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

When assessing discipline CCR, Title 15, Section 33030.17 Applying the Employee

Disciplinary Matrix (p. 245) states that the provisions are to be applied “based upon the assumption that there is a single misdeed at issue and that the misdeed is the employee’s first adverse action.” The base penalty shall be imposed unless aggravating or mitigating factors are found. Moreover, “the Hiring Authority or designee is not required to impose an identical penalty in each case because there are a variety of factors which may influence the Hiring Authority to take stronger action in one case than it does in another.

Progressive discipline is recommended to address most performance and conduct issues, however, more severe action may be implemented in instances of serious violations.

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

115.76 (d). CDCR-CRC indicated in the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

In the past 12 months, zero staff members were reported to law enforcement or licensing bodies following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

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

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

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Documents

- a. Pre-audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors (revised 05/19/20)
- c. CDCR DOM, Chapter 10, Article 9, 101090.9 Termination (rev 07/23/18)
- d. CDCR Contractor Special Terms and Conditions, Exhibit D

Interview(s)

- a. Warden

Findings (By Provision)

115.77 (a). CDCR-CRC noted in the PAQ, agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with inmates. DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors, prohibits any contractor or volunteer who engages in staff sexual misconduct from contact with inmates. DOM, Chapter 10, Article 9, 101090.0 Termination; specifically, “the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation of the institution.” Any such contractor or volunteer is reported by the hiring authority to the relevant licensing body. CDCR Contractor Special Terms and Conditions, Exhibit D adds that the contractor “shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal.

CRC indicated that in the previous 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of inmates. As there were no incidents of contractor or volunteer sexual abuse of inmates in the past 12 months, there was no documentation of discipline for the auditor to review.

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

115.77 (b). CDCR-CRC noted in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.



	<p>During the onsite phase of the audit, the Warden was interviewed. The Warden stated that the same processes for an employee investigation would take place. The investigation would be handled through investigative services and at any point he has the authority to deny access of the contractor or volunteer to the facility. Based on the outcome of the investigation and the evidence collected, a final decision of the overall status of the contractor or volunteer will be made. Likewise, a determination of whether to refer for prosecution will be considered.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 23, 52080.5.8 Special Consideration of Rules Violation Related to Mental Illness or Participation in the Developmental Disability Program (rev 04/24/17)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (rev 05/19/20)</li> <li>d. CDCR DOM, Chapter 5, Article 44, 54040.14 Classification Process (rev 05/19/20)</li> <li>e. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (revised 05/19/20)</li> <li>f. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (rev 05/19/20)</li> <li>g. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process (05/19/20)</li> <li>h. CDCR DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim - False Allegations (05/19/20)</li> <li>i. CCR, Title 15, Section 3007 Sexual Behavior</li> <li>j. CCR, Title 15, Section 3315 Serious Rule Violations</li> </ul>

- k. CCR, Title 15, Section 3316 Referral for Criminal Prosecution
- l. CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Proceedings
- m. CCR, Title 15, Section 3320 Hearing Procedures and Time Limitations
- n. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedule
- o. CCR, Title 15, Section 3326 Records of Disciplinary Matter

Interview(s)

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

Findings (By Provision)

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

In the past 12 months, zero inmates have been found to have engaged in inmate-on-inmate sexual abuse.

An interview with the Warden indicated CDCR has built in sanctions depending on the type of violation that occurred. Sanctions may call for an elevation in security level, elimination of privileges or access to certain programs just to name a few.

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

115.78 (b). CDCR-CRC noted in the PAQ, Title 15, Section 3215 Serious Rule Violations describes a uniform process by which to impose sanctions so as to conform with the expectation of this provision which requires that disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

An interview with the Warden affirmed practice consistent with this provision. He indicated that inmates found to have engaged in inmate-on-inmate sexual abuse are subject to the agency's internal disciplinary process, which includes a range of progressive sanctions such as cell restrictions, segregation, rule violation charges, loss of credit and/or privileges, and prosecutorial referral. Sanctions are issued following an administrative hearing, during which time aggravators and mitigators are considered, in accordance with policy.

