

PREA Facility Audit Report: Final

Name of Facility: California Health Care Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 01/19/2023

Date Final Report Submitted: 08/04/2023

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"/>
Auditor Full Name as Signed: Gregory A. Bucholtz	Date of Signature: 08/04/ 2023

AUDITOR INFORMATION	
Auditor name:	Bucholtz, Gregory
Email:	gregory.bucholtz@wisconsin.gov
Start Date of On-Site Audit:	11/14/2022
End Date of On-Site Audit:	11/16/2022

FACILITY INFORMATION	
Facility name:	California Health Care Facility
Facility physical address:	7707 Austin Road, Stockton, California - 95215
Facility mailing address:	

Primary Contact	
Name:	Robert Thomas
Email Address:	Robert.Thomas3@cdcr.ca.gov
Telephone Number:	209-467-6971

Warden/Jail Administrator/Sheriff/Director	
Name:	Gena Jones
Email Address:	Gena.Jones@cdcr.ca.gov
Telephone Number:	209-467-2511

Facility PREA Compliance Manager	
Name:	Chase Jackson
Email Address:	chase.jackson@cdcr.ca.gov
Telephone Number:	O: (209) 467-2578
Name:	Peter Foster
Email Address:	peter.foster@cdcr.ca.gov
Telephone Number:	O: (209) 467-4137
Name:	Brian Pinneo
Email Address:	brian.pinneo@cdcr.ca.gov
Telephone Number:	O: (209) 467-4137
Name:	Christopher Bruns
Email Address:	christopher.bruns@cdcr.ca.gov
Telephone Number:	O: (209) 467-4191

Facility Health Service Administrator On-site	
Name:	Rita Lowe

Email Address:	Rita.Lowe@cdcr.ca.gov
Telephone Number:	209-467-2513

Facility Characteristics	
Designed facility capacity:	2951
Current population of facility:	2304
Average daily population for the past 12 months:	2256
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-100
Facility security levels/inmate custody levels:	Level 1-4
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	3186
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1084
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	12

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

Mailing Address:	
Telephone number:	9163246688

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

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

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-14
2. End date of the onsite portion of the audit:	2022-11-16

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:	Just Detention International Women's Center - Youth and Family Services, Stockton, CA. (Victim Advocacy for CHCF)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2953
15. Average daily population for the past 12 months:	2256
16. Number of inmate/resident/detainee housing units:	61
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	2304
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:	1168
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:	142
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:	89
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:	282
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:	57
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:	25

<p>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:</p>	<p>52</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>34</p>
<p>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:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Inmates are not placed in segregation for risk of sexual victimization at CHCF. CHCF does not currently maintain a segregation/administrative confinement unit. All inmates subject to segregation are identified and their room is denoted with a red “flag” for the safety of staff and others. Although CDCR does not track lesbian, gay, bisexual inmates, the PCM was able to confidently provide a list to the auditor on the first day of the onsite audit phase.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>3186</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>12</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1611</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>Volunteers and contractor access to the facility was limited due to continued precautions of COVID-19.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>CHCF only houses male inmates. A systematic random sample of inmates were selected across each housing unit to ensure geographic diversity. The audit team also made selections of inmates with varying gender identity, race, ethnicity, custody level, and time in custody where possible. Selections were made by the lead auditor from a list of all inmates provided by the facility one business day in advance of the onsite audit phase. Interview sample sizes were derived from the PREA Auditor Handbook and in accordance with the total inmate population on the first day of the onsite audit phase. Of the random inmate selections, all were accommodating and agreed to participate in the interview process. All inmate interviews were conducted within private offices on each yard which allowed for confidentiality. A total of 5 inmates contacted the auditor prior to the onsite audit phase. All were interviewed during the onsite audit phase.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>21</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>4</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through interviews with both inmates and staff (random and targeted), as well as a walkthrough of CHCF, it was determined that the facility no longer maintains a segregated housing unit. Any person subject to segregated housing remains in general population with an identifying “flag” placed above the door to notify staff.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>A total of 21 targeted inmates were interviewed during the onsite audit phase. Targeted inmates were identified from a listing of inmates provided by CHCF one business day prior to the onsite audit phase. The auditor selected inmates from each identified target category (if applicable) and made selections that were geographically diverse across as many housing units as possible.</p> <p>For some targeted categories, only a small number of individuals were identified by the facility and all attempts were made to interview them upon their approval. CHCF indicated that they do not house youthful inmates (verified) or segregate inmates for risk of victimization as the facility does not currently maintain a segregation unit and all inmates requiring segregation are moved to another general population housing unit with their room identified for staff as a person in need of additional monitoring.</p> <p>The auditor was able to test the contracted language services vendor, Interpreters Unlimited, to ensure functionality. CHCF was able to provide staff interpreters for the interviews with inmates who had Limited English Proficiency. All interviews were conducted using the Interview Guide for Inmates developed by the US DOJ.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>CHCF reported a total of 3,186 staff, of which 1,611 were contract staff (primarily medical/mental health staff). Random staff interviews were selected across all shifts, classifications, work assignments, tenure, and gender to ensure adequate representation. Selections were made by the auditor from a list of all staff provided by the PCM on the last business day prior to the onsite audit phase using systematic random sampling technique. Random interviews were conducted using the Interview Guide for a Random Sample of Staff developed by the US DOJ. A total of 15 random staff interviews were completed. All interviews were conducted in private offices to ensure confidentiality.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>18</p>

<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>Agency head (designee) was interviewed by a different Wisconsin auditor during this cycle. However the notes from the interview were provided to this auditor for the CHCF audit.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Mailroom staff Kitchen staff
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

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

Specialized staff were identified from a list provided by the PCM during the pre-onsite audit phase. The auditor then selected staff from each identified specialized category. All specialized interviews were conducted using the Interview Guide for Specialized Staff developed by the US DOJ.

A total of 18 specialized staff interviews were conducted during the pre-onsite, onsite, and post-onsite audit phases. Due to the health pandemic (COVID-19), volunteers were just beginning to be permitted entry into CHCF. The total number of contractors interviewed includes a staff member at the Women's Center - Youth and Family Services and SANE from San Joaquin General Hospital. Both agencies maintain MOUs with CHCF. No volunteers were onsite during the onsite audit phase. Attempts were made to conduct an interview via telephone, but was unsuccessful.

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 discussed and documented in the applicable standard discussions below, CHCF does not house youthful inmates nor does the facility perform non-medical cross-gender strip searches.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The facility provided uninhibited access to all areas, staff, inmates, and documentation. On 11/14/2022 the onsite audit phase commenced at 8:00 am. The audit team was welcomed in the morning by CHCF's administrative staff. After brief introductions, the audit team broke into two teams that included CHCF PREA audit members as well as staff from CDCR's headquarters, and a plan was put into operation to conduct a walkthrough of the entire facility.

The entrance briefing included a review of the audit process, goals and expectations, and logistics; much of which was discussed during the introductory virtual meeting during the pre-onsite audit phase. The auditor team visited all housing units. When applicable, upon entry into each unit, staff made verbal announcements to alert inmates that a member of the opposite gender was present on the floor. However, CHCF staff indicated that there is essentially a female staff member is on every unit 24/7 (e.g., nurse, aide, doctor) due to the nature and type of facility. This was verified by the audit team throughout the onsite audit phase.

Additionally, each housing unit exterior door maintains signage reminding opposite gender staff to announce their presence prior to entry.

Audit notices were posted on each unit, as were English and Spanish posters describing the agency's zero tolerance policy and reporting options. Inmates are directed to report using any of the following methods: tell any staff member; call or write to CDCR Office of Internal Affairs; call or write to Office of Inspector General PREA Ombudsperson; or ask a family member or friend to notify the facility. For support services inmates may write to or call Women's Center - Youth and Family Services in Stockton, CA. as these postings were also enclosed on the housing unit walls.

While submitting a grievance is not an advertised way of reporting sexual abuse and sexual harassment, it serves as another form

of notifying staff, and secured grievance boxes were observed in each unit. Grievances are collected daily and are handled in accordance with the agency's policy, which is described in the standard discussion of 115.52.

Security staff conduct regular housing unit rounds depending upon the shift and population needs. Wellness check rounds are documented. In addition, supervisory staff make regular (but unscheduled) unannounced rounds on each housing unit, which was verified by the logbook documentation. Throughout the onsite audit phase, CHCF PREA support staff who escorted the audit team were requested to take multiple photos of areas of interest and of postings within the housing units. These photos were then downloaded onto a CD and provided to the auditor via mail immediately following the onsite audit phase. Escorting staff were also advised that the audit team members would be randomly pulling staff and inmates aside for impromptu/informal interviews. All CHCF PREA support staff were accepting of our requests.

CHCF is managed by a Warden, Chief Deputy Warden, associate wardens, captains, and lieutenants. Daily operations span three shifts (i.e., 0600-1400, 1400-2200, and 2200-0600). The facility's associate warden is assigned to serve as PREA Compliance Manager with additional support staff. Twelve staff members are currently specialized to conduct both criminal and administrative sexual abuse and sexual harassment investigations. Each of these are members of the facility's Investigative Services Unit (ISU) and are sworn peace officers.

Medical staff are available 24 hours a day, seven days a week. Forensic medical examinations are conducted at San Joaquin General Hospital, while emotional support services are provided by Women's Center - Youth and Family Services. Agency-level compliance is organized by the PREA Coordinator who operates out of CDCR's

central headquarters. Managerial staff are positioned in an administration building which also houses a public lobby, support staff, records, and several conference/training rooms. A myriad of services, work, education and programming are also offered to inmates at CHCF.

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 following is an abbreviated list of the documents reviewed, as further detail is provided within each of the specific PREA Standards and provisions as applicable. Twenty (20) randomly selected personnel files from Human Resources.

100% of the training records directly related to completed PREA training for all staff, contractors, and volunteers in the past 12 months.

Sixteen (16) investigation files specific to sexual abuse and sexual harassment were reviewed during the onsite audit phase. Four (4) allegations of retaliation for reporting sexual abuse and sexual harassment were reported by investigative staff.

Twenty (20) random files were selected from risk assessments and reviewed during the onsite audit phase. The random reviews consisted of the initial PRAT completions within 72 hours and the 30-day PRAT reviews as well.

Ten (10) inmate education records (intake and comprehensive education sessions). It was observed that staff document in the inmate's file that the person had attended the PREA education session and sign to acknowledge their training.

Supervisory rounds "logbook" entries were reviewed by the audit team at the officer desk in each housing unit and other areas of the facility (e.g., work and program areas, visitation, and kitchen). The audit team observed and verified that unannounced rounds are being completed and at irregular intervals.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	14	0	0	0
Staff-on-inmate sexual abuse	62	0	0	0
Total	76	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	21	0	0	0
Staff-on-inmate sexual harassment	20	0	0	0
Total	41	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	10	0	4	0
Staff-on-inmate sexual abuse	22	8	16	1
Total	32	8	20	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	13	0	8	0
Staff-on-inmate sexual harassment	7	2	11	0
Total	20	2	19	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:	11
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>10</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
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.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

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

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR Operations Manual (i.e. DOM), Chapter 5, Article 44 Prison Rape Elimination Act Policy c. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy d. CDCR DOM, Chapter 5, Article 44 54040.2 Purpose e. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions f. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process g. Prison Rape Elimination Act Implementation Memo

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

i. PREA Coordinator Duty Statement

j. Agency Organization Work Chart

k. CDCR Statewide PCM List

2. Interviews

a. PREA Coordinator

b. PREA Compliance Manager (PCM)

3. Site Review Observations

a. Facility Review and Walkthrough

Findings (By Provision):

115.11 (a). CHCF indicated in their response to the PAQ that the agency has a written policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477), states, "CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and of all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole." The agency's policy, DOM, Chapter 5, Article 44 - Prison Rape Elimination Policy, further outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; and agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Of note, as reflected in the DOM's definition section, the agency does not define staff-on-inmate sexual abuse in the same manner set forth by the National Standards to Prevent, Detect, and Respond to Prison Rape. DOM, Chapter 5, Article 44, 54040.3, Definitions, indicates "Staff Sexual Misconduct" includes, "any threatened, coerced, attempted, or completed sexual contact, assault or battery between staff and offenders" and includes any sexual misconduct defined by CCR, Title 15, Section 3401.5 and Penal Code Section 289.6. A review of these codes, including definitions of sexual intercourse, sexual penetration, oral copulation, and sodomy reveal that the following provisions of PREA standard 115.6 may be inferred, but are not expressly included in the agency's definition of staff sexual misconduct:

Non-penetrative contact between the penis and vulva or the penis and the anus;

contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to a staff member's official duties; any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member has the intent to abuse, arouse, or gratify sexual desire; any attempt, threat, or request by a staff member to engage in the above activities.

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

According to the agency's table of organization, the PREA Coordinator reports directly to the Associate Director of the Bureau of Standards, Audits, Assessments and Accreditation who reports to the Executive Secretary for the Department of Corrections. Mr. Rustad directly oversees 35 PREA Compliance Managers in each respective facility and one PREA Compliance Manager tasked with monitoring agency contract facilities.

115.11 (c). CHCF indicated in their response to the PAQ that the facility has a designated PCM who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. CHCF has designated an associate warden, Mr. Dao Vang, with this responsibility, which is defined by the agency's PCM duty statement. During his interview with this auditor, Mr. Vang reported that he has sufficient time and authority to serve as the PREA Compliance Manager, in addition to his duties as an associate warden.

It should be noted that the former PCM at CHCF retired during the pre-on-site audit phase. Mr. Vang is currently serving as the acting Associate Warden at CHCF and is now the PCM. Mr. Vang has worked at CHCF for many years in a supervisory capacity prior to his promotion.

At the facility level, the PREA Compliance Manager reports directly to the Warden, which was verified through conversations with the Warden. At the agency level, the PCM reports to the PREA Coordinator who indicated during an earlier interview that he frequently communicates with the PCMs via telephone, email, video conference, and

	<p>site visits. The PCM confirmed these methods of communication.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR Contract Standard Agreements (14, executed various dates) c. Contracting with other entities for the confinement of inmates - 115.12 memo d. Custody to Community Transitional Reentry Program (CCTRP) and Male Community Reentry Program (MCRP) Contract Chart e. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M f. CDCR Contractor Special Terms and Conditions, Exhibit D g. Contract Compliance Review Report Form 2. Interviews <ol style="list-style-type: none"> a. Agency Contract Administrator b. PREA Coordinator <p>FINDINGS (BY PROVISION).</p> <p>115.12 (a). CHCF indicated in their response to the PAQ that the agency has renewed 12 contracts for the confinement of inmates since the last agency PREA audit and that each are required to adopt and comply with PREA standards. This expectation is reflected in CDCR’s contractual Exhibit D Special Terms and Conditions which specify that the contractor and its staff are “required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR’s Department Operations Manual, Chapter 5, Article 44, including updates to this policy.</p>

This will include CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards.”

During the pre-onsite phase, CDCR included 12 of the contracts for the confinement of inmates (modified community correctional facilities) in the PAQ with the following agencies/governments: (1) Butte County Probation Department; (1) Turning Point of Central California, Inc; (2) Epidaurus dba Amity Foundation; (2) GEO Reentry, Inc; (1) HealthRIGHT 360; (1) CoreCivic, Inc; (2) West Care California, Inc; (1) Saint John’s Program for Real Change; and (1) Los Angeles Centers for Alcohol and Drug Abuse; Mental Health System, Inc.. The agency also executed contracts with (1) Center Point, Inc and (1) Epidaurus dba Amity Foundation, however, neither site has been activated at this time. Each contract requires the contractor to adopt and comply with the PREA standards as stated above. All included the aforementioned Special Terms and Conditions template section which sets forth the compliance expectation.

115.12 (b). CHCF maintained in their response to the PAQ that the agency is required to monitor the contractor’s compliance with PREA standards. Contract agreement Special Terms and Conditions state that adopting and complying with the PREA standards includes “CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) conducting audits to ensure compliance with the standards.” As evidence of external reviews, the agency provided final USDOJ audit reports of two contracted facilities that were audited in Cycle III (DRP MCRP Long Beach and DRP MCRP San Diego).

Prior to the onsite review, the agency provided the auditor with evidence that contracts for the confinement of inmates were suspended in May 2021; specifically, all inmates were removed from contracted facilities on May 21, 2021. However, the agency and auditor determined that CDCR still maintains 14 active contracts for the confinement of inmates. These contracted providers have not been subject to CDCR compliance monitoring or a USDOJ PREA audit. As such, the agency is found to be in non-compliance of this Standard.

To remedy, per the PREA Coordinator and Contract Administrator, the agency restructured the supervision of Contract Beds Unit and redirected to FOPS, which houses the PREA Unit; selected a PREA Compliance Manager for all contracted providers (captain within Division of Rehabilitative Programs) who is tasked with working collaboratively with facility-based compliance managers; and developed a monitoring mechanism during the years in which the contracted facility does not undergo a USDOJ PREA audit.

At the close of Cycle 3, the agency hosted multiple meetings with their contracted providers to discuss PREA-related expectations, including that of USDOJ audits and CDCR compliance monitoring, which must be implemented effective Cycle 4. Within the first two months of Cycle 4, the agency’s PREA Unit toured all but two contracted sites and discussed compliance expectations to include the requirement to submit to a USDOJ audit and contract monitoring. A supplementary memo will reportedly be circulated by the agency’s Director affirming this expectation.

	<p>CORRECTIVE ACTION.</p> <p>1. 115.12 (b). Implement the agency’s monitoring mechanism to ensure that facilities contracted for the confinement of inmates obtain compliance with the PREA Standards (to include a USDOJ audit once in each three-year cycle) during the years in which the facilities are not subject to a USDOJ PREA audit.</p> <p>POST ONSITE AUDIT PHASE CORRECTIVE ACTION</p> <p>The agency maintains 14 contracts for the confinement of inmates, of which 12 were currently active at the time of the pre and onsite audit phases. Near the close of Cycle 3, the agency restructured the supervision of Contract Beds Unit and redirected to FOPS, which houses the PREA Unit; selected a PREA Compliance Manager for all contracted providers (captain within Division of Rehabilitative Programs) who is tasked with working collaboratively with facility-based compliance managers; and developed a monitoring mechanism during the years in which the contracted facility does not undergo a USDOJ PREA audit.</p> <p>At the close of Cycle 3, the agency hosted multiple meetings with their contracted providers to discuss PREA-related expectations, including that of USDOJ audits and CDCR compliance monitoring, which must be implemented effective Cycle 4. Within the first two months of Cycle 4, the agency’s PREA Unit toured all but two contracted sites and discussed compliance expectations to include the requirement to submit to a USDOJ audit and contract monitoring. A supplementary memo was circulated by the agency’s Chief of Community Reentry Services affirming this expectation.</p> <p>On 1/28/2023, the agency provided evidence of contract monitoring. Ten completed Contract Compliance Review Reports were submitted to the auditor. They spanned review dates of 3/9/2022 to 1/19/2023; two were monitored for compliance during the current audit year (C4, Y1). On 2/23/2023 a final audit report for DRP MCRP San Diego was submitted. Thereafter, on 3/15/2023, agency provided a contract monitoring schedule for the remainder of the contracted sites. The audit team finds CHCF in compliance with 115.12.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents</p> <p>a. CHCF Pre-Audit Questionnaire</p>

- b. CDCR DOM, Chapter 1, Article 26, 14090.3 General Information
- c. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee
- d. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan
- e. CDCR DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan
- f. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Security Rounds
- g. 2022 CHCF Staffing Plan Analysis
- h. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet
- i. CHCF Operational Procedure 77, Restricted Movement Procedure
- j. PREA Participant Workbook, Version 2.0, Staff Training: Conduct Rounds on All Shifts
- k. CHCF housing unit logbook entries (various dates)
- l. CDCR Statewide Population Report (1/21/21)
- m. CHCF Staffing Plan (FY 2022-2023)

2. Interviews

- a. Acting Warden
- b. PREA Coordinator
- c. PREA Compliance Manager
- d. Intermediate or Higher-Level Facility Staff
- e. Random Staff

3. Site Review Observations

- a. Housing Unit Logbooks

Findings (By Provision):

115.13 (a). CHCF reported in their response to the PAQ that the agency requires each facility 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 restates the staffing plan expectation

of this provision, including the 11 required elements for consideration. CDCR's Office of Research reports that CHCF has a design capacity of 2,951. The average daily population as reported in the PAQ is 2,256 inmates.

According to the auditor's interview with the acting Warden and PCM, CDCR has adopted a "standardized staffing" model wherein staffing levels and patterns are determined using a matrix which weighs housing unit design, specialized programming, and population needs. The Future of California Corrections states, "standardized staffing replaces the outdated ratio-driven staffing model" and allows facilities to "safely operate" with a population density ranging from 100 to 160 percent. The acting Warden and PCM affirmed the 11 required elements of this provision are considered on an annual basis when reviewing the staffing plan.

The auditor's review of CHCF's staffing plan provided a detail of the number of specific positions that are required to meet minimum staffing levels on each shift. Moreover, CHCF's most recent staffing plan review which is documented on CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet includes a consideration of the 11 elements.

115.13 (b). CHCF indicated in their response to the PAQ that each time the staffing plan is not in compliance, the facility documents and justifies all deviations from the staffing plan. In the past 12 months, CHCF reported during the onsite audit phase that there have been limited deviations from the staffing plan due primarily to COVID-19 and staff shortages. DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (p. 486) states, "In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan."

While deviations are possible, the acting Warden and PCM maintained 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. CHCF's acting Warden also has the ability to utilize Operational Procedure 77, Restricted Movement Procedure as needed during staffing shortages. Whenever the facility deviates or redirects staff, both policy and the collective bargaining agreement require that it be documented in the Daily Activity Report (DAR) and Telestaff. A watch commander confirmed this practice.

In addition, following 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."

115.13 (c). CHCF reported in their response to the PAQ that at least once every year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of

monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan 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 CDRC's PREA Coordinator and CHCF's PCM confirmed this annual review process. The acting Warden indicated that there is a process to request augmented staffing resources through headquarters should the sustained need arise. The auditor reviewed CHCF's Standardized Staffing for Operations and supplementary CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet, which provides space to document applicable assessments and determinations of the staffing plan, the facility's use of monitoring technology, and resources to ensure adherence. The plan is signed by the PCM.

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

CHCF provided sample photos of four logbook entries in the PAQ to show the red pen signatures with the date, time, and location of the unannounced rounds. During the onsite audit phase, the auditor was able to review the logbooks on each housing unit and all other major areas of the facility. The dates and times of the log entries appeared random suggesting no specific pattern. Interviews with 15 random staff and informal interviews with housing unit staff during the facility review confirmed that unannounced rounds are conducted. All confirmed that they are prohibited from notifying other staff. Interviews with intermediate and higher-level staff also verified that unannounced rounds are completed per policy on a weekly and monthly basis. During the onsite audit phase, a review of the logbooks in all housing units was conducted and showed that supervisory staff were conducting rounds per CDCR policy.

Corrective Action: The audit team recommends no corrective action.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

	<p>1. Documents:</p> <p>a. CHCF Pre-Audit Questionnaire (PAQ)</p> <p>2. Interviews:</p> <p>a. PREA Compliance Manager (PCM)</p> <p>b. Acting Warden</p> <p>3. Site Review Observations:</p> <p>a. Facility Walkthrough</p> <p>115.14 (a-c)</p> <p>During the pre-onsite audit phase, CHCF reported that their facility does not house youthful inmates under the age of 18 and that the CDCR Division of Juvenile Justice maintains custody of these individuals. During the on-site audit phase, the auditor verified through both formal and informal interviews with staff that no youthful inmates under the age of 18 were being housed at the facility. An interview with both the acting Warden and PCM confirmed that no youthful inmate is housed at CHCF. No youthful inmates, education and program staff who work with youthful inmates or staff who supervise youthful inmates were interviewed specific to this PREA Standard.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <p>a. CHCF Pre-Audit Questionnaire</p> <p>b. DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates</p> <p>c. DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates</p> <p>d. DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates</p> <p>e. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches</p> <p>f. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Preventative</p>

Measures

g. DOM, Chapter 5, Article 44, 5404.4 Education and Prevention, Staff Training

h. PREA BET Codes

i. Changes in the Use of the ADANI CONPASS Low Dose Scanner memo

j. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378

k. CDCR In-Service Training, Transgender Inmates Participant Workbook, Version 1.0, BET Code: 11058564

l. CDCR In-Service Training, Transgender Inmates, Version 1.0, BET Code: 11058564

m. CDCR In-Service Training, Instructor Text, Transgender Inmates, Version 1.0, BET Code: 11058564

n. CDCR In-Service Training, Instructor Text, Working Successfully with Transgender, Intersex, and Non-Binary Inmates, Version 2.0, BET Code: 11060835

o. Searches and Inmate Property, Instructor Guide

p. CDCR On-the-Job Training (OJT) Module, Inmate Body Search, Version 1.0, BET Code: 11059429

q. Course enrollment report

2. Interviews:

a. Random Staff

b. Random Inmates

c. Targeted Inmates

3. Site Review Observations:

a. Facility Review (Walkthrough)

Findings (By Provision):

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

DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates maintains that staff of the opposite biological sex shall not conduct unclothed body inspections or searches of inmates except in an emergency or when performed by a qualified medical professional. If an unclothed cross-gender search is required during or in response to an emergency, the search shall be documented using a "Notice of Unusual Occurrence" (NOU) form that must then 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 restates this expectation and adds that if the cross-gender search is incidental to a crime the search shall be documented on "Crime Incident Report Form 837."

Each of the 15 random staff (non-medical) interviewed during the onsite audit phase confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed except under exigent circumstances. Additionally, all of the random (20) and targeted (20) inmates interviewed during the onsite audit phase answered that they have never been in a state of undress in front of a non-medical female staff person at CHCF. The auditor was also informed by the PCM and via a memorandum provided on the PAQ, that limits the operation of a body scanner to staff of the same gender as the inmate being scanned. Consistent with the policy referenced above, if a cross-gender scan is required as a result of an exigent circumstance, the search must be documented.

115.15 (b). CHCF stipulated in their response to the PAQ that the facility does not house female inmates and, as such, does not permit cross-gender pat-down searches of female inmates, nor does it restrict female inmates' access to programming or out of cell opportunities in order to comply with this provision. The auditor confirmed through a review of the CDCR website and population reports, as well as the audit team's site review during the onsite audit phase that CHCF does not house female inmates.

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

DOM, Chapter 5, Article 19, 52050.16.5, Unclothed Body Search of Inmates, stipulates that if an unclothed cross-gender search is required during or in response to an emergency, the search shall be documented using a NOU form that is reviewed by a supervisor, submitted to the PCM, and retained for audit purposes. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Searches, restates this expectation as well. It also maintains that if the cross-gender search is incidental to a crime the search shall be documented on a Crime Incident Report Form 837. 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 by all 15 random staff interviews during the onsite

audit phase.

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

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

During the onsite audit phase, the site review by the audit team of inmate housing, kitchens, industry, programming, and other areas of the facility where inmates would be able to shower, perform bodily functions and change clothing showed that inmates had a great degree of privacy available to them. The auditor's view of these areas confirmed that staff did not have the ability to see inside the showers. Of the 40 inmates interviewed during the onsite audit phase, each stated they have not been observed to their knowledge by a female staff member in a state of undress.

During the onsite audit phase, the auditor observed the practice of how staff of the opposite biological sex announce their presence when entering the housing unit. At each exterior door leading into a housing unit has a stenciled notification that requires staff of the opposite gender to make notification prior to entry. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Preventative Measures, also maintains that, "It is the expectation that the Control Booth Officers conduct the announcement utilizing the public address system.

Although the audit team did not hear the cross-gender announcement one hundred percent of the time, it was determined that female staff were already present in the housing unit. Considering that CHCF is the state's largest medical and mental health facility, female healthcare staff are assigned to each housing unit essentially 24/7. However, the PCM indicated that notification of female staff is announced at the beginning of each shift despite female staff already being in the housing units. During the 15 random staff interviews during the onsite audit phase, all indicated that staff conduct the cross-gender announcement. However, inmates interviewed from E Facility that they do not always hear the announcement as both medical and mental health female staff are not always in the housing units. It is therefore recommended that CHCF administration ensure that cross-gender announcements occur in E Facility whenever a female staff member enters any housing unit, and not only during the change of shift.

115.15 (e). CHCF stated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate 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, prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

In accordance with the policy, the facility reported that no such search has occurred in the past 12 months. Interviews with 15 random staff also confirmed that agency policy prohibits them from searching a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Additionally, interviews with a staff member that performs screening for risk of sexual victimization and a medical staff member also verified that inmates identifying as transgender or intersex are not searched to solely determine genital status. This was also confirmed during the onsite audit phase interviews with four transgender inmates identified by CHCF who stated that they had never been searched for the sole purpose of determining their genital status.

115.15 (f). CHCF stipulated in their response to the PAQ that 86 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. However, by the onsite audit phase, records indicated that all staff had received the training. The facility indicated that all security staff receive training during the academy, in addition to ongoing in-service trainings, on proper pat search procedures. DOM, Chapter 5, Article 44, 5404.4, Education and Prevention, Staff Training, requires that staff be trained on conducting appropriate cross-gender pat-down searches and searches of transgender and intersex inmates.

The auditor also reviewed the CDCR's trainings titled, Prison Rape Elimination Act (PREA); an on-the-job training (OJT) module titled, Inmate Body Search; and lesson plan titled, Searches and Inmate Property that were developed by the Office of Training and Professional Development. Each were found to be appropriate and consistent with national standards for conducting inmate searches, including cross-gender searches.

CHCF staff are also specifically trained to conduct searches of transgender and intersex inmates; the content of such training was reviewed in a variety of formats including an instructor lesson plan, participant guide, and participant workbook. Staff are directed to search inmates who identify as transgender in the manner consistent with the primary gender of the facility they are housed in. Random interviews with 15 staff confirmed that they were all trained within the past 12 months.

Corrective Action: The audit team recommends no corrective action.

Recommendation:

	<p>1. CHCF administration ensure that all opposite gender staff announce their presence in all E Facility housing units every time they enter a housing unit when a female staff member is not currently onsite.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR Inmates with disabilities and inmates who are limited English proficient memo c. CDCR I Speak...Language Identification Guide poster d. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education e. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation f. CHCF Primary Language - Spanish report (Reviewed Onsite) g. CDCR Notification of Interpretation and Translation Services memo h. Voiance Language Services, LLC Standard Agreement 2. Interviews: <ol style="list-style-type: none"> a. PREA Compliance Manager a. Random Staff b. Inmates who are Limited English Proficient c. Inmates who are Blind, Deaf, or Hard of Hearing 3. Site Review Observations: <ol style="list-style-type: none"> a. PREA signage throughout the CHCF (English and Spanish) b. Test Call to Voiance Language Services, LLC

Findings (By Provision):

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

CDCR maintains a contract with Vioance Language Services, LLC for communication assistance via the telephone, facsimile or internet for any of 140 languages, including American Sign Language. Interpreter services are available 24 hours a day, seven days a week. CHCF provided a copy of "I Speak...Language Identification Guide" attached to the PAQ which includes direction to the facility's LEP/ADA Coordinator for additional assistance. During the facility review, the audit team observed these postings.

During the onsite audit phase, targeted interviews were conducted with 6 inmates with varying degrees of disabilities (physical, hard of hearing, cognitive, and LEP). All 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 about reporting sexual abuse and sexual harassment.

115.16 (b). CHCF reported in their response to the PAQ that 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 (p. 479) states that "appropriate provisions shall be made to ensure effective communication for offenders not fluent in English...Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases." A memo titled "Notification of Interpretation and Translation Services" informs all staff of the agency's commitment to "take reasonable steps to facilitate effective communication with LEP inmates." The memo further directs each CDCR facility to designate a local LEP coordinator and implement language-based solutions including contracted translation services, identifying "competent" bilingual local and neighboring staff to interpret/translate, and accessing/collecting translated forms.

CDCR maintains a contract with Vioance Language Services, LLC for foreign language assistance via the telephone, facsimile or internet for any of 140 languages. Interpreter services are available 24 hours a day, seven days a week. The auditor was able to test the language service during the onsite audit phase and confirmed its

functionality as well as to verify the current contract Voiance maintains with CDCR.

Additionally, CHCF maintains a list of approved staff who are bilingual certified to provide translation services. CHCF shared a copy of the "I Speak...Language Identification Guide", which includes dozens of printed languages to help staff identify an inmate's language needs. This posting includes direction to the facility's LEP/ADA Coordinator for additional assistance. During the onsite audit phase, the audit team observed these postings.

During the onsite audit phase, interviews were conducted with two inmates with limited English proficiency and a staff member was used for interpretation purposes for each person. Both 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.

115.16 (c). CHCF stated in their response to the PAQ that the agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. As noted above, CHCF utilizes an interpretation service to avoid using inmates in this capacity, but should they need to the facility indicated they would document such assistance. CHCF reported that no inmate has been used in this capacity in the past 12 months. All 15 random staff interviews confirmed that, to the best of their knowledge, no inmate interpreter has ever been used at the facility. In addition, DOM, Chapter 5, Article 44, 54040.12, Investigation, restates this provision.

Two inmates with limited English proficiency were interviewed with the assistance of a staff interpreter during the onsite audit phase. Additionally, four inmates with other disabilities were also interviewed (physical, cognitive, deaf/hard of hearing). Each 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 knew how to access interpretation services via staff. Each was also able to clearly articulate how they could report sexual abuse or sexual harassment and were aware of their rights pursuant to the Prison Rape Elimination Act.

The auditor's interview with the PCM during the pre-onsite audit phase verified the information provided that there have not been any instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used. The PCM was able to show the auditor a list of qualified staff who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. If necessary, the agency maintains a contract with Voiance Language Services, LLC if no qualified staff is available. The contracted language line maintains the capacity to interpret and translate over 140 languages.

During the onsite audit phase, the audit team was able to observe PREA posters displayed throughout the facility in Spanish and English. Information pertaining to PREA is also provided to inmates in Spanish and English during the intake process.

Corrective Action: The audit team recommends no corrective action.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents

- a. CHCF Pre-Audit Questionnaire
- b. CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status (updated 1/2009)
- c. CDCR DOM, Chapter 3, Article 6, 31060.3 Power of Appointment
- d. CDCR DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check
- e. CDCR DOM, Chapter 3, Article 7 Personal Identification Cards (revised 4/18/2020)
- f. CDCR 2025 Employment Reference Questionnaire
- g. CDCR 1951 Supplemental Application for All CDCR Employees; completed and blank
- h. CDCR 1902 Personal History Statement; completed (revised 1/2019)
- i. Personnel Information Bulletin; Revision to the Supplemental Application for All CDCR Employees, CDCR Form 1951
- j. Completion of Background Checks Under the Prison Rape Elimination Policy memo
- k. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)
- l. Hiring and promotion decisions memo
- m. Personnel Identification Card Clearance
- n. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct
- o. CCR, Title 15, Section 33030.16 Employee Disciplinary Matrix Penalty Levels
- p. CCR, Title 15, Section 33030.19 Employee Disciplinary Matrix

2. Interviews

- a. Administrative (Human Resources) Staff
- b. PREA Compliance Manager
- c. Specialized Staff (Investigative Services Unit)

Findings (By Provision):

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

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

DOM, Chapter 3, Article 6 also mandates that the hiring authority “consider substantiated incidents of sexual harassment in all hiring decisions.”

During the pre-onsite and onsite audit phases, CHCF provided 20 random sample copies of personnel files that included completed Supplemental Application for All CDCR Employees (CDCR 1951) wherein new, transfer, and promotional applicants are prompted to respond to items a.-c. above, in addition to the question, “Have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution?” A notation on this form directs the hiring authority to consult with the PREA Coordinator via email to address any affirmative responses. A Personnel Information Bulletin circulated on 9/16/2016 directs all institutional personnel officers (IPO), personnel liaisons, and human resource personnel services to collect CDCR 1951 from all internal and external candidates seeking employment.

During an earlier interview with the PREA Coordinator, Wisconsin auditors were informed that the Office of Peace Officer Selection (OPOS) does not collect CDCR 1951 from entry level applicants. Rather, OPOS collects CDCR 1902 Personal History Statement wherein peace officer applicants are required to respond to the four

questions above. The auditor reviewed 20 random personnel records during the on-site audit phase of which three who were hired within the last 12 months and confirmed this practice.

CHCF's human resource functions are bifurcated. Institutional Personnel Officers (IPO) for CDCR and California Correctional Health Care Services (CCHCS) indicated that while CCHCS is responsible for hiring all medical personnel, the expectations set forth by DOM, Chapter, 3, Article 6, 31060.3 Power of Appointment apply to all hires.

115.17 (c). CHCF maintained in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and, consistent with federal, state, and local law, makes 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. A review of the 20 personnel files randomly reviewed during the onsite audit phase confirmed that all received a criminal background record check.

DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check details the agency's criminal background check expectation. The required pre-employment process includes using data from the following sources: Live Scan; Criminal Identification & Information State Summary Criminal History (CI&I SSCH); CDCR 1951 Supplemental Application for All CDCR Employees or CDCR 1902 Personal History Statement. Per ASP's IPO, the Live Scan Service (i.e. DOJ and FBI) will confidentially alert CDCR human resources staff of law enforcement contact in real time (24/7). Moreover, the requirement of all employees and individuals (to include contractors and volunteers) entering a CDCR facility to carry an identification card per DOM, Chapter 3, Article 7 Personal Identification Cards provides an additional layer of protection as such card may only be issued following the required background checks.

CHCF also requires all prospective employees or contractors to disclose any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. CDC 2025 Employment Reference Questionnaire will subsequently be circulated to former employers to ascertain whether the applicant has a prior history of substantiated sexual abuse while employed. Additionally, under the "Completion of Background Checks Under the Prison Rape Elimination Policy," CDCR Office of Peace Officer Selection, Background Investigative Unit investigators are required 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 20 randomly selected personnel records, as well as two contractors, and accompanying forms that document the application process, including the previous employer inquiry process and criminal background checks. Human Resources staff confirmed that when a prospective employee or contractor reports having been employed by another agency facility and requests employment at CHCF, contact is made with the prior facility to inquire about past discipline via the

CDC 2025, which is sent and returned completed.

115.17 (d). CHCF indicated in their response to the PAQ that agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with inmates. According to the CDCR Contractor Special Terms and Conditions, section Security Clearance/Fingerprinting, 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 of 115.17(a, b) are applicable. Special Terms and Conditions instructs the contractor to conduct a criminal background check for each contract employee who will have contact with inmates. They are required to provide a written certification of the check and that the contracted employee has not engaged in sexual abuse in a confinement facility or been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community. A contractor is required to submit to gate clearance to enter each facility. Facility personnel then complete a California Law Enforcement Telecommunications System (CLETS) check prior to entry.

115.17 (e). CHCF reported in the PAQ that agency policy requires either a criminal background check be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (pp. 171-172) requires that each prospective employee submit to fingerprinting via Live Scan. A CDCR memorandum regarding standard 115.17(e), states that a criminal record check is required for employment and includes consent to be fingerprinted. Applicants for all employment are to be live scanned at the earliest possible time if an appointment is expected. Live Scan notification is ongoing, thus exceeding the requirement of this subsection of Standard 115.17. The auditor’s interview with human resources also confirmed the use of the Live Scan system. In addition, CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status states that if an employee is arrested or convicted of any violations of law, the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact.