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

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

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

An interview with the Warden confirmed discipline is issued in accordance with the procedure above. He stated the disciplinary process includes a requirement that mental health clinicians review the incident to determine if mental health status or condition was a contributing factor. Hearing officers are allowed to consider if mental health contributed to the incident and may mitigate the consequence.

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

115.78 (d). CDCR-CRC noted in the PAQ, the facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. Moreover, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement, indicates the facility is to refer the inmate to mental health if they report previously perpetrating sexual abuse in the community or confinement.

Interviews with the Medical/mental health staff indicated that the inmate's participation in such is voluntary. Review of policies and information provided during an onsite interview with specialized staff show that the facility considers, but does not always require, participation in interventions in order for the inmate to access programming and other benefits.

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

115.78 (e). CDCR-CRC noted in the PAQ, the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedules, states that inmates are subject to credit forfeiture if found to have engaged in a serious rule violation to include rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will.

In the preceding 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. Accordingly, there was no documentation available for review of a substantiated case of staff-on-inmate sexual contact in which the evidence showed there was a lack of consent of the involved staff member.

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

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

During the 12-month review period, zero inmates reported incidents of sexual abuse or sexual harassment in bad faith. Auditor reviewed 16 investigation files, zero inmates disciplined for bad faith reporting.

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

115.78 (g). CDCR-CRC noted in the PAQ, the agency prohibits all sexual activity between inmates and disciplines inmates for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between inmates is prohibited, and inmates are subject to disciplinary action for such behavior under CCR, Title 15, Section 3007 Sexual Behavior.

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

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents

- a. Pre-audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (rev 05/19/20)
- c. CDCR DOM, Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening (rev 05/19/20)
- d. CCHCS Chapter 3, Health Care Transfer Process (dated 01/2010)
- e. CCHCS Chapter 4, Article 1, 4.1.6 Prison Rape Elimination Act
- f. Mental Health Delivery System Program Guide Overview (rev 2009)
- g. CDCR 128-MH5 Mental Health Referral Chrono; completed (rev 04/2019)
- h. CDCR MH-7448 Informed Consent for Mental Health Care form; blank (04/2016)
- i. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information (dated 10/2016)
- j. Medical and Mental Health screenings; history of sexual abuse memo
- k. SOMS screenshot

Interview(s)

- a. Inmates who disclose sexual victimization during Risk Screening
- b. Staff responsible for risk screening
- c. Medical/Mental Health staff

Site Review Observations

- a. PREA audit team was able to observe the Strategic Offender Management System (SOMS) and Electronic Unit Health Record (eUHR) screens

Findings (By Provision)

115.81 (a, c). CDCR-CRC noted in the PAQ, all inmates who disclose prior sexual victimization during risk screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. DOM, Chapter 5, Article 44, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse, restates this expectation and details the referral process.

Interviews with staff responsible for risk screenings indicated when an inmate discloses prior abuse that the PCM is notified and a CDCR 128-MH5 Mental Health Referral Chrono is completed. The inmate is then seen by medical or mental health staff within 14 days. Medical and mental health staff maintain secondary materials documenting the above services. The auditor interviewed two inmates who disclosed sexual victimization during risk screening; all indicated they did not request a follow-up referral.

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

115.81 (b). CDCR-CRC noted in the PAQ, all inmates who previously perpetrated sexual abuse, as indicated during the risk screening, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. DOM, Chapter 5, Article 44, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse, states that if an inmate reveals prior perpetration during the screening process they shall be offered a follow-up meeting with mental health staff and referred using the CDCR 128-MH5 chrono. Inmates shall be seen in a confidential environment within 12 calendar days of the referral.

In the past 12 months, one hundred percent of inmates who previously perpetrated sexual abuse during risk screening were offered a follow-up meeting with a mental health practitioner; all declined. CRC risk screeners stated that the process for victims and abusers is very similar. Notify the PCM and start the referral process. Medical and mental health staff maintain secondary materials documenting the above services.

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

115.81 (d). CDCR-CRC noted in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. If information is shared with other staff it is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. The facility indicated such information is shared to the extent to ensure the inmate's safety. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting, reiterates this provision verbatim.

A memo dated 12/05/17 reiterated this expectation and emphasized that “medical and mental health information related to sexual victimization and abusiveness that occurred in an institutional setting, is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (eUHR).”

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

115.81 (e). CDCR-CRC noted in the PAQ, medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Specifically, CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information is completed in advance of such disclosure. The preamble states that the form shall be used to disclose community-based sexual violence experienced by an inmate over the age of 18 to law enforcement, prosecutor, or appropriate agency; only when all sections of the form are completed may the authorization to disclose be honored. One such section requests authorization to release information to the facility’s ISU who is, in turn, responsible for reporting to the above jurisdictions/agencies.

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

Interviews with a medical practitioner and mental health practitioner affirm this practice.

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



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents

- a. Pre-audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Victim Advocate
- c. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate and Victim Support Person
- d. CDCR DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities
- e. CDCR DOM, Chapter 5, Article 44, 54010.9 Forensic Medical Examination (rev 05/19/20)
- f. CDCR DOM, Chapter 5, Article 44, 54040.10 Return to Triage and Treatment Area/ Receiving & Release and Mental Health Responsibilities (revised 05/19/20)
- g. Mental Health Delivery System Program Guide Overview (rev 2009)
- h. Division of Correctional Health Care Services, Chapter 4 Access to Primary Care (dated 01/2006)
- i. CCHCS Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy (rev 07/02/12)
- j. CCHCS Health Care Department Operations Manual, 4.1.6 Prison Rape Elimination Act (rev 11/2021)
- k. CCHCS Care Guide: Sexually Transmitted Infections (dated 11/2021)
- l. CCHCS Volume 1, Chapter 10, 1.10 Copayment Program Policy (revised 12/2015)
- m. CCHCS Memorandum of Discontinuation of Copayment for Health Care Services and Payment for Dental Prosthetics Appliances (effective 02/22/19 #19-02).

Interview(s)

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

Findings (By Provision)

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

Interviews with medical staff, mental health staff, and PCM confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible, and if the abuse happened within 72 hours the inmate is transported to the local medical center upon direction from the on-call medical forensic nurse examiner for a SANE examination. A SANE examination following abuse occurring more than 72 hours ago is subject to consultation with the medical forensic nurse examiner.

The auditor spoke to two inmates during the onsite review who previously alleged sexual abuse at the facility; neither stated they were in need of emergency services. During the previous 12 months, CRC zero report of sexual abuse that required emergency services including transport for forensic examination. A review of investigative files determined that all inmates who reported sexual abuse were referred to medical even for cases that did not require emergency services.

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

115.82 (b). CDCR-CRC noted in the PAQ, CCHCS, Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy, states that health care staff must respond to emergencies within eight minutes. While security staff first responders shall take preliminary steps to protect the alleged victim and immediately notify the appropriate medical and mental health practitioners following an emergency, there is never a time wherein qualified medical or mental health practitioners are not on duty.

All staff members successfully articulated their protection and first responder duties pursuant to 115.62 and 115.64.

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

115.82 (c). CDCR-CRC noted in the PAQ, inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. DOM, Chapter 5, Article 44, 54010.9 Forensic Medical Examination which cites Penal Code Section 2638, which requires the local hospital or facility to provide immediate HIV/AIDS prophylactic measures. Victims of sexual abuse shall also receive information regarding sexually transmitted infections, HIV and pregnancy options (to include testing).

CRC does not house female inmates and, as such, does not by practice offer information about emergency contraception. The auditor spoke to two inmates during the onsite review who previously alleged sexual abuse at the facility. Neither were in need of sexually transmitted infections prophylaxis.

An interview with medical staff confirmed inmates receive information about sexually transmitted prophylaxis.