115.17 (g). CHCF reported in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. CDCR 1951 Supplemental Application for All CDCR Employees (CDCR 1951) states all applicants must list their history of conduct and that “failure to disclose your arrests will be grounds for denial of your application and/or termination of your employment.” By signing the supplemental application all prospective employees “understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be rejected, on probation, and/or disciplined, up to and including dismissal from State service.” Human resources confirmed that all background checks completed by the Office of Peace Officer Selection, Background Investigative Unit are reviewed for misrepresentation or falsification, omission or

	<p>concealment of material fact and are grounds for non-employment or termination. Employees are also required to notify their hiring authority of any contact with law enforcement.</p> <p>115.17 (h). An interview with CHCF's human resources also confirmed that the facility regularly receives inquiries from other confinement facilities related to a current or former employee's history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are directed to the Employee Relations Officer for review and response in accordance with agency policy.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. Video monitoring technology project manual specifications c. CDCR Design and Construction Policy Guidelines Manual (dated 1/2014; prefaced by Notice of Change Supplement dated 8/14/2017) 2. Interviews: <ol style="list-style-type: none"> a. Acting Warden b. PREA Compliance Manager c. Agency Head (Designee) 3. Site Review Observations: <ol style="list-style-type: none"> a. Facility Review/Walkthrough <p>Findings (By Provision):</p> <p>115.18 (a). CHCF indicated in their response to the PAQ that the facility has not</p>

acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. This was confirmed during the pre-onsite audit phase interviews with the acting Warden and PCM as well as during the onsite audit review that no substantial expansions or modifications have been undertaken at CHCF.

If CHCF should necessitate a substantial modification in the future, the agency maintains a process that is guided by the CDCR Design and Construction Policy Guidelines Manual. In particular, the manual stipulates, “when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department’s ability to protect inmates from sexual abuse.” The acting Warden also maintained 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. At this time, both the acting Warden and PCM indicated that CHCF currently maintains over 600 video surveillance cameras throughout the facility. The auditor was able to review the monitoring system within CHCF’s central control and verify the camera placements in various areas of the facility.

115.18 (b). CHCF maintained in their response to the PAQ that the 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. During the interviews with the acting Warden and PCM as well as informal discussions with numerous staff, the auditor was informed that there are plans to add approximately another 200 cameras to the facility within the next couple of years. Planning for new surveillance has commenced with planning for the location and types of cameras to be installed. The PCM explained that he is involved in providing input on camera locations. The agency has a process in place which is guided by CDCR Design and Construction Policy Guidelines Manual. Specifically, the manual indicates, “when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department’s ability to protect inmates from sexual abuse.” Such updates must also conform to the agency’s standardized video surveillance specifications. The Agency Head (designee) reported that it is an ongoing priority of the agency to request and obtain additional resources from the state legislature to fund camera projects throughout the system.

During the onsite audit phase, it was suggested that additional mirrors be added to the inmate library area as well as in the education area’s hallways. These mirrors were added during the onsite audit phase.

Corrective Action: The audit team recommends no corrective action.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. CHCF Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation
- c. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation, Evidence
- d. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate and Victim Support Person for Medical Examination
- e. CDCR DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination
- f. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions
- g. CCHCS Volume 1, Governance and Administration, Chapter 10, 1.10 Copayment Program Policy
- h. Evidence protocol and forensic medical examinations memo
- k. CDCR Initial Contact Guide (PREA)
- l. CDCR Custody Supervisor Checklist (PREA)
- m. CDCR Watch Commander Notification Checklist (PREA)
- n. CDCR Transportation Guide (PREA)
- o. Sexual Assault Kit Processing memo
- p. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853
- q. U.S. DOJ, Office on Violence Against Women, A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, Second Edition
- r. CALCASA/JDI California Advancing PREA: A Guide to Working with Rape Crisis Centers
- s. Memorandum of Understanding between California Department of Corrections and Rehabilitation and San Bernardino Sexual Assault Services (2019-2024)
- t. Statewide Rape Crisis Center contact listing
- u. Statewide PREA/SA Hotline list

2. Interviews:

- a. Sexual Abuse Investigator
- b. Administrative (Human Resources) staff
- c. San Joaquin General Hospital Representative
- d. Women's Center-Youth and Family Services Representative
- d. Inmates who Reported Sexual Abuse
- f. Random Staff

3. Site Review Observations:

- a. Location of Investigation Files
- b. Evidence Kits

Findings (By Provision):

115.21 (a). CHCF indicated in their response to the PAQ that the facility is responsible for conducting both administrative and criminal sexual abuse investigations. When conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol. CDCR Correctional staff/Peace Officers are under the California Penal Code (PC) and are authorized and trained to conduct both administrative and criminal investigations.

Locally Designated Investigators (LDI) make up the facility's Investigative Services Unit (ISU). These investigators, in addition to other designated institutional staff, receive specialized training to conduct criminal and administrative investigations of sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.8.1, Custody Supervisor Responsibilities, Crime Scene Preservation, Evidence, sets forth the standard evidence collection and preservation procedures following an incident of sexual abuse. The policy directs the respective custody supervisor and watch commander to employ incident checklists to guide their response, including evidence processing.

During the onsite audit phase, the audit team interviewed 15 random staff, each of whom expressed awareness of and articulated the agency's policy for obtaining usable physical evidence. Security supervisors understood the requirement to transport the alleged victim to Eisenhower Medical Center if the abuse occurred within the last 72 hours

During the onsite audit phase, the auditor observed the evidence kits located in the

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

115.21 (b). CHCF maintained in their response to the PAQ that the facility does not house 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 CHCF in the past 12 months.

115.21 (c). CHCF provided in their response to the PAQ that the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Examinations conducted at an outside facility (San Joaquin General Hospital) are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, CHCF reported that 8 inmates have been transported, or required, a forensic medical examination. When the need arises for an examination, ISU members indicated that forensic examinations are documented. This was also confirmed through a review of the facility's SANE reports by the audit team during the onsite audit phase.

DOM, Chapter 5, Article 44, 54040.9, Forensic Medical Examination, states that the victim shall be transported to the designated hospital, or on-site location, where SANE/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. Additionally, as directed by policy, CHCF offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. CCHCS, Volume 1, Chapter 10, 1.10, Copayment Program Policy, stipulates that "medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the patient's ability to pay." Treatment related to sexual abuse or sexual assault is listed as a condition wherein a copayment shall not be charged.

During the post-onsite audit phase, the auditor conducted an interview with a San Joaquin General Hospital SANE/SART representative who maintains contact with CHCF and oversees any SANE/SAFE examinations at the hospital. The SANE/SART representative indicated that the hospital has treated inmates housed at CHCF in the past 12 months, but did not recall the specific number. As noted earlier, CHCF reported that 8 inmates have been examined for sexual abuse in the past 12 months. The SANE/SAFE staff is on call and will respond to victims as soon as possible if they are not currently at the hospital. If the SANE is unable to present to the medical

center there are qualified examiners that may act in this capacity or the victim is transported to another healthcare facility nearby.

115.21 (d, e, h). CHCF stipulated in their response to the PAQ that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and such efforts are documented. While an outside advocate is always available on-call thereby eliminating a great majority of the need for the facility to provide an alternate qualified staff member in the event an advocate is unavailable, the facility does maintain a process for the exception. Support services include supporting the victim through the forensic medical examination process and investigatory interviews and providing emotional support, crisis intervention, information, and referrals.

DOM, Chapter 5, Article 44, 54040.8.1, Custody Supervisor Responsibilities, stipulates that the watch commander or designee is responsible for immediately notifying the local Rape Crisis Center in the event of a SANE examination. The response guide, Watch Commander Notification Checklist, details this action. Thereafter, per policy, the facility shall make available an advocate during investigatory interviews and for emotional support services. Posters were observed throughout the facility, in addition to information contained in the inmate handbook, which direct victims to the local advocacy organization (Women's Center-Youth & Family Services), via a phone number and address, for support services. It should be noted that CHCF maintains the address and phone numbers to multiple sexual services advocacy centers in the surrounding areas of Stockton and Sacramento CA.

During the post-onsite audit phase, the auditor conducted an interview with a representative from the Women's Center-Youth and Family Services who stated that a victim advocate is available to meet with the inmate victim during a SANE exam upon request. The advocate maintained that they have not had a need to respond in the past 12 months, but has provided ongoing, telephone-based and face-to-face advocacy and counseling services for the CHCF inmate population. DOM, Chapter 5, Article 44, 54040.3, Definitions, states that a "victim advocate" includes a designated employee in the absence of an outside rape crisis center representative. Employees acting in this capacity shall be either certified by a rape crisis center as trained in counseling; a mental health or nursing clinician; and/or received advanced training as defined by California Evidence Code 1035.2.

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

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

Corrective Action: The audit team recommends no corrective action.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. CHCF Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation through 54040.12.5 Reporting to Offenders
- c. CDCR DOM, Chapter 4, Article 14, 31140.1 through 31140.2 Internal Affairs Investigations Policy and Purpose
- d. CHCF 2021-2022 PREA Yearly Tracking Report
- e. CHCF 2021 and 2022 PREA Allegations Logs
- f. Policies to ensure referrals of allegations for investigations memo (10/6/2017)
- g. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2020
- h. CDCR Public Website

2. Interviews:

- a. Agency Head (designee)
- a. Acting Warden
- b. PREA Compliance Manager

Findings (By Provision):

115.22 (a, b). CHCF reported in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.12, Investigation, states that “all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing.” DOM, Chapter 5, Article 44, 54040.12 also sets forth the investigative process of staff-on-offender allegations and offender-on-offender allegations.

The hiring authority is responsible for assigning an initial inquiry and/or investigation to a facility-based locally designated investigator (LDI); staff on offender allegations with sufficient information warrants a referral to the Office of Internal Affairs (OIA). Investigators possess legal authority to conduct criminal investigations and will collaborate with the local district attorney to make a determination on prosecution. In the past 12 months, the auditor’s review of CHCF’s allegation log, CHCF reported 108

allegations of sexual abuse and sexual harassment that were received. Zero allegations were referred for criminal investigation. According to the PCM, the Office of Internal Affairs is still in the process of reviewing/investigating numerous allegations arising out of CHCF.

During a prior interview with the Agency Head (designee) it was indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Agency Head (designee) maintained that the all locally designated investigators 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 the facility's Investigative Services Unit (ISU) will notify the local district attorney. A discussion with the several members of the facility's ISU confirmed this practice. CHCF also maintains a court liaison who works in collaboration with the district attorney's office to prepare applicable cases for prosecution.

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

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

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

Corrective Action: The audit team recommends no corrective action.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire (PAQ) b. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy c. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training

- d. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378
- e. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378
- f. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11054378
- g. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378, Knowledge Checks
- h. CDCR Basic Correctional Officer Academy (BCOA), Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11055014
- i. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499
- j. CDCR Office of Training and Professional Development, Instructor Guide, Inmate/Staff Relations, Version 1.2, BET Code: 11055030
- k. CDCR Office of Training and Professional Development, Inmate/Staff Relations, Version 1.2, BET Code: 11055030

2. Interviews:

- a. PREA Compliance Manager
- b. Training Coordinator
- c. Random Staff

3. Site Review Observations:

- a. PREA posters

Findings (By Provision):

115.31 (a). CHCF indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with

inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training, stipulates that all employees, volunteers, and contractors shall receive instruction on the provisions enumerated above. The policy also maintains that the content referenced above will be delivered during new employee orientation at the Correctional Training Academy and during annual training.

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

Both random and specialized staff who were interviewed during the onsite audit phase reported that they received training consistent with each of the ten elements listed within this provision of the standard. CHCF staff was able to articulate training content; knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy, an understanding that all staff and inmates have a right to be free from retaliation for reporting sexual abuse and sexual harassment, and their familiarity with their reporting responsibilities.

However, during the onsite audit phase, the auditor was able to review CHCF's staff training records which indicated that a large majority of both security and non-security staff had not received PREA training in the past 12 months. Discussions with CHCF administration acknowledged that there were many staff who had not been trained. This standard requires that all staff who may have contact with inmates be trained. As such, corrective action is needed to ensure that all staff who may have contact with inmates complete PREA training that involves all of the provisions set forth in 115.31 (a).

115.31 (b). CHCF stipulated in their response to the PAQ that their training is gender neutral and applicable to 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 further emphasized by California Penal Code Section 3430 which requires gender responsive training for staff. A review of the curriculum indicates that the training is gender neutral and applicable to both male and female facilities.

115.31 (c). CHCF maintained in their response to the PAQ that the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment every other year between mandatory trainings. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training, states that all employees, volunteers, and contractors shall receive instruction on the provisions within 115.31. The policy also indicates that this

content will be delivered during new employee orientation, at the Correctional Training Academy, and during annual in-service training.

During the onsite audit phase, the auditor confirmed through 15 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 115.31 (a). In addition, a majority of random staff interviewed were able to produce a first responder card for quick reference following an incident or allegation of sexual abuse which is an excellent practice.

115.31 (d). CHCF maintained in their response to the PAQ that the agency documents that all 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, stipulates that training participation shall be documented on the CDCR 844 Training Participation Sign-in Sheet. In-service training is conducted onsite at CHCF and is led by trained facilitators. As noted in 115.31 (a), a review of CHCF's staff training records indicated that a large majority of staff have not completed annual PREA training.

Corrective Action: The audit team recommends the following corrective action.

CORRECTIVE ACTION:

1. Ensure that all security and non-security staff complete the annual PREA training in accordance with DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training.

POST ONSITE AUDIT PHASE CORRECTIVE ACTION

At the time of the onsite audit, CHCF provided the auditor with the training records for all staff, security and non-security, in regard to annual PREA training which showed that approximately a little less than half (47%) had completed the training. The Corrective Action Plan required that all staff receive the training during the corrective action period. By the end of the corrective action period, CHCF provided documentation that showed 99% of all security and non-security staff had completed the annual PREA training. The remaining handful of staff were on leave and unavailable to complete the training at the end of the corrective action period, but would be scheduled upon return. The audit team finds that CHCF is in full compliance with 115.31.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination.

1. Documents

a. CHCF Pre-Audit Questionnaire

b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training

c. CDCR DOM, Chapter 3, Article 18, 32010.8.3 Record Keeping Form

d. CDCR DOM, Chapter 10, Article 9, Volunteers

e. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378

f. CDCR 2301, PREA Policy Information for Volunteers and Contractors signature pages

g. Volunteer and contractor training memo

h. CDCR Form 2301-PREA Policy Information for Volunteers and Contractors memo

2. Interviews

a. Contractors

b. PREA Compliance Manager

c. Volunteer Coordinator

Findings (By Provision)

115.32 (a). CHCF stated in their response to the PAQ that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. DOM, Chapter 5, Article 44, 54040.4 Education and Training, Staff Training (p. 479) states that contractors and volunteers shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. Training will be conducted during orientation and annual training.

The auditor reviewed CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), the same curriculum provided to employees, and found the content consistent with the expectation of this provision. During the onsite audit phase, two contractors (programming and medical) were interviewed as no volunteers were scheduled to be at CHCF during the onsite audit phase. Each 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.

A review of volunteers training records were also reviewed during the onsite audit

phase that confirmed training completion. The auditor also interviewed CHCF's volunteer coordinator who stated that volunteers receive the same training module as employees. Monthly reminders are sent to all volunteers notifying them that they are required to participate in such online training annually. The auditor reviewed ten random, completed CDCR 2301, PREA Policy Information for Volunteers and Contractors signature pages, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment.

However, during the onsite audit phase, CHCF was unable to locate the training records (i.e., CDCR 2301) for contracted staff. A random selection of 20 current CHCF contractors (non-CCHCS) was provided to CHCF to submit during the post-onsite audit phase. Of the 20, CHCF was only able to produce eight completed CDCR 2301 forms. This provision of the standard requires that all contractors receive training who may have contact with inmates. As such, corrective action is needed to ensure that all contracted staff receive PREA training.

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

Further, all volunteers and contractors are initially required to sign CDCR 2301 which includes an overview of PREA, CDCR's zero tolerance policy, professional behavior, preventative measures, and detection. This was also confirmed during the onsite audit phase interview with CHCF's volunteer coordinator and interviews with two contractors. All confirmed 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. However, CHCF was unable to produce the CDCR 2301 for a random sample of non-CCHCS contractors as noted in 115.32 (a).

115.32 (c). CHCF stated in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training, stipulates that the training shall be documented on the CDCR 844 Training Participation Sign-in Sheet, which is restated in DOM, Chapter 3, Article 18, 32010.8.3, Record Keeping Form. Additionally, CDCR 2301, PREA Policy Information

for Volunteers and Contractors, is the initial informational PREA resource that prospective volunteers and contractors receive. The statement on this form for which the volunteer or contractor is required to sign reads “I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.”

The auditor reviewed ten completed CDCR 2301 PREA Policy Information for Volunteers and Contractors forms and signature pages, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment for volunteers only. The two contractors stated during their interviews that they had received training specific to the agency’s zero tolerance policy and how to make a report of sexual abuse or sexual harassment. However, CHCF was unable to produce the CDCR 2301 for a random sample of non-CCHCS contractors as noted in 115.32 (a).

Corrective Action: The audit team recommends the following corrective action.

CORRECTIVE ACTION:

1. Ensure that all contracted staff complete the required training and CDCR 2301 PREA Policy Information for Volunteers and Contractors form in accordance with DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training.

POST ONSITE AUDIT PHASE CORRECTIVE ACTION

At the time of the onsite audit, CHCF could not provide the auditor with any documentation of contractor PREA training. CDCR utilizes form 2301, PREA Policy Information for Volunteers and Contractors Part A, to document acknowledgement of PREA. Over the course of the correction period, CHCF provided updates and copies of the 2301 as contractors completed their PREA training. By the end of the corrective action period, the auditor was able to match all contractors on CHCF’s official list with a completed 2301 form. The audit team finds that CHCF is in full compliance with 115.32.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: a. CHCF Pre-Audit Questionnaire

- b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education
- c. PREA Information for Orientation Handbook; English and Spanish versions
- d. CDCR Sexual Violence Awareness; English and Spanish versions
- e. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions
- f. CDC-128B Orientation Handbook General Chrono; completed
- g. CDC-128B Receipt of Inmate PREA Education
- h. Shine the light on Sexual Abuse poster; English and Spanish
- i. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish
- j. PREA brochures, posters, and booklets order form; blank

2. Interviews:

- a. PREA Compliance Manager
- b. Intake Staff
- c. Random Staff
- d. Random Inmates
- e. Targeted Inmates

3. Site Review Observations:

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

Findings (By Provision):

115.33 (a, b). CHCF indicated in their response to the PAQ that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 100 percent of newly admitted inmates (1,444 as reported in the PAQ) were given this

information at intake. The agency also indicated in their response to the PAQ that in the past 12 months 1,401 (140.1%) inmates received comprehensive education on their rights to be free from sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Offender Education, 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 PREA Information for Orientation Handbook, Sexual Violence Awareness brochure and Sexual Abuse/Assault Prevention & Intervention booklet, contain the agency’s zero tolerance policy and reporting options. These handouts also provide information on the federal act, inmates’ right to be free from sexual abuse and sexual harassment in confinement, dynamics of sexual abuse, protective measures, retaliation, medical care, investigative process, cross-gender announcing, transgender accommodations, and advocacy.

During the onsite audit phase, the audit team was unable to observe the intake process in R&R, as one transfer that was scheduled had to be cancelled. However, staff provided a “mock scenario” of the intake process which included the display of a PREA education video Just Detention International’s video PREA: What You Need to Know. Intake staff would also provide PREA materials, orientation handbook, and answer questions. In addition, an audit team member confirmed the intake and comprehensive education process during an onsite audit phase interview with intake staff. Of the 40 inmates interviewed, a majority recalled receiving comprehensive PREA information at intake. While the remainder did not remember receiving this information during intake (which could be attributed to their intake date), they described how to access this information.