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

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

	A final analysis of the evidence indicates the facility is in substantial compliance with this provision.
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.7 Mental Health Referrals (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (rev 05/19/20)</li> <li>d. CDCR DOM, Chapter 5, Article 44, 54040.10 Mental Health Responsibilities (rev 05/19/20)</li> <li>e. CDCR DOM, Chapter 5, Article 44, 54040.11 Suspect Processing (rev 05/19/20)</li> <li>f. CDCR DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct - More than 72 Hours Post-Incident (rev 05/19/20)</li> <li>g. Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview (rev 2009)</li> <li>h. CDCR CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (date unknown)</li> <li>i. CCHSC Volume 1 Governance and Administration, Chapter 16, 1.16.1 Prison Rape Elimination Act Policy (revised 07/2015)</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. Medical and Mental Health staff</li> </ul> <p>Findings (By Provision)</p> <p>115.83 (a, b, c). CDCR-CRC noted in the PAQ, the facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care. DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct - More than 72 Hours Post-</p>

Incident, 54040.8.3 Medical Services Responsibilities and 54040.10 Mental Health Responsibilities, restates this provision and describes procedural expectations, which includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Evaluation and

treatment guidelines are further described in CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act and Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview. Inmates, including those who experienced sexual abuse, may be seen on an emergent, urgent, or routine basis wherein they will be evaluated, treated, and followed-up with.

Interviews with a medical practitioner and a mental health clinician affirm that care is provided in accordance with the community level of care. In review of sexual abuse investigations by the audit team, each included evidence of a medical referral post-allegation.

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

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

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

115.83 (f). CDCR-CRC noted in the PAQ, inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities and CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act,

restates the provision. CRC had zero case in the previous 12 months which required sexually transmitted infection testing.

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

115.83 (g). CDCR-CRC noted in the PAQ, treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. According to CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act, services shall be provided to alleged victims without cost regardless of whether they name the abuser or cooperate with any investigation arising from the incident.

Interviews with medical and mental health practitioners confirmed copayment is not assessed for treatment under these circumstances.

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

115.83 (h). CDCR-CRC noted in the PAQ, the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. DOM, Chapter 5, Article 44, 54040.11 Suspect Processing directs the custody supervisor to complete a referral to mental health for an evaluation and assessment of treatment needs.

An interview with a mental health clinician indicated psychology staff will conduct a mental health evaluation of known inmate abusers.

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

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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## Auditor Discussion

### Documents

- a. Pre-audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, Article 44, Institutional PREA Review Committee (IPRC) (rev 09/09/22)
- c. Institutional PREA Review Committee (IPRC)
- d. Subsequent PREA Review Committee (IPRC)
- e. CDC-128B PREA Closure Chrono

### Interview(s)

- a. Warden
- b. PREA Compliance Manager (PCM)
- c. Sexual Abuse Incident Review Team

### Site Review Observations

- a. Auditor reviewed 20 investigative files during onsite review

### Findings (By Provision)

115.86 (a). CDCR-CRC noted in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) requires each hiring authority to conduct an incident review at the conclusion of every substantiated and unsubstantiated sexual abuse incident investigation. CRC reports 17 investigation of sexual abuse in the previous 12 months.

While onsite the audit team reviewed 20 investigation files. A review of these files indicated 9 unsubstantiated investigations contained IPRC forms which were completed within 30 days of the investigation initiation.

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

115.86 (b). CDCR-CRC noted in the PAQ, NCDOM 22-11 (Rev 09/09/22) requires IPRC shall meet to review PREA incidents on at least a monthly basis, or on a schedule to ensure all cases are reviewed within 60 days of the date of discovery or within 30 days of the conclusion of the investigation. All PREA investigations shall have an IPRC conducted within 30 days of the date of closure of the NCDOM 22-11 2 9/9/22 investigation, even if the case had been reviewed initially upon 60 days of the date of discovery. The IPRC shall ensure the report of its findings and recommendation is completed within 30 days of the conclusion of the investigation.

The Warden, PCM, and ISU investigators, all articulated the need for such reviews and stated that cases are reviewed on a monthly basis.

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

115.86 (c). CDCR-CRC noted in the PAQ, the sexual abuse incident review includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. DOM, Chapter 5, Article 44, 54010.17 The IPRC shall normally be comprised of the following staff: (A) Hiring Authority or designee, as chairperson and final decision maker. (B) PREA Compliance Manager. (C) At least one other manager. (D) In-Service Training Manager. (E) Health Care Clinician. (F) Mental Health Clinician. (G) Incident Commander or Investigative Services Unit Supervisor.

Discussions with the facility's Warden, PCM, and ISU investigators stated a multidisciplinary team including the professionals listed above.

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

115.86 (d). CDCR-CRC noted in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement, and submits such report to the facility head and PCM. DOM, Chapter 5, Article 44 54040.17 Institutional PREA Review Committee restates this provision. A form, Institutional PREA Committee (IPCR) - DOM Section 54040.17, assists the committee in considering all necessary items. The same policy section states that the review committee must consider the following: (a) whether the allegation or



investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; (c) assess whether physical barriers in the area may enable abuse, following an examination of the area in the facility where the incident allegedly occurred; (d) assess the adequacy of staffing levels in that area during different shifts; and (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Further, the policy provides that the IPRC must prepare a report of its findings, recommendations for improvement, corrective action plan, and implementation action plan (or reasons for not doing so). Policy also requires that the report be submitted to the hiring authority for final review and, subsequently, routed to the appropriate Associate Director, if additional financial resources are required to achieve corrective action.

Interviews with the Warden, PCM, and ISU investigators confirmed that each understood the objectives of the sexual assault incident review which include identifying incident causes or motivations, trends, physical plant needs, changes in staffing levels and improving technology or tools upgrades. A review IPRC DOM Section 54040.17 form demonstrates that CRC completes a report with consistent content required by this provision.

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

115.86 (e). CDCR-CRC noted in the PAQ, the facility implements the recommendations for improvement or documents its reasons for not doing so. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. In practice, the agency employs the form, Institutional PREA Committee (IPCR) - DOM Section 54040.17, to record its recommendations. To date, CRC has not identified any race, gender, or other identifiers that may have contributed to an incident; no recommendations for improvement have been made.

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

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents

- a. Pre-audit Questionnaire (PAQ)
- b. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring (rev 05/19/20)
- c. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (rev 05/19/20)
- d. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year (years 2015 - 2021)
- e. USDOJ, BJS, Survey of Sexual Victimization 2017, Substantiated Incident Form (Adult); blank
- f. USDOJ, BJS, Survey of Sexual Victimization, 2020 Summary Form
- g. CDCR PREA Incident Log
- h. CDCR Public Website

### Interview(s)

- a. PREA Coordinator (PC)
- b. Agency Contract Administrator

### Findings (By Provision)

115.87 (a, c). CDCR-CRC noted in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, which includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ. DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring indicates the PREA Compliance Manager is responsible for reporting allegations of sexual violence and staff sexual misconduct to the PREA Coordinator monthly using a standardized tracking report. This information is also provided to the agency's Offender Information Systems Branch for compilation and tracking. Further, CRC is responsible for completing the incident-based SSV report within two business days of receiving the allegation.

The auditor reviewed agency annual reports from 2015 - 2021. All included a uniform standard of measuring sexual abuse and sexual harassment incidents, as well as a standardized set of definitions.

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

115.87 (b). CDCR-CRC noted in the PAQ, the agency aggregates the incident-based sexual abuse data at least annually. DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring, directs the agency to aggregate data annually and include, at minimum the data necessary to answer all of questions from the most recent version of DOJ's SSV. The auditor reviewed aggregated data from 2015 - 2021 to confirm that the agency, indeed, aggregates incident-based data annually so as to complete the Survey of Sexual Victimization, State Prison Systems, Summary Form.