The auditor randomly selected 10 inmate records to review for evidence of education acknowledgment while on-site. Of the 10 records, 8 acknowledgments of receipt of education (CDC-128B Orientation Handbook Chrono) were present. The intake staff member interviewed during the onsite audit phase did acknowledge that due to the strict precautions undertaken at CHCF (and CDCR overall) due to the health pandemic, there were some gaps in inmate PREA education, particularly with the acknowledgement receipt. Current data suggested that each incoming inmate received comprehensive education consistent with agency policy and this provision

115.33 (c). CHCF stated in the PAQ that all inmates housed at the facility received education within 30 days of intake. 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. CHCF reported that comprehensive education is repeated upon each intra-agency transfer. Both facility staff and the PCM stated during interviews that all

CDCR facilities have adopted the agency's DOM, Chapter 5, Article 55, 54040.4 Education and Prevention policy.

In particular, section Offender Education of the policy sets forth that the brochure entitled Sexual Violence Awareness and booklet entitled Sexual Abuse/Assault - Prevention and Intervention "shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook." The intake staff member interviewed and the "mock" intake procedure corroborated that the practice is consistent with policy, and that all inmates processed through COR R&R receive comprehensive PREA education. As observed on all education materials, the agency has adopted a universal means of reporting sexual abuse, sexual harassment, and report-related retaliation.

115.33 (d). CHCF indicated in the PAQ that PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. DOM, Chapter 5, Article 44, Education and Prevention, Offender Education, requires such accommodation. During the onsite audit phase facility walkthrough, the auditor observed that CHCF has PREA information posters displayed throughout the facility printed in Spanish and English languages. If an inmate arrived at the facility and had any disabilities or limited English proficiency limitations, the facility is prepared to assign a bilingual staff member or engage interpretation services to ensure understanding. CDCR maintains a contract with a translation service, Vioance Language Services, LLC, 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.

During the onsite audit phase, the auditor tested the telephone system for Vioance Language Services, LLC which functioned appropriately. Additionally, during two interviews with inmates who are limited English proficient, the auditor utilized a staff member for interpretation services. CHCF maintains a large list of employees that speak various languages and who can be called upon when necessary.

115.33 (e). CHCF stipulated in their response to the PAQ that the agency maintains documentation of inmate participation in PREA education. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education, states that receipt of education shall be documented on CDC Form 128-B General Chrono, which shall be forwarded to Inmate Records for scanning into the Electronic Records Management System. Refusal to sign the acknowledgment shall be noted by staff on the CDC 128B. The auditor randomly selected 10 inmate records to review, of which 8 included receipt of education documentation as required by this provision and agency policy. As noted earlier, the intake staff member interviewed during the onsite audit phase did acknowledge that due to the strict precautions undertaken at CHCF (and CDCR overall) due to the health pandemic, there were some gaps in inmate PREA education, particularly with the acknowledgement receipt. Current data suggested that each incoming inmate received comprehensive education consistent with agency

	<p>policy and this provision</p> <p>115.33 (f). CHCF indicated in their response to the PAQ that the agency ensures key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The audit team observed and reviewed the PREA information at CHCF and confirmed that it is continuously made available to inmates in several ways including Shine the Light on Sexual Abuse posters, San Joaquin Women’s Rape/Crisis Center posters, postings for the Office of the Inspector General, and telephone numbers available in the encased bulletin boards in each housing unit for the Office of the Inspector General and Office of Internal Affairs for PREA related concerns.</p> <p>A vast majority of the inmates (random and targeted) during the onsite audit phase interviews were able to articulate how they could locate or reference a means to report incidents of sexual abuse or sexual harassment.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) c. CDCR DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text, Version 1.0, BIC ID:11055853 e. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators Participant Workbook, Version 1.0, BIC ID:11055853 f. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 g. CA Penal Code, Part 4, Title 4, Chapter 1, Article 2 13516(c)

- h. LDI listing by facility
 - i. Basic Investigator Course enrollment log
2. Interviews:
- a. PREA Compliance Manager
 - b. Sexual Abuse Investigator

Findings (By Provision):

115.34 (a). CHCF indicated in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training, stipulates 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 considered “locally designated investigators” (LDI) after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct per DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI). CHCF maintains 12 LDIs who have received specialized investigator training as evidenced by training records and discussions with the facility’s Investigative Services Unit (ISU) Sergeant.

115.34 (b). Through a review of the CDCR’s curriculum, 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.

During the onsite audit phase, the interview with the sexual abuse investigator (ISU Sergeant) involved a discussion of the specialized training that staff receive. Topics that are reviewed include CDCR policy, first responder procedure, trauma/victimization, communication, processing crime scenes, interviewing techniques, mental health referrals, documentation, Miranda, advocacy, and SANE.

115.34 (c). CHCF stated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. CHCF maintains 12 LDI staff members who have been trained to conduct sexual abuse investigations. Training completion is tracked via the agency’s learning management system, and the auditor queried the database to verify that the specialized training was completed

	<p>115.34 (d). The auditor is not required to audit this provision of the standard.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.35 Specialized training: Medical and mental health care	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training c. CDCR DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements d. Prison Rape Elimination Act – Specialized Training for Medical and Mental Health Staff Memo e. CDCR On-the-Job Training, Prison Rape Elimination Act Policy, Specialized Training for Medical and Mental Health Staff, version 1.0, BET: 11057450 2. Interviews: <ol style="list-style-type: none"> a. Medical/Mental Health Staff b. PREA Compliance Manager <p>Findings (By Provision):</p> <p>115.35 (a). CHCF indicated in their response to the PAQ that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. CHCF reported a total of 1,704 medical and mental health care practitioners who fall into this category. Of all medical and mental health care staff, the PCM reported that only 4% have received the training required by this provision.</p> <p>During the onsite audit phase, CHCF provided the auditor with the training records for specialized training of medical and mental health practitioners which confirmed that a vast majority of CCHCS staff had not completed the training as required. This was confirmed through a review of the “Course Enrollments-Negative Report” provided. As such, this standard is not in compliance and corrective action needed to ensure that</p>

all medical and mental health practitioners complete the specialized training.

A memorandum, dated 8/9/17 directs CDCR's Division of Health Care Services and California Correctional Health Care Services' (CCHCS) medical and mental health staff practitioners who have contact with inmates to complete a Learning Management System (LMS) module within 60 days of the memo's issue. DOM, Chapter 3, Article 18, 32010.10.1, Training Requirements, states, "It is a condition of employment that all employees complete the training required for their job classification/position. Employees who fail to meet these training requirements may have their merit salary award denied or be subject to other administrative sanctions."

The auditor reviewed the training content and found that the curriculum meets the requirements of this provision for specialized training. Although there is an online module for completing the required specialized training for this provision, it is difficult to understand the significant number of medical and mental health staff who have not completed the specialized training, despite the disruption of the health pandemic.

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

115.35 (b). CHCF stated in their response to the PAQ that agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at the local community hospital, San Joaquin General Hospital. During the post-onsite audit phase, the auditor conducted a telephone interview with the SART Coordinator who is responsible for managing all SANE/SAFE examinations, who stated that San Joaquin General Hospital is responsible for all forensic medical examinations for CHCF.

115.35 (c). CHCF stipulated in their response to the PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. During the pre-onsite audit phase and via the PAQ, the facility reported that only 4% of 1,704 medical and mental health care providers (employees and contractors) that provide services to inmates received agency training of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. This is in violation of the provisions set forth in this Standard. Although CHCF does track all trainings electronically via the LMS, not all medical and mental health staff have completed the specialized training per the PAQ and PCM.

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.

Corrective Action: The audit team recommends the following corrective action.

CORRECTIVE ACTION:

1. 115.35 (a, c). Ensure all medical and mental health care practitioners who have contact with inmates receive specialized training per this provision and agency policy.

POST ONSITE AUDIT PHASE CORRECTIVE ACTION

At the time of the onsite audit phase, CHCF provided documentation that showed that only approximately 17% (272 of 1611) medical and mental health had completed the required specialized training pursuant to PREA Standard 115.35. The Corrective Action Plan required that all medical and mental health staff receive the specialized training during the corrective action period. CHCF provided periodic updates to the auditor during the corrective action period. By the end of the corrective action period, CHCF provided documentation that showed 100% (1611/1611) of all medical and mental health professionals had completed the specialized PREA training. The audit team finds that CHCF is in full compliance with 115.35.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 46, 54040.5 Initial Screening c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing d. CDCR DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement

- e. CCR, Title 15, Section 3269 Inmate Housing Assignments
- f. Prison Rape Elimination Act Risk Screening memo
- g. PREA Screening Instructions
- h. PREA Screening; blank
- i. Reception Center – Prison Rape Elimination Act (PREA) Reassessment; blank
- j. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities memo
- k. Proof of Practice Regarding: Prison Rape Elimination Policy
- l. Prison Rape Elimination Act – Reassessments at Reception Centers
- m. Prison Rape Elimination Act Risk Rescreening – Correctional Counselor Responsibilities memo
- n. CDCR 128-MH5 Mental Health Referral Chrono
- o. Classification Review example
- p. PREA 30 Day Reassessment Report
- q. PREA Resource Center FAQ (dated 10/21/2016)

2. Interviews:

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

3. Site Review Observations:

- a. Screening Process

Findings (By Provision):

115.41 (a). CHCF indicated in their responses to the PAQ that the agency maintains policy DOM, Chapter 5, Article 44, 54040.6, Offender Housing, that requires each person to be screened upon admission to their facility or transfer to another facility, for risk of sexual abuse victimization or sexual abusiveness towards other inmates.

Although DOM, Chapter 5, Article 44, 54040.6 does not specifically maintain a requirement for a screening process for risk assessment, other information such as Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities memo, CDCR DOM, Chapter 5, Article 44, 54040.6, Offender Housing, and CDCR DOM, Chapter 5, Article 44, 54040.7, Screening for Appropriate Placement, do allude to the necessity of completing a PREA risk assessment at the time of intake. It should be noted that a policy specifically stipulating such is not required for compliance with this provision.

In 2022, this auditor placed CDCR into corrective action based upon recently revised instructions to one of the risk screening questions (#7). Although the agency was unable to provide the auditor with a date of when the change to the instructions occurred, the revised instructions provided by CDCR's headquarters for question #7 and subsequent training of all staff involved in the risk assessment process throughout CDCR was sufficient to meet this standard (see CVSP 2022 PREA Audit Final Report).

An audit team member interviewed the risk screening process with a CHCF intake screener (Lieutenant) during the onsite audit phase and was informed that an initial risk screening is completed with each inmate upon arrival at the facility. When an inmate is transported off-site for one night or more (i.e. for a medical appointment, court appearance, etc.) and returns to the facility, another risk screening is completed.

During the onsite audit phase, the audit team was unable to observe any "real time" risk screenings as no individuals were admitted to the facility during the onsite phase of the audit. However, a random sample of 20 PREA risk screening assessment tools (PRATs) were requested to be reviewed by the audit team where 5 of the 20 assessments were either not completed or were unable to be located. Considering that 25 percent of the small sample were not in compliance, there is a need for corrective action to ensure that an initial risk assessment is completed on every inmate within 72 hours of their intake.

Of the 40 inmate interviews conducted during the onsite audit phase, most recalled being asked the applicable screening questions from the instrument. However, there were some whose length of stay was already significant and they could not recall.

115.41 (b). CHCF reported in their responses to the PAQ that the agency has a policy that requires inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. In the past 12 months, 1,401 inmates have 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.

A random sample of 20 inmate risk screening instruments were requested during the onsite audit phase. Of the 20 PREA risk screening assessment tools (PRATs), 5 of the 20 assessments were either not completed or were unable to be located. Considering that 25 percent of the small sample were not in compliance, there is a need for corrective action to ensure that an initial risk assessment is completed on every

inmate within 72 hours of their intake.

During the pre-onsite audit phase, the auditor reviewed policy DOM, Chapter 5, Article 46, 54046.5, Initial Screening, as evidence of policy compliance. This section directs facilities to screen for an appropriate housing assignment upon arrival. However, it does not comment on the timeliness of such screening, and the auditor could not identify such direction in an alternate policy or procedure. However, the memo titled Prison Rape Elimination Act Risk Screening from the agency's Division of Adult Institutions Director on 8/28/2017 directs custody supervisors to conduct risk screening during the intake process. A CHCF intake worker who was interviewed during the onsite audit phase stated the intake process is typically completed within several hours of arrival.

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

The evidence indicates that the PREA Screening is standardized, consistently administered to all inmates, structured using a weighting and scoring mechanism, guided by a supplemental user guide, and culminates in an overall determination of sexual risk. Eleven of the 15 questions are objective, meaning they are worded in a way which does not allow the person responsible for risk screening to impart their feelings or opinions.

As noted above in 115.41(a), CDCR was placed into corrective action from a previous audit based upon recently revised instructions to one of the risk screening questions (#7). Corrective action has been completed and the auditor found the changes to be satisfactory with this provision.

115.41 (d). The agency's PREA Screening tool is comprised of 15 questions. In particular, the PREA Screening includes the questions, "Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years?," "Have you experienced sexual victimization in a correctional setting that you have not previously reported?," "Have you experienced sexual victimization in a non-correctional setting?," "Mental, Physical, or Developmental Disability?"; "Age? (21 and under or 65 and over)," "Physical build? Male 5'2 or less in height and/or weighs less than 120 lbs. Female: 5' or less in height and/or weighs less than 90 lbs.," "Any prior or current convictions for sex offenses against as adult or child?," "Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or

Gender Non-Conforming?," "First Incarceration in state prison?"; "Exclusively non-violent criminal history (convictions only)?," "Inmate currently considers themselves vulnerable to sexual victimization?," "History of Sexual Violence in a correctional setting?," "Prior convictions for sex offense in a non-correctional setting?," "Conviction for non-sexual violent offenses in a non-correctional setting, within 5 years?," "Guilty finding for non-sexual violent offense in a correctional settings; meeting the criteria defined as Division A-1, A-2 or B offense within 5 years?" CDCR does not assess for the final consideration, as to "Whether the inmate is detained solely for civil immigration purposes" as the agency does not confine inmates for this reason exclusively.

115.41 (e). The PREA Screening includes an assessment of the criteria required by this provision. Each of the questions attempt to elicit information about an inmate's prior history of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Responses are recorded as part of the screening and used to determine each inmate's risk of being sexually abusive. CHCF's risk screener who was interviewed confirmed that the questions asked involve determining if someone has a propensity to being sexually abusive.

115.41 (f). CHCF indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate's risk of victimization or abusiveness within 30 days after the inmate's arrival at the facility, based upon any additional information received by the facility since the intake screening. In the past 12 months, 1,000 inmates have reportedly entered the facility and remained there for 30 days or more. Of these inmates, the facility stated all were rescreened for risk within 30 days of admission.

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

During the onsite audit phase, most of the 40 inmate interviews confirmed that they were asked about their degree of risk on a second occasion, but could not recall the timeframe. A review of 20 random risk screenings also confirmed that a review was completed during the Classification Review Committee's meeting with the inmate within 30 days.

115.41 (g). CHCF stated in their response to the PAQ that the agency has a policy requiring an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. DOM, Chapter 5, Article 44,

54040.7, Screening for Appropriate Placement, restates this expectation and maintains that any staff member with any concern that an inmate may be subject to sexual victimization shall immediately notify a custody supervisor who will refer them for a mental health screening. The auditor reviewed the records of four inmates who either reported sexual abuse (4 interviewed) or reported sexual victimization during risk screening (3 interviewed) in the preceding 12 months, and the documentation showed that all had been reassessed after their reporting.

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

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

115.41 (i). CDCR's PREA Screening Instructions state risk-related identification (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 internal intranet. The form is then uploaded to the respective inmate's electronic medical record. Only staff with proper computer program access permissions may access the electronic medical record. Staff must have a defined role in the assessment process to be granted access to the assessment system. Access may be queried.

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

Corrective Action: The audit team recommends the following corrective action.

CORRECTIVE ACTION:

Corrective Action:

115.41(a-b): Ensure that an initial risk assessment/risk screening instrument is completed on every inmate within 72 hours of their intake.

POST ONSITE AUDIT PHASE CORRECTIVE ACTION

115.41(a-b): At the time of the onsite audit phase, a random sample review of PREA

	<p>initial risk assessment screenings by the auditor showed that a substantial number of assessments were either missing or not completed, thus placing this subsection of the standard into non-compliance. In order for CHCF to comply with 115.41, the auditor requested that a list of all admissions into the facility during the corrective action period be provided at the end of each month from December, 2022 thru March, 2023. From the monthly list, the auditor selected a random sample of 10% of inmate admissions and requested a copy of the initial risk assessment screening for those individuals. Based upon a review of the initial risk assessment screenings provided each month, an average of over 95% were correctly completed within 72 hours with additional training and close monitoring by the PCM and other supervisory staff undertaken to ensure a 100% completion rate. The audit team finds that CHCF is in full compliance with 115.41.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing c. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming d. CDCR DOM, Chapter 5, Article 12, 62080.14 Transgender or Intersex Inmates e. CCR, Title 15, Section 3377 Facility Security Levels f. Use of screening information memo g. PREA Screening Instructions h. Instructions for Completion of the PREA Screening Tool i. CDCR 115.42 Compliance memo j. Changes to Prison Rape Elimination Act Screening Form – Mental Health Referral Process memo k. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities memo l. Classification Committee Chrono; samples

- m. CDCR 128-B Transgender Bi-Annual Assessment - PREA
- n. Transgender Inmates by Annual Review Month report
- o. Transgender Biannual Reassessment for Safety in Placement and Programming memo
- p. CCHS, Volume 4, Chapter 26, 4.26 Gender Dysphoria Management Policy
- q. CCHS/DHCS Care Guide: Gender Dysphoria

2. Interviews:

- a. Staff Responsible for Screening
- b. Classification/Housing Assignment Staff
- c. PREA Compliance Manager
- d. PREA Coordinator

Findings (By Provision):

115.42 (a, b). CHCF indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Per a memo from the Division of Adult Institutions Director on 9/29/2017 and in an effort to immediately come into compliance with 115.41 and 115.42, all facilities were to ensure each inmate was screened for risk during their next annual classification review. Following this "catch up" period, initial risk screening is conducted during Receiving & Release by the custody supervisor and again within 14 days of arrival by the appropriate correctional counselor in anticipation of the Initial Unit Classification Committee. Results of the risk screening may categorize inmates as having no risk, risk of victimization, or risk of abusiveness. In the event an inmate is determined to be at risk, they must be designated as such in the inmate precaution section of SOMS so that the potential vulnerability is known when making housing assignments. PREA Screening Instructions detail this electronic entry process.

DOM, Chapter 5, Article 44, 54040.7, Detection, Notification, and Reporting, maintains that when the custody supervisor who is tasked with the initial risk screening learns an inmate has previously experienced sexual victimization, alternate housing options shall be discussed with the respective inmate. In accordance with the agency's single cell policy, per 54040.6, Offender Housing, the PREA Screening Form, shall be completed as part of the review and evaluation process. CCR, Title 15, Section 3269 also notes a presumption for single cell housing based on documented and verified

instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner.

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

One of the facility's risk screeners indicated that the scores generated from the PREA Screening are used to inform placement decisions. Specifically, placement on and movement off of units are decisions made by the sergeant, assigned movement officer, and corrections counselor who receive risk-based alerts about the compatibility of inmates. CHCF's PCM stated that risk screening information is predominately used to make safe housing placements, as well as to ensure safety and security within programming, educational, or work assignments.

During the onsite audit phase, interviews and conversations with random and specialized staff stated that there is an understanding that housing, work, education, or program assignments are not made without approval from the correctional counselor or program/work supervisor who have access to viewing the confidential and restricted information, including potential risk of abusiveness or victimization, in SOMS.