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

115.87 (d). CDCR-CRC noted in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring restates this provision.

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

115.87 (e). CDCR-CRC noted in the PAQ, the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Moreover, the data from private facilities complies with SSV reporting requirements. DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring directs the agency to collect such information from every facility the agency contracts with for the confinement of inmates. CDCR has imposed the expectation that contractors share incident and aggregate SSV data with the agency annually.

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

115.87 (f). CDCR-CRC noted in the PAQ, the agency provided DOJ with data from the

	<p>previous calendar year upon request. DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring states that the agency shall provide data from the previous calendar year to DOJ by June 30. CDCR submitted data to DOJ for the previous calendar year (i.e. 2021) in advance of their November 15, 2022 deadline; the auditor reviewed the agency's completed Survey of Sexual Victimization, 2021 Summary Form.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (rev 05/19/20)</li> <li>d. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring (rev 05/19/20)</li> <li>e. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet (dated 01/31/20)</li> <li>f. CDCR public website screenshots <a href="https://www.cdcr.ca.gov/prea/prea/reports-audits/">https://www.cdcr.ca.gov/prea/prea/reports-audits/</a></li> <li>g. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year (years 2015 - 2021)</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator (PC)</li> <li>c. PREA Compliance Manager (PCM)</li> </ul>

## Findings (By Provision)

115.88 (a). CDCR-CRC noted in the PAQ, the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. DOM, Chapter 5, Article 44, 54040.17.20 Tracking - Data Collection and Monitoring restates this expectation. DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator directs the agency's PREA Coordinator to take data collection actions annually in order to assess and improve the effectiveness of the items listed above. Each facility based PCM is required to return the PREA Annual Data Collection Tool and Staff Plan Review worksheet to the agency's PREA Coordinator annually.

A review of this form revealed it prompts PCMs to describe any staffing, video monitoring, policies and procedures that were considered and/or modified in the preceding year. The compilation of this qualitative data, in addition to incident-based data described in 115.87, is then used to craft the agency's annual report. The auditor reviewed the agency's most recently completed and posted annual report (i.e. 2021) and confirmed it includes the following components: zero tolerance statement; review of critical definitions; summary data; compliance efforts and corrective action steps; and a summary statement.

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

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

115.88 (b). CDCR-CRC noted in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. Moreover,

the annual report provides an assessment of the agency's progress in addressing sexual abuse. DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator restates that the annual report shall include comparative data, including a description of corrective action.

The auditor reviewed annual reports from 2015 - 2021. All included comparative data, corrective action, and a discussion of progress.

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

115.88 (c). CDCR-CRC noted in the PAQ, the agency makes its annual report readily available to the

public at least annually through its website. The annual reports are approved by the agency head. According to DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator, the annual report shall be routed through the agency's chain of command to the Secretary for review and approval. Thereafter, the Office of Public and Employee Communication is responsible for placing the report on the CDCR website. The auditor reviewed annual reports from 2015 - 2021. Since 2015, CDCR's Secretary has approved and signed the reports.

The auditor observed each respective annual report posted to the agency's public website. An interview with the Agency Head confirmed she reviews and approves the annual reports.

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

115.88 (d). CDCR-CRC noted in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. DOM, Chapter 5, Article 44, 54040.17.20 Tracking - Data Collection and Monitoring, expresses this protection.

The auditor reviewed annual reports from 2015 - 2021. There was no data enclosed

	<p>that required redaction.</p> <p>During an interview with the PREA Coordinator, he stated the agency does not include any personal identifying information in their annual reports. However, if they could not avoid such an inclusion the information would be redacted and the nature of the redaction would be described.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44, 54040.17 Records Retention (rev 05/19/20)</li> <li>c. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring (rev 05/19/20)</li> <li>d. CDCR DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction (rev 05/19/20)</li> <li>e. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year (years 2015 - 2021)</li> </ul> <p>Interview(s)</p> <ul style="list-style-type: none"> <li>a. PREA Coordinator</li> </ul> <p>Findings (By Provision)</p> <p>115.89 (a). CDCR-CRC noted in the PAQ, the agency ensures incident-based and aggregate data are securely retained. According to DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention, the agency shall securely retain “all case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical</p>

and counseling evaluation findings, recommendation for post-release treatment and/or counseling” in accordance with CDCR records retention schedule.