115.42 (c). CHCF stated in their response to the PAQ that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, 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, Chapter 6, Article 12, 62080.14, Transgender Inmates, stipulates that the classification committee shall review case factors for transgender and intersex inmates so as to determine institutional placement and housing assignment. In an effort to deliver appropriate medical care and mental health treatment, transgender and intersex inmates shall be housed at one of 14 institutions to the "maximum extent practical." If placement in such a facility is difficult, a multidisciplinary team is to convene to determine the most appropriate facility and level of care consistent with the inmate's case factors.

CHCF is a designated facility for transgender inmates. A total of four transgender inmates were interviewed during the onsite audit phase. The agency's PREA Coordinator and CHCF's PCM both confirmed that CDCR has 14 designated facilities for transgender and intersex inmates which are equipped to better meet their individual needs. Both indicated that CHCF is able to provide accommodations to ensure health, safety, and security.

115.42 (d). DOM, Chapter 5, Article 44, 54040.14.2, Transgender Biannual Reassessment for Safety in Placement and Programming, states that transgender and intersex inmates shall be reassessed every six months to review any threats to safety

experienced by the inmate. The reassessment process mirrors the annual classification review process, but is held biannually. Identified inmates are asked about threats to their safety during the pre-committee interview. The correctional counselor is also responsible for reviewing the inmate's case factors in SOMS and the electronic medical record to glean additional, relevant information.

Following the review, the correctional counselor documents any actions taken on the 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 and that it is completed in a timely manner.

115.42 (e). DOM, Chapter 5, Article 44, 54040.14.2, Transgender Biannual Reassessment for Safety in Placement and Programming, provides that the reassessment process involves having a face-to-face conversation with inmates who identify as transgender or who are intersex to ascertain any placement, programming, or safety concerns they may have. 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 during the pre-onsite audit phase corroborated that the facility's practice aligns with agency policy. The PCM indicated that CHCF gives serious consideration to a transgender or intersex inmate's own views about their safety within the institution.

115.42 (f). Per the pre-onsite audit phase interview with the PCM, transgender and intersex inmates are given the opportunity to shower separately and privately from other inmates. Modesty doors are in place in all showering areas. Each of the four transgender inmates who were interviewed confirmed their ability to shower separately and privately.

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

Corrective Action: The audit team recommends no corrective action.

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. CHCF Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing
- c. CCR, Title 15, Section 3335 Administrative Segregation
- d. CDCR Custody Supervisor Checklist (PREA)
- e. Classification Review Placement Notice Chrono
- f. Administrative Segregation Placement Notice Chrono

2. Interviews:

- a. Acting Warden
- b. Intermediate or Higher-Level Facility Staff
- c. PREA Compliance Manager

Findings (By Provision):

115.43 (a). CHCF indicated in their response to the PAQ that the agency maintains 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 the facility has determined 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, stipulates that responses to the risk screening shall not prompt automatic placement of the inmate into administrative segregation. Further, 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 conduct the assessment immediately, it 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 the 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. In the past 12 months, CHCF reported that there have been zero inmates who are at risk of sexual victimization who have been involuntarily segregated for any time period. As such, there is no documentation to demonstrate the basis of the facility's concern for the inmate's safety and the reason(s) why an alternative means of separation could not be arranged.

During an interview with the acting Warden during the pre-onsite audit phase, it was communicated that CDCR policy prohibits placing those at risk in a segregated status unless there are no other safer means. Rather, they consider what other housing unit(s) are most appropriate to ensure safety. Although segregation is permissible pending an assessment of more appropriate housing options, CHCF no longer maintains a segregated housing area. All individuals in need of placement in a segregated status are either immediately transferred to another facility, or moved to a non-disciplinary setting within CHCF. Interviews with Intermediate or Higher-Level staff affirmed that inmates are not placed in segregated housing for the sole reason of being at risk of victimization. The facility may elect to place inmates at imminent risk in a non-disciplinary segregated (NDS) status if no other options exist. In these cases, inmates will spend the minimum time necessary in this status. The Classification Review Committee would then assess the inmate's placement every 30 days while a threat assessment is conducted and actions are taken to mitigate the risk.

115.43 (b). CCR, Title 15, Section 3335, Administrative Segregation, stipulates that 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." CHCF did not maintain any completed forms to review as no inmates at high risk of sexual victimization have been placed in segregation in the last 12 months.

During the onsite audit phase, the auditor was informed during an interview with a Lieutenant that if an inmate expresses imminent risk of victimization they may be placed in NDS, but only after alternate housing options are explored. In this status,

their access to programs, privileges, education, and work would be modified, but efforts would be made to ensure continuity. Because the inmate is on an NDS status for his protection he will not be permitted to congregate for traditional activities (i.e. worship, school, work); however, teachers will, for instance visit and deliver educational packets. NDS placement prompts monthly classification review for appropriateness and the review is documented. The acting Warden, PCM, and Lieutenant reported that zero inmates had been 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.

115.43 (c). CHCF indicated in their response to the PAQ that of those inmates identified as being at high 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, maintains that an inmate's "retention in segregation should not ordinarily exceed 30 days. If retention continues beyond 30 days, staff shall comply with policies governing segregated housing assignments.

The acting Warden indicated during the pre-onsite audit phase interview that inmates at high risk of victimization are not placed in segregated housing, but rather immediately examine alternative means of separation from likely abusers that can be arranged within CHCF. CHCF reported that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

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

DOM, Chapter 5, Article 44, 54040.6, Offender Housing, maintains that if an involuntary segregated housing assignment is made in accordance with the above provisions, a restrictive housing supervisor shall document the placement 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.

115.43 (e). CHCF stated in their response to the PAQ that no inmates were held in involuntary segregated housing in the past 12 months as they do not maintain a physical place for segregation. This was also verified during interviews with the acting Warden, PCM, and Lieutenant. CHCF further responded that if an involuntary segregated housing assignment was made, the facility would transfer the inmate and review the separation every 30 days to determine if a continuing need exists. As

	<p>such, there are no applicable records to review or inmates to interview.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education c. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting d. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct e. CCR, Title 15, Section 3138 Indigent Inmates f. CCR, Title 15, Section 3141 Confidential Correspondence g. CDCR Sexual Violence Awareness; English and Spanish versions h. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions i. CDC-128B Receipt of Inmate PREA Education j. Shine the light on Sexual Abuse poster; English and Spanish k. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M l. CDCR, Instructor Text, T4T – PREA Training m. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 n. Mailroom and rape crisis center correspondence instructions email; PREA Confidential Correspondence with Rape Crisis Centers attachment

2. Interviews:

- a. Random Staff
- b. Random Inmates
- c. PREA Compliance Manager

3. Site Review Observations:

- a. Informal Interviews
- b. Posted Information (posters)

Findings (By Provision):

115.51 (a). CHCF indicated in their response to the PAQ that the agency has established multiple internal methods for inmates to privately report sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. According to DOM, Chapter 5, Article 44, 54040.7, Detection, Notification, and Reporting, inmates may report the conduct listed above or violations of agency sexual abuse policy by either: reporting to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, through a third party, or to the OIG Ombudsman for Sexual Abuse in Detention Elimination.

DOM, Chapter 5, Article 44, 54040.7, section Education and Prevention, Offender Education stipulates that the facility shall display posters which include reporting hotline numbers. During the onsite audit phase facility walkthrough, the auditor noticed posters in all of the housing units that provided the telephone numbers to the Office of Internal Affairs and the OIG Ombudsman which were appropriately placed in the enclosed bulletin boards. Posters for "Shine the light on Sexual Abuse and Prison Rape Elimination Act Office of the Inspector General were also observed in each of the housing units and well as information on how to contact San Joaquin Women's Rape/ Crisis Center.

Upon intake, each inmate is provided with written resources taken from the Sexual Violence Awareness and Sexual Abuse/Assault Prevention & Intervention materials. Both resources detail the reporting options which include those outlined in DOM, Chapter 5, Article 44, 54040, in addition to the address and phone numbers for the agency's Office of Internal Affairs. Upon distribution of each brochure, inmates are asked to acknowledge receipt via CDC-128B Receipt of Inmate PREA Education.

During the onsite audit phase interviews conducted with random (20) and targeted inmates (20), the vast majority (over 90%) were able to articulate at least one way to report sexual abuse or sexual harassment. Of the 15 random staff members interviewed during the onsite audit phase, all were able to recite appropriate

reporting options.

During the onsite audit phase walkthrough, the auditor attempted to test the telephone lines to the OIG and OIA which are currently toll-free, however was unsuccessful as there was a requirement to utilize your personal PIN to connect. An inmate on one of the housing units was gracious in inputting his PIN so that the auditor could test the lines which were operational. Conversations with the PREA Coordinator and PCM revealed that the agency is continuing to work with their telephone provider to eliminate the required entry of an inmate PIN when making a call to OIG and OIA. It was emphasized that this identifying information is not shared with investigators, but for the sake of a reporter's perception, better practice is to remove this required entry or establish one general PIN for all inmates.

115.51 (b). CHCF maintained in their response to the PAQ that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. 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, Indigent Inmates, stipulates that inmates deemed indigent may receive up to five postage paid envelopes per week.

The brochures, Sexual Violence Awareness and Sexual Abuse/Assault Prevention & Intervention further state that letters to the OIG will be processed as legal mail and inmates can request to remain anonymous. During the onsite audit phase walkthrough, the auditor visited the mailroom and spoke directly with staff who indicated that if an inmate does not provide a return address on the envelope going to the OIG, then it is processed and mailed out if the address to the OIG matches. However, the mailroom maintained their own internal listing of addresses for multiple rape crisis centers in which an inmate could write to anonymously, but the address for the OIG was not included. It was recommended that the mailroom add the OIG address to the list where no return address is required.

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

An interview with the PCM confirmed that in order to report externally, inmates may write a letter to OIG. Not only may they write to OIG, but they may do so anonymously (i.e. they are not required to record their name on the outgoing envelope or enclosed correspondence). Inmates may also report anonymously via a third party. Of the 40 random and target inmates interviewed, there was variation in understanding an anonymous reporting option. Although a majority of inmates affirmed that they knew they could report anonymously, few were able to recite to whom or the process for remaining anonymous. They overwhelmingly stated they

would consult written materials (i.e. posters, handbooks) to learn of their options.

The CDCR 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.

115.51 (c). CHCF stipulated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports. According to CCR, Title 15, Section 3401.5, Staff Sexual Misconduct, and DOM, Chapter 5, Article 44, 54040.7, Detection, Notification, and Reporting, staff are responsible for reporting immediately and confidentially reporting to an appropriate supervisor any information that indicates an inmate has experienced sexual abuse or sexual harassment. Staff is then required to document the notification on CDCR Form 837 Crime Incident Report.

All 15 random staff interviewed during the onsite audit phase stated that inmates can report in any of the ways described above, including anonymously. All also stated that they would complete an incident report immediately upon accepting a report from an inmate, regardless of the reporting mechanism. The overwhelming majority of the 40 random and targeted inmates affirmed that they can report in any of the accepted ways with the exception of reporting anonymously as earlier discussed.

A review of CDCR's public website revealed a list of ways in which sexual abuse or sexual harassment may be reported. Specifically, community-based reporters may disclose an experience of sexual abuse or sexual harassment on behalf of an inmate to OIG, OIA, or to the facility (CHCF) directly. The public website also provides community members with information on how to communicate to the CDCR in writing or verbally.

115.51 (d). CHCF indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting immediately and confidentially to any supervisor. Staff are informed of these procedures via training materials and DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting). The auditor reviewed Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M and training materials, which affirm this reporting option.

During the onsite audit phase facility walkthrough, the audit team observed posters hung throughout the facility and, in particular, the housing units. All 15 random staff interviewed confirmed that they were aware that they could report privately and in a confidential manner. All stated that they would privately notify their supervisor, with many indicating the telephone numbers for the OIG and OIA in the enclosed bulletin boards in the housing units.

Corrective Action: The audit team recommends no corrective action.

	<p>Recommendations:</p> <ol style="list-style-type: none"> 1. 115.51 (a). To enhance the agency’s reporting culture, eliminate the requirement that an inmate enter their respective PIN number when contacting OIG or OIA to report sexual abuse or sexual harassment via telephone. 2. 115.51 (b). Ensure incoming and existing inmates receive information about how to report sexual abuse and sexual harassment anonymously. Consider updating the inmate handbook(s) and displayed posters to clearly state the process of “request to remain anonymous” when contacting OIG. 3. 115.51 (b). Ensure that all mailroom staff are knowledgeable that any letter addressed to the OIG does not require a return address to maintain anonymity.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CCR Title 15, 3084 Article 7-9, Inmate Sexual Safety c. CDCR, DOM, Chapter 5, Article 44, 54040.7.1 Notification via Inmate Appeals or Form 22 Process d. CDCR, DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer e. CDCR, DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender f. CDCR, DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim - False Allegation g. Notice of Change to Regulations, Title 15, Sections 3486, 3486.1, 3486.3 (dated 4/8/2022) h. Notice of Change to Regulations, Title 15, Sections 3084, 3483 (dated 12/20/2021) i. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions j. CHCF Inmate Orientation Manual

2. Interviews:

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

Findings (By Provision):

115.52 (a). CHCF indicated in their response to the PAQ that the agency has an administrative procedure for handling 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. An emergency appeal 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 CHCF's Inmate Orientation Manual, which provides inmates information on how to submit a grievance and file an appeal, if necessary. In the last 12 months, CHCF reported 118 grievances were filed alleging sexual abuse. During the onsite audit phase, the auditor reviewed CHCF's PREA related grievance database and spoke with one of CHCF's grievance staff members in the Office of Grievances (OOG) who described the review, follow-up, and documentation process.

Effective January 1, 2022, the agency began phasing in emergency regulation that established organizational changes related to the response and investigation of allegations of staff sexual misconduct. Policy change is proposed for Title 15. Allegations received through the grievance and appeals process will be routed through newly formed units within Office of Internal Affairs (OIA). These organizational and process changes are intended to remove bias from local institutions when screening complaints for staff misconduct. All allegations of staff sexual misconduct must now be routed to a division of OIA called Allegation Inquiry Management Section (AIMS) within five business days of discovery. Within OIA/AIMS, Centralized Screening Team (CST) will conduct an initial unbiased review to determine if complaints contain any allegations of staff misconduct. If so, Allegation Investigation Unit (AIU) within OIA/AIMS is charged with conducting a thorough investigation.

During the onsite audit phase, the auditor observed posted information related to the aforementioned process changes. The posted notice describes important changes, definitions, and new forms. Notably, the poster emphasizes there is no time constraint when filing an allegation of staff misconduct.

115.52 (b). CHCF reported in their response to the PAQ that the agency has a policy and procedure allowing an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident allegedly occurred. The facility also reported that agency policy requires an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, following an incident of sexual abuse. The agency's appeals policy, CCR, Title 15, Article 8, stipulates that there should be no time limit for allegations of staff sexual misconduct or inmate-on-inmate sexual violence. CHCF's Inmate Orientation Manual encourages inmates to attempt to resolve the issue with appropriate staff before filing an appeal. This is consistent with information from specialized staff. The grievance staff member and acting Warden 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.

115.52 (c). CHCF maintained in their response to the PAQ that the agency's policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the person who is the subject of the complaint and that these grievances would not be referred to the staff member who is the subject of the complaint. CCR, Title 15, Article 8 also maintains that appeal responses shall not be reviewed and approved by a staff person who participated in the event or decision being appealed.

It should also be noted that inmates are afforded the ability to report sexual abuse through various mechanisms other than the grievance system. These mechanisms include verbal and written reports to any staff member, written and telephone reports to OIG or OIA, and reports to family or friends as described in the inmate educational materials provided during intake.

115.52 (d). CHCF indicated in their response to the PAQ that the agency's policy requires a decision on a grievance alleging sexual abuse within 90 days. When an extension is required the agency notifies the inmate in writing which also provides a date by which a decision will be made. This is required to take no longer than an additional 70 days to make an appropriate decision.

However, it should be noted that during interviews with random and targeted inmates, four indicated that they had not received any notification on the status of their grievances alleging sexual abuse. After a review of the grievance log, it appears that when an allegation of sexual abuse involves staff, a notification is not regularly being provided to the inmate that the investigation has been shifted from the facility to the Allegation Investigation Unit (AIU) within OIA/AIMS. It is recommended that the grievance office ensure that inmates are notified when an alleged staff sexual abuse allegation is referred to AIU for investigation.

CCR, Title 15, Article 8, Appeals, maintains 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 the 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 is to occur if the inmate is deemed at substantial risk of imminent abuse. 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. As noted earlier, CHCF reported 118 grievances alleging sexual abuse in the past 12 months. The grievances were completed well within 90 days. This was confirmed through a review of CHCF's PREA grievance log and the interview with the grievance staff member during the onsite audit phase.

115.52 (e). CHCF stated in their response to the PAQ that agency policy allows third parties to assist inmates in filing a request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. However, if an inmate elects to decline third-party assistance in filing a grievance alleging sexual abuse, the facility 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, stipulates that inmates are able to report sexual abuse with the assistance of third parties. When a third party report is received, a supervisor is required to privately discuss the complaint and assess immediate housing needs with the alleged victim. Thereafter, the report is forwarded to the Hiring Authority for review and action by an LDI. Inquiry and/or investigative information gathered by the LDI must be documented on a Confidential Memorandum. Reviews of investigative files show that reports from third parties are accepted and investigated. Per CHCF's PCM and the PAQ, zero third party complaints were filed on behalf of an alleged victim in the past 12 months.

115.52 (f). CHCF provided in their response to the PAQ that the agency maintains a policy and procedures which include an initial response within 48 hours when an emergency grievance is filed alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The facility was found to conform to the procedures established in CCR, Title 15, Article 8, Appeals, which stipulates that all grievances alleging sexual violence or staff sexual misconduct are processed as emergency appeals. This subsequently results in an assessment to determine risk. Imminent risk of sexual abuse requires immediate corrective action. The risk assessment must be documented within 48 hours of receipt of an inmate alleging imminent risk of sexual abuse. CHCF reported zero grievances or appeals of imminent risk of sexual abuse in the past 12 months.

115.52 (g). CHCF indicated in their response to the PAQ that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. DOM, Chapter 5, Article 44, 54040.15.1, Alleged Victim - False Allegations, states that the reporter may be subject to disciplinary action if it is determined the allegation was not made in good faith. A charge of "making a false report of a crime" is applicable only if evidence indicates the inmate "knowingly" made a false report. Further, unsubstantiated or unfounded dispositions are not equivalent to false reporting. CHCF indicated in the PAQ and during interviews with the PCM that the facility has not disciplined any inmate in the last 12 months for filing

	<p>a report in bad faith</p> <p>Corrective Action: The audit team recommends no corrective action.</p> <p>RECOMMENDATION:</p> <p>1. It is recommended that the grievance office ensure that inmates are notified when an alleged staff sexual abuse allegation is referred to AIU for investigation.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate for Emotional Support Services c. CDCR Sexual Violence Awareness; English and Spanish Versions d. PREA Information for Orientation Handbook; English and Spanish versions e. Attachment C, Victims of Sex Crimes Form f. Attachment C-1, CDCR Prison Rape Elimination Policy, Victim Restricted Information Deletion Form g. Memorandum of Understanding between California Department of Corrections and Rehabilitation and Women’s Center-Youth & Family Services (Stockton); (executed 8/24/2022) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random Inmates b. Targeted Inmates <p>3. Site Review Observations:</p>

a. Posted Support Services Information

Findings (By Provision):

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

DOM, Chapter 5, Article 44, 54040.8.2, Victim Advocates for Emotional Support Services, restates this service provision and, specifically, indicates this contact information is available to inmates in the following written resources: Sexual Violence Awareness, Sexual Abuse/Assault – Prevention and Intervention, and facility-specific orientation handbook. The auditor observed the telephone number and mailing address for the Women’s Center-Youth & Family Services on posters displayed throughout the facility housing units.

During the onsite audit phase, the auditor tested this phone line and received the appropriate prompts to leave a voice message, but was required to enter an inmate PIN to proceed. A conversation with the PREA Coordinator revealed that the agency continues working with their telephone provider to eliminate or standardize the required entry of an inmate PIN when making a call to the local sexual assault service provider. Interviews with mailroom staff affirmed indigent inmates may receive paper and postage paid envelopes free of charge. Thereafter, inmates may send an unlimited number of letters at their own expense. Correspondence, including mail addressed to the Women’s Center and other victim service providers in the area are handled confidentially in accordance with the agreement and the agency’s privileged mailing procedures.

Many of both random and targeted inmates interviewed stated that they were familiar with the outside confidential support services, while some were unaware such services existed but all appeared to recall seeing the posters. The auditor reviewed a sample of CDC 128B forms during the onsite audit phase which demonstrated compliance with the agency policy requiring documentation of inmate receipt of PREA education – to include receipt of the aforementioned written resources.

A post-onsite audit phase interview with an advocate from the Women’s Center acknowledged that they maintain the ability to provide phone, in-person, and written support services to inmates confined at CHCF. Any in-person support services are facilitated by the CHCF’s PCM.

When correspondence is exchanged both parties will write “Confidential” on the envelope. The agency is able to provide support to non-English speaking inmates via

the Language Line or multi-lingual advocates. During the pre-onsite audit phase, the auditor made contact via email with a representative from JDI who indicated that they are an ongoing supportive resource for inmates confined to CHCF and periodically has received confidential correspondence from the facility over the past 12 months.

115.53 (b). CHCF maintained in their response to the PAQ that it 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. None of the random or targeted inmates were able to affirm that they are informed of the above provisions before accessing support services, however none indicated that they had the need. An updated version of the facility orientation handbook language states, "Written correspondence between a Sexual Assault Counselor from the rape crisis center and an inmate victim is confidential pursuant to CAL. EVID. CODE (section) 1035.4. The outside envelope must state, "Evid. Code 1035.4 Confidential/Privileged Communication."

The facility provided a blank form in the PAQ, Confidential - Victims of Sex Crimes, which provides for victims of sexual crimes the option to exercise or waive their right for their name to become a matter of public record following a disclosure of sexual abuse as required by California penal code.

115.53 (c). CHCF stated in their response to the PAQ that the facility maintains a MOU with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The auditor reviewed the MOU between CDCR and Women's Center-Youth & Family Services. The MOU provides an agreement between the entities as it relates to facilitating and providing support services for inmates following an experience of sexual abuse in confinement.

Corrective Action: The audit team recommends no corrective action.

Recommendations:

1. 115.53 (a). To enhance the trust in the external support services, eliminate or standardize the requirement that the person seeking support enter their respective PIN when dialing the local sexual assault service provider.
2. 115.53 (b). Although the handbook elaborates on written correspondence between a Sexual Assault Counselor from the rape crisis center and an inmate victim is confidential, it should also be made clear to inmates that it is also confidential for telephone or in-person contact.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

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

2. Interviews:

- a. Random Inmates
- b. Targeted Inmates

3. Site Review Observations:

- a. Posted Information (Dayrooms and Other Conspicuous Areas)

Findings (By Provision):

115.54 (a). CHCF stated in their response to the PAQ that the agency and facility provide a method for third-party reporting, and maintain reporting information on CDCR's public website in order to receive third-party reports of inmate sexual abuse or sexual harassment. The auditor confirmed the agency's information by viewing the CDCR's public website that provides how to report third-party reports. Specifically, the public website informs any third-party wanting to report an inmate's sexual abuse or sexual harassment that they may contact the facility directly, the regional Office of Internal Affairs, or Office of the Inspector General.

Additionally, the facility circulates similar third-party reporting information in the inmate orientation handbook by stating, "you may tell a family member or friends, who can report on your behalf." This information was also visible in CHCF's visitation area during the onsite audit phase. DOM, Chapter 5, Article 44, 54040.7.3, Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender, stipulates that third-party reports may be received on behalf of an inmate and describes the process of elevating the report for investigation. Interviews with random and target inmates affirm that they are aware they may report to a person external to the agency.

Corrective Action: The audit team recommends no corrective action.

115.61	Staff and agency reporting duties
	<p data-bbox="256 188 960 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1374 378">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="256 412 464 445">1. Documents: <ol style="list-style-type: none"> <li data-bbox="256 479 716 512">a. CHCF Pre-Audit Questionnaire <li data-bbox="256 546 1270 580">b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention <li data-bbox="256 613 1150 647">c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing <li data-bbox="256 680 1422 714">d. CDCR DOM, Chapter 5, Article 44, 4040.7 Detection, Notification, and Reporting <li data-bbox="256 748 1477 837">e. CDCR DOM, Chapter 5, Article 44, 54040.7.2 Notification to Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer <li data-bbox="256 871 1485 960">f. CDCR DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer <li data-bbox="256 994 1299 1072">g. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities <li data-bbox="256 1106 1043 1140">h. CDCR DOM, Chapter 5, Article 44, 54040.8 Response <li data-bbox="256 1173 1198 1207">i. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up <li data-bbox="256 1240 1043 1274">k. CDCR 7448 Informed Consent for Mental Health Care <li data-bbox="256 1308 1414 1397">m. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 <li data-bbox="256 1431 1477 1520">n. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 <li data-bbox="256 1621 448 1655">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="256 1688 501 1722">a. Acting Warden <li data-bbox="256 1756 544 1789">b. PREA Coordinator <li data-bbox="256 1823 743 1856">c. Medical and Mental Health Staff <li data-bbox="256 1890 488 1924">d. Random Staff <p data-bbox="256 2047 588 2080">Findings (By Provision):</p>

115.61 (a). CHCF indicated in their response to the PAQ that all staff must report immediately of 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 is 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. During the onsite audit phase, interviews with 15 random staff indicated that all had knowledge of, and had been trained on their reporting requirements.

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

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

Interviews with 15 random staff demonstrated that staff are familiar with reporting requirements should an inmate disclose an experience of sexual abuse or sexual harassment. Each described a clear understanding of the reporting process, including documentation.

115.61 (b). CHCF maintained in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. DOM, Chapter 5, Article 44, 54040.8, Response, also informs 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 15 random staff who were interviewed during the onsite audit phase stated that they would immediately contact a security supervisor and would refrain from sharing the information other than with staff who have a need to know if requested.

115.61 (c). CCHCS 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 members' duty to report all allegations of sexual abuse and sexual harassment, and the limitations of confidentiality, at the initiation of services. California State law (Senate Bill 425) requires the CDCR to report allegations of sexual abuse involving a healthcare professional to the appropriate licensing agency within 15 days of receiving the allegation. An agency memo dated 1/3/2020 instructs CCHCS staff to notify the facility's PCM of such conduct so that the reporting obligation may be met.

The auditor interviewed a medical clinician and mental health practitioner who both stated that they disclose the limits of confidentiality, including the disclosure of sexual abuse, at the start of services. Both confirmed 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 which affirms their understanding. CDCR 7448 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).

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

California Penal Code, Section 11165.7, sets forth the mandatory reporting pertaining to child, elder, and vulnerable adult abuse and neglect. In part, the statute refers to healthcare professionals, social workers, teachers, clergy, and peace officers. Mandated reporters are expected to complete on a Report of Suspected Dependent Adult/Elder Abuse form.

115.61 (e). DOM, Chapter 5, Article 44 states that staff is 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 acting Warden confirmed that this practice has been operational for some time at CHCF.

Corrective Action: The audit team recommends no corrective action.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

a. CHCF Pre-Audit Questionnaire

b. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting

2. Interviews:

a. Agency Head (designee)

b. Acting Warden

c. Random staff

Findings (By Provision):

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

The Agency Head (designee) stated that all staff is responsible for immediately intervening when they receive information that an inmate may be at imminent risk. They are required to notify a supervisor. A qualified person will assess their circumstances, privately discuss the inmate's perceived level of safety, and discuss alternate housing options that would have the least impact the inmate's current programming. This assessment also includes considering and adjusting the alleged perpetrator's housing location or temporarily allowing the person at imminent risk to reside in a single cell while the safest location is identified. Customarily, the inmate at imminent risk will be offered a referral to mental health to ensure they have space to process their experience.

The acting Warden repeated these action steps during her interview during the pre-on-site audit phase. She stated that staff, typically a member of the Investigative Services Unit (ISU) will interview the person at imminent risk and attempt to gather as much information to determine the appropriate course of action. The inmate at imminent risk will be separated from the threat, and could possibly include a transfer to a different institution. Action would be taken so as not to place a victim (or those at

	<p>imminent risk) in segregated housing based on a threat or risk of victimization.</p> <p>All 15 random staff interviews during the onsite audit phase confirmed that any person at imminent risk would be separated from the threat immediately. Staff also maintained that they would not let the individual out of their sight, keep the inmate at imminent risk separated, and notify their supervisor.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities c. Facility-to-facility notification correspondences 2. Interviews: <ol style="list-style-type: none"> a. Agency Head (designee) b. Acting Warden <p>Findings (By Provision):</p> <p>115.63 (a). CHCF indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the facility where the sexual abuse is alleged to have occurred. In the past 12 months, CHCF reported 23 notifications were made to another facility of alleged sexual abuse.</p> <p>DOM, Chapter 5, Article 44, 54040.7.4, Notification from/to Other Confinement Facilities, restates this expectation. Policy further stipulates that the notification between the hiring authorities or agency head shall be made via telephone contact or electronic mail. Such notification shall be accompanied by a written summary of the</p>

alleged victim's statements.

The auditor reviewed three notifications made by CHCF. The notification was sent via email from the Investigative Services Unit, with a copy to the Warden to the head of the receiving facility and included a detailed description of the allegation to include the date the allegation was received, the date and location of the alleged incident, the alleged perpetrator, the alleged victim, method and summary of initial report, and follow-up actions taken, including to whom and when the notification was made.

CHCF's acting Warden affirmed the practice outlined by DOM during the auditor's pre-onsite audit phase interview. The auditor was informed that the Warden will send a notification of alleged abuse to the Warden where the alleged incident occurred. The Warden will subsequently notify the PCM and an investigation will proceed. The agency's head (designee) added that notification must occur within 72 hours of receiving the allegation.

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

115.63 (c). CHCF stipulated in their response to the PAQ that the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. DOM, Chapter 5, Article 44, 54040.7.4, Notification from/to Other Confinement Facilities, directs the reporting CDCR facility to document via an emailed summary and complete the SSV-IA form. The auditor reviewed three of the 23 notifications within the past 12 months from CHCF to the other confinement facility.

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

DOM, Chapter 5, Article 44, 54040.7.4, Notification from/to Other Confinement Facilities, provides that, upon receiving of an allegation from another facility that an inmate was sexually abused while confined at that location, the facility manager/designee at the receiving facility shall document the receipt of the allegation in summary format and email such notification to the head of the confinement facility where the alleged abuse occurred. After receiving such notification, the respective hiring authority is responsible for assigning the investigation and ensuring it's managed in accordance with DOM, Chapter 5, Article 44, 54040.12, Investigation.

During the onsite audit phase, the auditor reviewed one of the notifications received from another confinement facility and confirmed appropriate follow-up, including the investigation, was completed. This was also confirmed by the acting Warden during the pre-onsite audit phase interview that all notifications to CHCF of a sexual abuse

	<p>allegation from another facility must, and are, investigated.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8 Initial Contact c. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities d. CDCR Initial Contact Guide (PREA) e. CDCR Custody Supervisor Checklist (PREA) 2. Interviews: <ol style="list-style-type: none"> a. Random Staff b. First Responder Staff <p>Findings (By Provision):</p> <p>115.64 (a). CHCF indicated in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence. In the past 12 months, the facility indicated in the PAQ that there were 62 allegations of sexual abuse. CHCF also indicated that of the allegations received in the past 12 months, there were eight (8) cases where there was time to collect physical evidence and preserve the crime scene.</p>

	<p>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. The custody supervisor, as described in DOM, Chapter 5, Article 44, 54040.8.1, Custody Supervisor Responsibilities, is responsible for taking the remaining first responder steps as outlined by this provision.</p> <p>Supervisory responsibilities are enumerated in the agency’s Custody Supervisor Checklist (PREA) and Watch Commander Notification Checklist (PREA). Each form describes first responder duties for initial responders and supervisory staff in a clear and concise manner. Finally, evidence preservation and retention guidelines found in DOM, Chapter 5, Article 44, 54040.8.1, Custody Supervisor Responsibilities, Crime Scene Preservation, and Evidence, are well defined and listed in the supplementary guide, Operational Procedure #47, Crime Scene Preservation and Preservation of Physical Evidence.</p> <p>All 15 staff members randomly interviewed during the onsite audit phase successfully articulated their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence. All stated, at minimum, they have or would notify a custody supervisor and separate the alleged victim from the alleged abuser. CHCF also provides all staff (security and non-security) with a “first responder” laminated card that they can carry with them during their shift. A number of staff utilized the card during their interviews with the audit team.</p> <p>115.64 (b). CHCF maintained in their response to the PAQ that the agency has a policy that requires non-security staff first responders to request the alleged victim to not take any actions that could destroy physical evidence and notify security staff. 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. Interviews with non-security staff members indicate all are well-versed in their first responder duties.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

	<p>1. Documents:</p> <ul style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8 Response c. CDCR DOM, Chapter 5, Article 44, 54040 Prison Rape Elimination Act (PREA) Supplemental Operations Manual d. CDCR Initial Contact Guide (PREA) e. CDCR Custody Supervisor Checklist (PREA) f. CDCR Watch Commander Notification Checklist (PREA) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Acting Warden <p>Findings (By Provision):</p> <p>115.65 (a). CHCF indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. DOM, Chapter 5, Article 44, 54040.8, Response, describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers. According to the acting Warden, CHCF initiates a coordinated response plan that includes initial contact guides, custody supervisor checklists, and watch commander notification checklists to serve as guidance for staff response following an incident of sexual abuse and that staff receive training regarding their responsibilities.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:
	1. Documents:

	<p>a. CHCF Pre-Audit Questionnaire</p> <p>b. Agreement Between The State of California and California Correctional Peace Officers Association (CCPOA) Covering Bargaining Unit 6 Corrections</p> <p>2. Interviews:</p> <p>a. Agency Head (designee)</p> <p>Findings (By Provision):</p> <p>115.66 (a). CHCF indicated in their response to the PAQ that the agency has entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. The auditor reviewed CDCR Collective Bargaining Agreement (CBA), which is effective 7/3/2020 - 7/2/2022, and verified that it does not contain language limiting the agency’s ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In addition to a host of scope and scheduling latitudes, CBA section 4.01 states that the agency has the authority “to hire, transfer, promote and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees; to alter, discontinue or vary past practices and otherwise to take such measures as the employer may determine to be necessary for the orderly, efficient and economical operation of CDCR.” CBA Section 9.09 details employee rights pending a personnel investigation.</p> <p>Finally, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy governs. An interview with the Agency Head (designee) agreed that the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted.</p> <p>115.66 (b). The auditor is not required to audit this provision of the standard.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. CHCF Pre-Audit Questionnaire
- b. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct
- c. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy
- d. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up
- e. CDCR 2304 Protection Against Retaliation (PAR) - Inmate; blank and completed samples
- f. CDCR 2305 Protection Against Retaliation (PAR) - Staff; blank and completed samples
- g. Institutional PREA Review Committee (IPRC) Form
- h. Addendum to Department Operation's Manual Supplement 54040.1, Prison Rape Elimination Act (12/3/21)

2. Interviews:

- a. Agency Head (designee)
- b. Acting Warden
- c. Staff Charged with Retaliation Monitoring
- d. PREA Compliance Monitor

Findings (By Provision):

115.67 (a). CHCF indicated in their response to the PAQ that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. According to the PCM, he is able to delegate the responsibility for retaliation monitoring, which at CHCF is given to the Investigative Services Unit (ISU).

The agency's zero tolerance statement as set forth in 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 also provides types and examples of retaliation. CCR, Title 15, Section 3401.5, Staff Sexual Misconduct, additionally maintains that retaliatory actions against inmate or staff reporters shall not be tolerated and will be met with

consequences. According to 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 fears 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.

115.67 (b). 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. According to ISU, the potential also exists to transfer the inmate and/or alleged perpetrator to another facility if deemed necessary. This mandate is reiterated in the agency's PREA policy statement as well.

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

The auditor reviewed 4 completed PAR forms during the onsite audit phase that was they were the only cases of 16 random files that were required to be monitored according to this provision. The information on the PAR forms indicated that alleged victims did not express concerns or fears of retaliation.

115.67 (c). CHCF maintained in their response to the PAQ that the facility monitors the conduct or treatment of inmates or staff who report sexual abuse and of inmates 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 lasts for at least 90 days (except in unfounded cases) 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, assigns the PCM (or

designee) with ensuring that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. As noted earlier, this responsibility is delegated to ISU at the facility. 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 the Protection Against Retaliation form and notify the PCM if their finding affirms the presence of retaliation. The PCM is then required to 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, includes reviewing the following: disciplinary reports; housing reports; program changes; negative performance reviews; and reassignments of staff.

The acting Warden stated that when the facility suspects retaliation they will investigate the potential action and protect the alleged victim from real or perceived threat by separating the victim and suspect, for instance. A retaliation monitor at CHCF stated that they monitor inmates for a period of no less than 90 days (periodic formal and informal check-ins) at 15 day intervals

The auditor reviewed four of the completed Protection Against Retaliation forms during the onsite audit phase. The form 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.

115.67 (d). DOM, Chapter 5, Article 44, 54040.13, Allegation Follow-Up, stipulates that the PCM or designee is responsible for conducting periodic status checks as part of the retaliation monitoring process. 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 their 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 PAR forms showed that there are spaces to record check-ins with inmate victims/reporters and staff reporters every 15 days for a period of 90 days.

116.67 (e). The agency's zero tolerance statement as set forth in 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." CCR, Title 15, Section 3401.5, Staff Sexual Misconduct, also reiterates that retaliatory actions against inmate or staff reporters shall not be tolerated and met with consequences. The PCM is given the latitude to delegate

	<p>monitoring responsibilities to ISU or a supervisory staff member and expand the monitoring universe 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 (designee) indicated the agency or facility would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. The acting Warden also reiterated that any who expresses fear would be protected from such retaliation. As stated earlier, CHCF has not received any reports of retaliation, or fears of retaliation, from an inmate or staff in the last 12 months.</p> <p>115.67 (f). The auditor is not required to audit this provision of the standard.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing c. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Acting Warden b. PREA Compliance Manager c. Staff who Supervise Inmates in Segregated Housing (formerly) <p>Findings (By Provision):</p> <p>115.68 (a). CHCF indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse into</p>

an involuntary segregated housing status unless an assessment of all available alternatives has been made and there is a determination that there is no available alternative means of separation from likely abusers. CHCF does not currently house anyone in segregated housing; but rather an inmate(s) would be moved to another housing unit and would be identified to staff with a need to know. According to the acting Warden, there is also the possibility to transfer the inmate(s) to another facility, but that it is difficult to occur due to the medical and mental health treatment needs of those housed at CHCF. CHCF indicated that there have been zero inmates who allege to have suffered sexual abuse who held in involuntary segregated housing for any time period. As such, there is no documentation to demonstrate the basis of the facility's concern for the inmate's safety and the reason(s) why an alternative means of separation could not be arranged. This was also confirmed during interviews with the PCM and staff member (Lieutenant).

DOM, Chapter 5, Article 44, 54040.6, Offender Housing, stipulates 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 conduct an immediate assessment, the facility is afforded the ability to 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 is 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.

The acting Warden indicated that policy prohibits placing alleged victims in a segregated status unless there are no other safer means. Rather, they consider what other housing unit(s) are most appropriate. In the past 12 months, there have been zero CHCF inmates held in segregated housing.