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

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

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

The auditor reviewed CDCR’s public website, wherein aggregated sexual abuse data is listed in the form of an annual report for all agency facilities Specifically, the auditor reviewed the report titled, Prison Rape Elimination Act (PREA) Annual Report - Calendar Year 2021.

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

115.89 (c). CDCR-CRC noted in the PAQ, the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention, restates this provision. By review of Prison Rape Elimination Act (PREA) Annual Report - Calendar Year 2021 posted to CDCR’s public website, the auditor confirmed that no personally identifying information is listed in the contents of either report.

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



	<p>this provision.</p> <p>115.89 (d). CDCR-CRC noted in the PAQ, the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention directs the agency to maintain aggregated PREA data for a period of 10 years after the date of the initial collection.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>a. Pre-audit Questionnaire (PAQ)</li> <li>b. CDCR DOM, Chapter 5, Article 44 Prison Rape Elimination Policy (rev 05/19/20)</li> <li>c. Public website <a href="https://www.cdcr.ca.gov/prea/prea/reports-audits/">https://www.cdcr.ca.gov/prea/prea/reports-audits/</a></li> </ul> <p>Findings (By Provision)</p> <p>115.401 (a). The auditor confirmed by review of CDCR’s public website that beginning in Audit Cycle II, and during each three-year period thereafter, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was and is audited at least once. The public website (see above link) lists the facility and respective audit year, in addition to a hyperlink to access the final report.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (b). The auditor reviewed the agency’s public website, including the</p>

Western State Audit Consortium schedule for past and future audits, which affirmed the agency was unable to achieve the one third requirement in year II of Audit Cycle III due to auditing and travel complications caused by COVID-19. The agency, however, has navigated around this highly unique, exigent circumstance and rescheduled each of their respective year II audits to take place during the final year of the audit cycle.

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

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

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

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

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

115.401 (m). During the onsite phase of the audit, the auditors, PCM, and support staff worked cooperatively to develop a private process and location for conducting interviews of both staff and inmates. The audit team benefited greatly from the facility's active coordination of interviews which allowed for an uninterrupted flow of interviews. A total of 100 staff and inmate interviews were conducted.

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

	<p>115.401 (n). On 02/28/23, lead auditor sent email request to CRC-PCM to schedule an initial contact call for CRC PREA team and the PREA Audit team. Also included a PREA Audit Process map and PREA Audit notices in English and Spanish to CRC-PCM for posting at all staff and inmate common areas. On 03/04/23 CRC-PCM emailed twelve date/time stamped photos of the PREA Notices on colored paper throughout the facility. Audit notices included a confidentiality statement indicating outgoing mail to the auditor would be treated as legal mail, and instructions to contact the auditor via mail, if desired.</p> <p>During the onsite review, mail staff reported they were aware of and complied with the processing of any correspondence to the PREA auditor as legal mail. Specifically, the envelope would remain sealed and handled in accordance with legal mail.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <p>a. CDCR agency website <a href="https://www.cdcr.ca.gov/prea/prea/reports-audits/">https://www.cdcr.ca.gov/prea/prea/reports-audits/</a></p> <p>Interview(s)</p> <p>a. PREA Coordinator (PC)</p> <p>Findings (By Provision)</p> <p>115.403 (f). The agency’s website has a link dedicated to PREA-related information, including applicable policies and procedures; directions to report an allegation of sexual abuse or sexual harassment; draft audit schedule; and archived audit reports. An interview with the PREA Coordinator and internet search confirmed that final audit reports are posted to the agency’s public website.</p>

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

	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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



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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	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?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where 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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes



	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

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

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



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

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

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

	anonymous upon request?	
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes



<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes



	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

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