CHCF makes every effort to include the alleged victim in a discussion about their housing preferences, when appropriate. A staff member (Lieutenant) who formerly supervised inmates in segregated housing affirmed that inmates are not placed in segregated housing following an allegation of sexual abuse. The facility may elect to place inmates at imminent risk in a non-disciplinary segregated (NDS) status if no other options exist, but that would occur within a regular housing unit in general population. Accordingly, the facility makes every effort to explore alternate housing options, including transfer to another facility, before placing an inmate at risk in an NDS status. The acting Warden, PCM, and Lieutenant all reported that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse.

Corrective Action: The audit team recommends no corrective action.

115.71	Criminal and administrative agency investigations
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1374 376">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="256 412 464 443">1. Documents: <ol style="list-style-type: none"> <li data-bbox="256 483 715 519">a. CHCF Pre-Audit Questionnaire <li data-bbox="256 555 1034 591">b. CCR, Title 15, 3316 Referral for Criminal Prosecution <li data-bbox="256 627 911 663">c. CDCR DOM, Chapter 1, Article 20 Polygraph <li data-bbox="256 698 1203 734">d. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Policy <li data-bbox="256 770 1251 806">e. CDCR, Office of Internal Affairs, Investigator’s Field Guide, Version 2 <li data-bbox="256 842 874 878">f. CDCR DOM, 54040.8-12, 31140 & Title 15 <li data-bbox="256 913 890 949">f. Sexual Assault Interview Guidelines (PREA) <li data-bbox="256 985 687 1021">g. Initial Contact Guide (PREA) <li data-bbox="256 1057 1433 1137">h. State of California, Office of Emergency Services, Forensic Medical Report: Acute (<72 Hours) Adult/Adolescent Sexual Assault Examination, CAL OES 2-923 <li data-bbox="256 1173 1453 1254">i. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 <li data-bbox="256 1290 1193 1326">j. PREA - Instructions for Record Retention Schedule (RRS) Update <li data-bbox="256 1361 1305 1397">k. Sexual Abuse and Sexual Harassment Administrative Investigation Files <li data-bbox="256 1505 448 1541">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="256 1576 663 1612">a. Sexual Abuse Investigator <li data-bbox="256 1648 501 1684">b. Acting Warden <li data-bbox="256 1720 676 1756">c. PREA Compliance Manager <p data-bbox="256 1863 587 1899">Findings (By Provision):</p> <p data-bbox="256 1935 1461 2087">115.71 (a). CHCF indicated in their response to the PAQ that the agency maintains 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</p>

documented in writing. Per 54040.8.1, "Custody Supervisor Responsibilities," in the event of a staff sexual misconduct allegation the respective watch commander must immediately notify the Hiring Authority and additional notifications are required if the allegation constitutes an emergency. 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, to begin an initial inquiry until information is gathered which warrants an Office of Internal Affairs (OIA) referral or until evidence is present to refute the allegation. Inmate-on-inmate allegations are not elevated to OIA; the LDI is responsible for following standard investigative procedures and completing the investigation. Locally Designated Investigators may use the Sexual Assault Interview Guidelines (PREA) form to guide their interviews with victims of sexual abuse. All information, whether an initial inquiry or investigation, is documented on a Confidential Memorandum which is maintained in the investigatory file. Upon conclusion, the alleged victim is to receive written notification of the investigation findings as described in 115.73.

An interview with a member of CHCF's ISU team affirmed the process above. They described evidence preservation and collection; the medical forensic examination process, including advocacy; interviewing victims, suspects, and witnesses; Mirandizing suspects; medical referrals; documentation; IAO responsibilities; and prosecutorial referrals. A review of 16 files suggests investigations are completed promptly, thoroughly, and objectively and in accordance with DOM, Chapter 5, Article 44 Prison Rape Elimination Policy. Completed investigations are reviewed and approved by the PCM who confirmed the process during the pre-onsite audit phase interview.

115.71 (b). DOM, Chapter 5, Article 44, 54040.4, "Education and Prevention, Staff Training" maintains that, "all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c)." Facility-based staff are, specifically, deemed "locally designated investigators" after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct per DOM, Chapter 5, Article 44, 54040.3, "Definitions, Locally Designated Investigator (LDI)." The Hiring Authority or PCM are responsible for ensuring those tasked with sexual abuse or sexual harassment investigations are properly trained. Per the PCM, all of CHCF's LDIs (12) have received specialized investigator training per standard 115.34. An interview with an Investigative Services Unit (ISU) Sergeant also confirmed the specialized training that all LDIs have to complete.

Fifteen investigative files were reviewed to during the onsite audit phase. Each investigator assigned to these cases were confirmed to have received the specialized training by cross-referencing with a list of CHCF trained investigators that was reviewed during the onsite audit phase.

115.71 (c). DOM, Chapter 5, Article 44, 54040.8.1, "Custody Supervisor Responsibilities" stipulates 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, and witnesses. New investigators are also trained to review prior complaints and reports of sexual abuse involving the suspected perpetrator. As noted in the narrative for 115.71 (b), training records for LDIs were reviewed and were found to be consistent with the specialized training expectation of standard 115.34.

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

115.71 (e). DOM, Chapter 1, Article 20, Polygraph, stipulates that no person shall be ordered to take a polygraph examination. No coercion or offer of reward can 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. CHCF's ISU Sergeant indicated that a polygraph is available, but indicated that it is generally not used during sexual abuse investigations; but rather uses initial and follow-up interviews, incident reports, and any history of sexual abuse allegations against the individual among a variety of other methods to judge a person's credibility.

115.71 (f). When conducting sexual abuse and sexual harassment administrative investigations, the investigator is required per DOM, Chapter 5, Article 44, 54040.12, Investigation, 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.

Discussions with the ISU Sergeant during the onsite audit phase indicated that efforts are made to comply with this provision typically include receiving and reviewing, for example, log books, officer rounds and shift rosters. Video surveillance is also available for ISU to review for allegations of sexual abuse.

If a review of the evidence calls into question staff actions or inactions, the investigator questions witnesses about their knowledge of an incident. The investigator participates in sexual abuse incident reviews in which investigative information is shared with the committee, as well as discussing any conclusions or opinions whether and how staff may have contributed to the abuse.

Any potential work rule violations are forwarded to the Hiring Authority for their review and action. They are supported in taking such action by DOM, Chapter 3, Article 14, 31140.37, Administrative Misconduct Discovered During an Investigation/ Inquiry, which states, in part, 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.

The ISU Sergeant also explained that the administrative investigations include the “who, what, where, and when” ideology, and any potential or actual witnesses to the incident. Based upon all available information, a decision is rendered as to whether the allegation is substantiated, unsubstantiated, or unfounded. A review of all fifteen investigative files and summaries during the onsite audit phase showed that the formatting was extremely consistent, informative, and easy to follow. The body of the report provides a synopsis of the allegations, a summary of findings, and a section for a conclusion.

115.71 (g). During the interview with the CHCF ISU Sergeant and review of the investigative files, it was indicated that all investigations are referred to the prosecutor regardless of the outcome. However, none of the investigations were found to merit any type of prosecution. A review of the investigative files showed that the contents included a thorough description of physical, testimonial, and documentary evidence. The agency’s training curriculum supports this practice, as does investigative procedure detailed in the DOM. During discussions with ISU team members over the course of the onsite audit phase, each expressed an understanding of their documentation responsibilities and assist each other if requested by the lead investigator.

115.71 (h). CHCF stated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or the facility’s last PREA audit, whichever is later, the facility reports there has been one substantiated allegations of conduct that was referred to the local prosecutor’s office. DOM, Chapter 3, Article 14, 31140.20, Criminal Investigation, maintains 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

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

115.71 (j). DOM, Chapter 4, Article 44, 54040.12, Investigation, stipulates that 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. The ISU Sergeant, as well as other ISU members were asked how the facility proceeds when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation and were informed that the investigation would proceed, including a reasonable effort to interview the involved parties. All efforts would be documented.

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

115.71 (l). Both the CDCR and CHCF conduct administrative and criminal investigations. This provision does not apply as stated. However, the PREA Coordinator indicated 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 PREA Coordinator stated that given the criminal investigative responsibility rests with the agency, information sharing between the two parties (CDCR/CHCF and local district attorney's office) is immediate.

Corrective Action: The audit team recommends no corrective action.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings (effective 1/2006)

	<p>c. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text, version 1.0, BIC ID: 11055853 (date approved 3/2017)</p> <p>d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators Workbook, version 1.0, BIC ID: 11055853 (date approved 3/2017)</p> <p>e. Sexual abuse and sexual harassment administrative investigation files</p> <p>2. Interviews:</p> <p>a. Sexual Abuse Investigator (Investigative Services Unit)</p> <p>Findings (By Provision):</p> <p>115.72 (a). CHCF indicated in their response to the PAQ that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. DOM, Chapter 3, Article 22, 33030.13.1, Investigative Findings, indicates that a “sustained” or substantiated investigation demonstrated a “preponderance of evidence to prove the allegation(s) made in the complaint.”</p> <p>The agency’s basic investigator course curriculum reviews the definition of preponderance of evidence (slide 7.23). During the on-site audit phase, an interview was conducted with an Investigative Services Unit Sergeant who accurately stated and described the preponderance of evidence standard. A total of 16 investigative files were reviewed that showed that there were no substantiated findings to those investigations.</p> <p>Corrective Action: The audit teams does not recommend any corrective action.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <p>a. CHCF Pre-Audit Questionnaire</p> <p>b. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities</p> <p>c. CDCR DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders</p> <p>d. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up</p>

e. CDCR DOM, Chapter 5, Article 44, 54040.16 Referral of Completed Cases for Independent Review

f. CDC-128 B PREA Closure Chrono; blank and complete (various dates)

g. Sexual Abuse and Sexual Harassment Administrative Investigation Files

2. Interviews:

a. Sexual Abuse Investigator

Findings (By Provision):

115.73 (a). CHCF indicated in their response to the PAQ that the agency has a policy requiring that any inmate who alleges 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. In the past 12 months, CHCF reported that 49 administrative sexual abuse investigations were completed. In turn, 47 of the 49 inmates were notified of the investigation outcome as two cases were still ongoing. It should be noted that the facility also takes the additional step of notifying those alleging sexual harassment of the investigative outcome.

DOM, Chapter 5, Article 44, 54040.12.5, Reporting to Offenders, provides that after completion of an investigation the institution shall inform the alleged victim of the disposition. The obligation to provide such notification is terminated if the inmate releases from the agency's custody. In practice, the agency notifies the alleged victim of the outcome via "CDC-128 B PREA Closure Chrono." Not only is this written notification provided to the alleged victim, but he is asked to sign as evidence of receipt. A signed copy is retained in the investigative file. The auditor spoke to investigative staff and reviewed 16 sexual abuse and sexual harassment investigative records during the onsite audit phase and both sources of evidence affirm this practice.

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.

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

Offenders, recites the applicable provisions. In the past 12 months, CHCF reported that there have been allegations of staff sexual abuse, but all of these cases are initially reviewed at the facility level, and then referred to CDCR central office (AIMS) for investigation. In addition to the investigation disposition described above, CDC-128 B PREA Closure Chrono, includes a checkbox section to indicate whether one of these statuses is applicable. The form is distributed to the alleged victim and retained in the investigative record. Again, the facility not only notifies alleged victim of sexual abuse, but also those alleging sexual harassment.

115.73 (d). CHCF maintained in their response to the PAQ that following an inmate’s allegation of being sexually abused by another inmate at the facility, the facility will subsequently inform the alleged victim, upon completion of the investigation, 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, recites the applicable provisions. During the past 12 months, CHCF indicated that there were no cases of inmate-on-inmate allegations that resulted in an indictment or conviction. While there were no allegations that resulted in this action for the auditor to review, a review of CDC-128 B PREA Closure Chrono reserves a space for such communication.

115.73 (e). CHCF stipulated in their response to the PAQ that the agency has a policy that all notifications to inmates described under this standard are documented. In the past 12 months, CHCF reported 50 administrative sexual abuse investigations were completed. Of those, each inmate was notified of the investigation outcome. The auditor reviewed 16 investigative files which contained documentation via CDC-128 B PREA Closure Chrono of such notification. 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 of the DOM. As stated above, the facility takes an additional measure to notify and, thereafter, document notification to those alleging sexual harassment.

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

Corrective Action: The audit team recommends no corrective action.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents:

- a. CHCF Pre-Audit Questionnaire
- b. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct
- c. CDCR, DOM, Chapter 3, Article 22, 33030.1 Policy
- d. CDCR, DOM, Chapter 5, Article 44, 54040.12.4

2. Interviews:

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

Findings (By Provision):

115.76 (a). CHCF indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. CCR, Title 15, Section 3401.5, Staff Sexual Misconduct, 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.

Similarly, CCR, Title 15, Section 3401.5, Staff Sexual Misconduct, outlines the five types of adverse action penalties at the agency's disposal; (1) letter of reprimand, (2) salary reduction, (3) suspension without pay, (4) demotion to a lower class, and (5) dismissal from state service. CHCF Human Resources staff confirmed during a pre-site audit phase interview that all staff members are subject to disciplinary sanctions up to and including termination for violations of the agency's policies on sexual abuse or sexual harassment. In the past 12 months, zero staff members have been terminated for violating the aforementioned policies.

115.76 (b). CHCF maintained in their response to the PAQ that in the past 12 months zero staff members have violated agency sexual abuse or sexual harassment policies. This was also confirmed during an interview with CHCF Human Resources staff. CCR, Title 15, Section 3401.5, Staff Sexual Misconduct, codifies the agency's disciplinary procedure, which indicates staff sexual misconduct with an inmate is subject to dismissal.

115.76 (c). CHCF reported in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the

sanctions imposed for comparable offenses by other staff with similar histories. They, further, indicated that in the past 12 months zero staff members have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

When assessing discipline, CCR, Title 15, Section 33030.17, Applying the Employee Disciplinary Matrix, 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. CCR, Title 15, Section 33030.17 stipulates that 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.

Interviews completed with the acting Warden, PCM, and Human Resources staff confirmed there have been no instances of staff discipline related to a violation of agency sexual abuse or sexual harassment policies in the last 12 months.

115.76 (d). CHCF stipulated in their response to the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, zero staff members were reported to law enforcement or licensing bodies following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

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

Corrective Action: The audit team recommends no corrective action.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents:

a. CHCF Pre-Audit Questionnaire

b. CDCR DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors

c. CDCR DOM, Chapter 10, Article 9, 101090.0 Termination

2. Interviews:

a. Acting Warden

Findings (By Provision):

115.77 (a). CHCF indicated in their response to the PAQ that DOM, Chapter 5, Article 5, 54040.12.4, Reporting to Outside Agencies for Contractors, mandates that 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. The contractor or volunteer would also be further prohibited from contact with inmates. In the past 12 months, CHCF stated that no contractors or volunteers have been reported to either law enforcement or a licensing body for engaging in sexual abuse of 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. Any such contractor or volunteer would also be reported by the hiring authority to the relevant licensing body. In respect to facility volunteers, DOM, Chapter 10, Article 9, 101090.0, Termination, specifically states that, "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." Considering that there were no incidents of contractor or volunteer sexual abuse of inmates in the past 12 months preceding the onsite audit phase, there was no documentation of discipline for the auditor to review.

115.77 (b). CHCF reported in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the pre-onsite phase interview with the acting Warden, it was indicated that any investigation of a volunteer or contractor would follow in a similar manner as if an investigation commenced with a staff member. The acting Warden also maintained that, in addition to referring a contractor or volunteer to law enforcement or a licensing board, if applicable, the individual would be banned from entering into the facility

Corrective Action: The audit team recommends no corrective action.

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. CHCF Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 23, 52080.5.8 Special Consideration of Rules Violation Related to Mental Illness or Participation in the Developmental Disability Program
- c. CDCR DOM, Chapter 5, Article 44, 54040.14 Classification Process
- d. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation
- e. CDCR DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim - False Allegations
- f. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process
- g. CDCR DOM, Chapter 5, Article 44, 54040.15 Referral to Mental Health Therapy
- h. CCR, Title 15, Section 3007 Sexual Behavior
- i. CCR, Title 15, Section 3315 Classifications
- j. CCR, Title 15, Section 3316 Referral for Criminal Prosecution
- k. CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Proceedings
- l. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedule
- m. CCR, Title 15, Section 3215 Serious Rule Violations

2. Interviews:

- a. Acting Warden
- b. PREA Compliance Manager
- c. Medical/Mental Health Staff
- d. Segregation Supervisory Staff (formerly)

3. Site Review Observations:

a. Sexual Abuse Investigation Files

Findings (By Provision):

115.78 (a). CHCF indicated in their response to the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the past 12 months, CHCF reported 13 inmates have been found to have alleged inmate-on-inmate sexual abuse. Interviews with the PCM and former segregation supervisory staff member confirmed this as did a review of 16 investigative files.

DOM, Chapter 5, Article 44, 54040.15, Disciplinary Process, states that inmates shall be subject to the disciplinary process, which includes referral for criminal prosecution and classification determinations, upon completion of the investigative process. Further, "if the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115 Rules Violation Report shall be initiated. The (inmate) who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution." The respective CCR Title 15 sections provided above 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.

115.78 (b). CCR, Title 15, Section 3215, Serious Rule Violations, sets forth a uniform process to impose sanctions in an effort to conform with the expectations of this provision, which requires that disciplinary 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.

The pre-on-site audit interview with the acting Warden implied that inmates found to have engaged in inmate-on-inmate sexual abuse are subject to a range of sanctions including cell restriction, rule violation charges, loss of credit and/or privileges, and prosecutorial referral. However, CHCF currently does not maintain a segregation area and anyone with a disciplinary sanction is moved within the facility to another housing unit and identified to staff with a "need to know."

Sanctions are issued following an administrative hearing in accordance with CDCR policy. CHCF reported that there have been 13 administrative findings, but no criminal findings of inmate-on-inmate sexual abuse.

115.78 (c). CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Procedures requires that inmates in the Mental Health program or any inmate showing signs of possible mental illness may require that a CDC 115 MH, Rules Violation Report: Mental Health Assessment be completed to assess the person's wellbeing. Persons who exhibit bizarre, unusual or uncharacteristic behavior at the time of the rules violation shall be referred for a Mental Health Assessment. Mental

health assessments shall be considered by the hearing officer during the disciplinary proceedings when determining whether an inmate shall be disciplined and when determining the appropriate method of discipline.

In addition, 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 mental health staff and the acting Warden affirmed that a mental health status or condition is considered in accordance with the procedure above.

115.78 (d). CHCF stated in their response to the PAQ that their 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 that staff is to refer the inmate to mental health if they report previously perpetrating sexual abuse in the community or confinement. Interviews with both medical and mental health staff were conducted during the onsite audit phase who indicated that services such as therapy, counseling or other intervention services is voluntary on the part of the inmate. The PCM also indicated that CHCF does consider, but does not require participation in interventions in order for the inmate to access programming and other benefits.

115.78 (e). CHCF confirmed in their response to the PAQ that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. CCR, Title 15, Section 3323, Disciplinary Credit Forfeiture Schedules, 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. CHCF also reported that there were zero instances of sexual contact with staff in the past 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. As such, there was no documentation available for review of a substantiated case of staff-on-inmate sexual contact.

115.78 (f). CHCF 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 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, also confirms what was explained to the auditor during the onsite audit phase interview with the former segregation supervisory staff member. It further states that there must be evidence that an offender "knowingly" made a false report before issuing discipline. Unsubstantiated or unfounded allegations based upon a lack of evidence do not constitute false reporting. According to both the PCM and former segregation staff member, neither

	<p>has ever recalled an inmate being disciplined for making a false accusation. A review of 16 investigative files also verified that no inmate was subject to disciplinary action for either sexual abuse or sexual harassment allegations.</p> <p>115.78 (g). CHCF reported in their response to the PAQ that the agency prohibits all sexual activity between inmates and disciplines inmates for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between inmates is prohibited, and inmates are subject to disciplinary action for such behavior under CCR, Title 15, Section 3007, Sexual Behavior. This was also confirmed during the pre-onsite audit phase interview with the acting Warden.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions c. CDCR DOM, Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening d. CCHCS Chapter 3, Health Care Transfer Process e. Mental Health Delivery System Program Guide Overview f. CDCR 128-MH5 Mental Health Referral Chrono; completed g. CDCR MH-7448 Informed Consent for Mental Health Care form; blank h. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information i. PREA Screening Form; blank j. SOMS screenshot <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Inmates Who Disclosed Sexual Victimization at Risk Screening

b. Staff Responsible for Risk Screening

c. Medical/Mental Health Staff

Findings (By Provision):

115.81 (a, c). CHCF indicated in their response to the PAQ that all inmates who disclose prior sexual victimization during risk screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the past 12 months, CHCF reported that 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility also completed CDCR 128-MH5 Mental Health Referral Chronos to demonstrate the referral process. Medical and mental health staff maintain secondary materials documenting the above services. DOM, Chapter 5, Article 44, 54040.7, Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse, restates this expectation and details the referral process.

During the onsite audit phase, the interviews with medical and mental health staff confirmed that, upon referral, inmates are seen within 14 days. Similarly, discussions with a CHCF risk screener stated that following an inmate's disclosure of past sexual abuse, whether it occurred in an institution or out in the community, an offer for a medical and mental health referral is asked of the inmate. Three inmates who reported sexual victimization during their risk screening were interviewed during the onsite audit phase, and each confirmed that upon reporting, they were asked if they would like to meet with mental health.

115.81 (b). CHCF maintained in their response to the PAQ that all inmates who previously perpetrated sexual abuse, as indicated during the risk screening, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months, the facility indicated that nobody has been housed at CHCF who previously perpetrated sexual abuse during risk 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, stipulates that if an inmate reveals prior perpetration during the screening process they shall be offered a follow-up meeting with mental health staff and referred using the CDCR 128-MH5 form. An interview with a facility risk screener reiterated that perpetrators would be referred to mental health immediately following a disclosure during risk screening, with medical and mental health staff maintaining secondary materials documenting the above services.

115.81 (d). CHCF stated in their response to the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. If information is shared with other staff it is strictly limited to informing security and management decisions, including

treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. The facility indicated such information is shared to the extent to ensure the inmate’s safety. DOM, Chapter 5, Article 44, 54040.7, Detection, Notification, and Reporting, emphasizes this provision as well.

During the onsite audit phase, the PCM shared the facility’s database to track offender details and movement (SOMS). Inmates categorized as having a risk of victimization or risk of abusiveness are coded as having a “situation alert” in SOMS, which would prevent incompatible housing assignments.

115.81 (e). CHCF indicated in their response to the PAQ that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. 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. One of the forms’ section requests authorization to release information to the facility’s Investigative Services Unit (ISU) who would be 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 and mental health confirmed that this procedure is in place at CHCF.

Corrective Action: The audit team recommends no corrective action.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents:

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

2. Interviews:

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

Findings (By Provision):

115.82 (a). CHCF indicated in their response to the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical staff document their response and service provision within the agency's electronic Health Care Application. All appointments are tracked in SOMS. CCHCS, Volume 4, Chapter 12, 4.12.1, Emergency Medical Response System Policy, states that the 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..." DOM Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities, reiterates that CCHCS medical staff will provide emergency medical response and that mental health staff must provide a face-to-face emergency mental health evaluation in a confidential location within four hours of an alleged victim's

return from a SANE/SAFE examination.

During the onsite audit phase, interviews with medical and mental health staff and the PCM confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible, and if the abuse happened within 72 hours the inmate is transported to a local hospital upon direction from the on-call medical forensic nurse examine for a SANE/SAFE examination. A SANE/SAFE examination following abuse occurring more than 72 hours ago is subject to consultation with the medical forensic nurse examiner. CHCF reported that there were 49 allegations of sexual abuse which occurred at the facility in the past 12-months and none were reported in a period of time which precipitated emergency medical treatment or transport for a SANE/SAFE examination. However, each of the 15 investigative records reviewed included evidence of a medical referral post-allegation.

115.82 (b). CCHCS, Volume 4, Chapter 12, 4.12.1, Emergency Medical Response, stipulates that health care staff must respond to emergencies within eight minutes. While security staff first responders are required to initiate preliminary steps to protect the alleged victim and immediately notify the appropriate medical and mental health practitioners following an emergency, there appears to be no time at CHCF when no qualified medical or mental health practitioners are on duty.

All 15 random staff members who were interviewed during the onsite audit phase successfully articulated their first responder duties including separating the victim and abuser, preserving and protecting the crime scene, and requesting the parties not take any actions that might destroy physical evidence. All stated that they would notify the shift supervisor and separate the alleged victim from the alleged abuser. All also indicated that they would notify or transport the individual to medical for further treatment.

115.82 (c). CHCF maintained in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered timely information about 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, 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 that include testing.

During the onsite audit phase, the interview with medical staff confirmed inmates receive information about sexually transmitted prophylaxis. CHCF does not house female inmates so it does not offer information about emergency contraception.

115.82 (d). CHCF stipulated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CCHCS, Volume 1, Chapter 10, 1.10, Copayment Program, states that "medically necessary treatment that relates to the initial condition including the evaluation,

	<p>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 where a copayment is not be charged.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – More than 72 Hours Post-Incident c. CDCR DOM, Chapter 5, Article 44, 54040.11 Suspect Processing d. CDCR DOM, Chapter 5, Article 44, 54040.10 Mental Health Responsibilities e. CDCR DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities f. Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview g. CDCR CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act h. CCHCS Volume 1 Governance and Administration, Chapter 16, 1.16.1 Prison Rape Elimination Act Policy 2. Interviews: <ol style="list-style-type: none"> a. Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.83 (a, b, c). CHCF indicated in their response to the PAQ that the facility offers medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse in a confinement setting and that such services are</p>

consistent with the community level of care. DOM, Chapter 5, Article 44, 54040.12.2, Investigation of Sexual Violence or Staff Sexual Misconduct - More than 72 Hours Post-Incident, 54040.8.3 Medical Services Responsibilities, and 54040.10 Mental Health Responsibilities emphasize this provision and describes procedural expectations, which includes 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 who have experienced sexual abuse, may be seen on an emergent, urgent, or routine basis where they will be evaluated, treated, and followed-up with as deemed necessary. During the onsite audit phase, an interview with a mental health clinician confirmed inmates receive follow up mental health evaluations and treatment following a disclosure of sexual abuse in confinement. Similarly, an interview with a medical staff member affirmed inmates will receive ongoing treatment in accordance with hospital discharge instructions, when applicable. Both affirmed that services are consistent with community-based care. Interviews with a medical practitioner and a mental health clinician affirm that care is provided in accordance with the community level of care. Of the 11 sexual abuse investigations reviewed by the audit team (allegations of inmate-on-inmate sexual abuse and staff sexual misconduct), each included evidence of a medical referral post-allegation.

115.83 (d, e). CHCF stated in their response to the PAQ that the facility does not offer pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration because CHCF does not house female inmates. CHCF does not house female inmates as confirmed through conversations with the PREA Coordinator, PCM, and medical staff. Additionally, during the onsite audit phase, the audit team 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 timely access to all lawful pregnancy-related medical services.

115.83 (f). CHCF maintained in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. DOM, Chapter 5, Article 44, 54040.8.3, Medical Services Responsibilities, and CCHCS Health Care Department Operations, 4.1.6, Prison Rape Elimination Act, also emphasize this provision. Of the 11 sexual abuse allegations reviewed during the onsite audit phase, zero incidents involved circumstances which would have prompted sexually transmitted infection testing.

115.83 (g). CHCF indicated in their response to the PAQ that treatment services are

	<p>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. CCHCS Health Care Department Operations, 4.1.6, Prison Rape Elimination Act, stipulates that 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 staff during the onsite audit phase confirmed that a copayment is not assessed for treatment under these circumstances.</p> <p>115.83 (h). CHCF maintained in their response to the PAQ that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. DOM, Chapter 5, Article 44, 54040.11, Suspect Processing, directs the custody supervisor to complete a referral to mental health for an evaluation and assessment of treatment needs. The onsite audit phase interview with a mental health clinician indicated that staff will conduct a mental health evaluation of known inmate abusers.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination.</p> <p>Documents</p> <ul style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) c. CHCF PREA 2022 Yearly Tracking Report (to date) d. Institutional PREA Review Committee (IPRC) – DOM Section 54040.17 form; blank and completed e. Sexual Abuse Investigation Files f. CDCR Notice of Change to Department Operations Manual, NCDOM Number: 22-11 (revision date 9/9/2022) g. Request for Change to Department Operations Manual – Prison Rape Elimination Act Policy memo (dated 3/8/2022)

h. Institutional PREA Review Committee (IPRC) – DOM Section 54040.17 form; blank (updated 9/20/2022)

Interviews

- a. Acting Warden
- b. PREA Compliance Manager
- c. Sexual Abuse Incident Review Team Member

Findings (by provision)

115.86 (a). CHCF indicated in their response to the PAQ that the facility conducts a sexual abuse incident review at the conclusion of every criminal and/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.

In the past 12 months, CHCF reported it had completed 47 of 49 administrative investigations of alleged sexual abuse, excluding unfounded incidents. At the time of the onsite audit phase, two investigations were ongoing. During the onsite audit phase, the auditor reviewed 11 sexual abuse investigations of 16 random total files, with each requiring a sexual abuse incident review. The auditor also reviewed the corresponding completed IPRC forms for the investigations as provided in the meeting minutes for the IPRC.

Effective 5/19/2020, DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (p. 485) states that the facility is responsible for reviewing “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.” This was an agency level matter that was brought forth in a previous CDCR PREA report but has since been rectified.

115.86 (b). CHCF maintained in their response to the PAQ that CHCF ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the facility reported they have completed 47 of 49 four sexual abuse incident reviews.

It is important to note that on 9/9/2022, DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee, was revised to state the following:

(d) The PCM shall normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 30 days of the conclusion of the investigation or within 60 days of the date of discovery, whichever is sooner.

(e) A subsequent IPRC shall be completed whenever an initial IPRC was conducted prior to the completion of the investigation. A subsequent IPRC shall also be completed when the initial IPRC was unable to provide a thorough review, or if requested by the Hiring Authority.

On 9/20/2022, the agency updated and circulated forms to document such reviews. Institutional PREA Review Committee (IPCR)--DOM Section 54040.17 form now states, "Initial IPRC review shall be completed within 30 days of the conclusion of the investigation or 60 days of the date of discovery, whichever is sooner. Whenever an initial IPRC was conducted prior to the completion of the investigation, a subsequent IPRC shall be completed within 30 days of the conclusion of the investigation."

The auditor assessed timeliness by reviewing 11 sexual abuse investigations and some were within the 30-day provision, however, all fell within 60 days of the incident date discovery as directed by the agency's policy at the time. The PCM and sexual abuse incident review team member stated reviews are to be conducted within 60 days of receiving the report and, again, within 30 days of case closure. Both indicated these reviews are usually concurrent with use of force review meetings and, as such, could be held weekly or monthly.

115.86 (c). CHCF stated in their response to the PAQ that the sexual abuse incident review committee includes upper-level management staff as well as line supervisors, investigators (Investigative Services Unit), and medical or mental health practitioners. DOM, Chapter 5, Article 44, 54010.17 Institutional PREA Review Committee (p. 485) stipulates that the committee shall normally include the hiring authority (specifically, the "chairperson and final decision maker"), PCM, at least one other manager, in-service training manager, health care clinician, mental health clinician, and ISU incident commander. CHCF's Warden and PCM stated that a multidisciplinary team including those listed above attend CHCF's IPRC meetings. The auditor reviewed 11 completed incident reviews which showed that representation is consistent with this provision.

115.86 (d). CHCF indicated in their response to the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement, and submits such report to the facility head and PCM. DOM, Chapter 5, Article 44 54040.17 Institutional PREA Review Committee also requires this provision.

Institutional PREA Committee (IPCR) - DOM Section 54040.17 form, assists the committee in considering all necessary items. DOM Section 54040.17 maintains that the review committee must consider the following: (a) whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; (c) assess whether physical barriers in the area may enable abuse, following an examination of the area in the facility where the incident allegedly

occurred; (d) assess the adequacy of staffing levels in that area during different shifts; and (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. Further, the policy provides that the IPRC must prepare a report of its findings, recommendations for improvement, corrective action plan, and implementation action plan (or reasons for not doing so). The report is then 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.

During both the pre-onsite and onsite audit phases, the Warden, PCM, and an incident review committee member were each interviewed. Each affirmed that an incident review is completed at the conclusion of sexual abuse investigations. During this review, the management team determines compliance (to include an analysis of contextual variable, incident causes, policy failures, trends, physical plant needs, etc.) and any respective corrective actions. The PCM additionally echoed the myriad of factors above are considered so as to take corrective action steps and/or identify abusive patterns. The committee uses the information to determine if preventative measures can be taken to prevent abuse in the future. The PCM stated that he has not noticed any significant trends as allegations reported at CHCF span all shifts, locations, and incident types.

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

115.86 (e). CHCF maintained in their response to the PAQ that the facility implements the recommendations for improvement, or documents its reasons for not doing so. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee 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, if warranted.

Corrective Action: The audit team recommends no corrective action.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

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

2. Interviews:

- a. Agency Contract Administrator
- b. PREA Compliance Manager

Findings (By Provision):

115.87 (a)(c). CHCF stated in their response to the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions that includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by Department of Justice. DOM, Chapter 5, Article 44, 54040.20, Tracking – Data Collection and Monitoring, stipulates that the PREA Compliance Manager is responsible for reporting allegations of sexual violence and staff sexual misconduct to the PREA Coordinator on a monthly basis using a standardized tracking report. This information is also provided to the agency's Offender Information Systems Branch for compilation and tracking. Further, the Investigative Services Unit is responsible for completing the incident-based SSV report within two business days of receiving an allegation. When applicable, the Office of Internal Affairs must also report standardized data consistent with the SSV data elements.

The audit team reviewed completed incident-based SSV forms in each investigative file that was reviewed regardless of the disposition type. The auditor also reviewed agency annual reports from 2018 through 2021. All included a uniform standard of

	<p>measuring sexual abuse and sexual harassment incidents, as well as a standardized set of definitions.</p> <p>115.87 (b). CHCF reported in their response to the PAQ that the agency aggregates the incident-based sexual abuse data on an annual basis. DOM, Chapter 5, Article 44, 54040.20, Tracking - Data Collection and Monitoring, directs the agency to aggregate data annually and include the data necessary to answer all of the questions from the most recent version of DOJ's SSV. The auditor reviewed aggregated data from 2018 - 2021 to confirm that the agency aggregates incident-based data annually so as to complete the Survey of Sexual Victimization, State Prison Systems, Summary Form.</p> <p>115.87 (d). CHCF indicated in their response to the PAQ that the agency maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. DOM, Chapter 5, Article 44, 54040.20, Tracking - Data Collection and Monitoring, also establishes this practice.</p> <p>115.87 (e). CHCF maintained in their response to the PAQ that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates, and that the data complies with SSV reporting requirements. DOM, Chapter 5, Article 44, 54040.20, Tracking - Data Collection and Monitoring, directs the agency to collect information from every facility the agency contracts for the confinement of inmates. A different Wisconsin PREA auditor spoke to the agency's contract administrator who affirmed that such data is collected and recorded.</p> <p>115.87 (f). CHCF stated in their response to the PAQ that the agency has provided the Department of Justice with data from previous calendar years. DOM, Chapter 5, Article 44, 54040.20, Tracking - Data Collection and Monitoring, stipulates that the agency shall provide data from the previous calendar year to the Department of Justice by June 30.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator

- c. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan
- d. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring
- e. CDCR PREA Annual Data Collection Tool and Staff Plan Review Worksheet
- f. CDCR public website screenshots
- g. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (2018 – 2021)

2. Interviews:

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

Findings (By Provision):

115.88 (a). CHCF maintained in their response to the PAQ that the agency reviews data collected and aggregated pursuant to standard 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 collect annual data 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 every year. 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 data, in addition to the incident-based data described in standard 115.87 is utilized to develop the agency’s annual report. The auditor reviewed the CDCR’s posted annual reports from 2018, 2019, 2020, and 2021 (most recent) and confirmed it includes the following components: the agency’s zero tolerance statement; review of critical definitions; summary data; compliance efforts and corrective action steps; and a summary statement.

The Agency Head (designee) reported during an interview that the facility-level incident review process exists to review the context of each incident and identify opportunities to mitigate future abuse. The compilation of this information is then

analyzed in order to identify any trends that might exist so that the agency can develop a response. An earlier interview with the agency's PREA Coordinator stipulated that the office is responsible for tracking, understanding, and responding to trends as reported monthly by each PCM. This effort is documented in the agency's annual report. The annual report is then posted to the CDCR's public website. The PCM indicated that CHCF is required to complete 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 provide the agency-level data for the annual report.

115.88 (b). CHCF reported in their response to the PAQ that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In addition, 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, requires that the annual report include comparative data, including a description of corrective action. The auditor reviewed CDCR annual reports from 2018, 2019, 2020, and 2021. All included comparative data, corrective action, and a discussion of progress.

115.88 (c). CHCF indicated in their response to the PAQ that the agency makes its annual report readily available to the public through a link on the CDCR website. Each annual report is approved by the agency head prior to dissemination to the public. 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 2018 through 2021. The auditor's review of the annual audit reports verified that CDCR's Secretary has approved and signed the reports. The Agency Head (designee) affirms the agency head reviews and approves the annual reports.

115.88 (d). CHCF stipulated in their response to the PAQ that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. DOM, Chapter 5, Article 44, 54040.17.20 Tracking - Data Collection and Monitoring, sets forth the protection for safety and security. The auditor reviewed annual reports from 2018 - 2021. The PREA Coordinator stated the agency does not include any personal identifying information in their annual reports. However, if they could not avoid such an inclusion the information would be redacted and the nature of the redaction would be described.

Corrective Action: The audit team recommends no corrective action.

115.89	Data storage, publication, and destruction
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. CHCF Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.17 Records Retention
- c. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring
- d. CDCR DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction
- e. CDCR Public Website
- f. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (2018 – 2021)

2. Interviews:

- a. PREA Coordinator

Findings (By Provision):

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

During a prior interview 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 to only staff with a need to know at each facility and headquarters. Personally identifiable information is not submitted but rather only the quantitative data inputted.

115.89 (b). CHCF maintained in their response to the PAQ that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public on an annual basis through its public website. DOM, Chapter 5, Article 44, 54040.21 PREA Data

	<p>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 annually through the agency’s website.</p> <p>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. The auditor reviewed CDCR’s annual reports for 2018 – 2021, respectively.</p> <p>115.89 (c). CHCF stated in their response to the PAQ that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention, also provides similar language. The auditor verified that no personally identifiable information is documented within the CDCR annual reports that are posted on their public website.</p> <p>115.89 (d). CHCF stipulated in their response to the PAQ that the agency maintains sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise require a different timeframe. 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>Corrective Action: The audit team recommends no corrective action.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. CHCF Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44 Prison Rape Elimination Policy c. Public website screenshots d. Western State Consortium audit schedule 2. Interviews:

a. PREA Coordinator

3. Site Review Observations:

a. Facility review (walkthrough)

Findings (By Provision):

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

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

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

115.401 (i). During all phases of the audit, CHCF 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 and then provided copies to the team during the last day of the onsite audit phase. During the onsite audit phase, the audit team had unrestricted access to files, reports, and automated information systems at the agency and facility levels.

115.401 (m). During the onsite audit phase, the audit team, PCM, and support staff worked cooperatively to develop a private process and location for conducting interviews of both staff and inmates. A total of 73 staff and inmate interviews were conducted during all three phases of the audit process.

115.401 (n). On 9/26/2022, the auditor sent CHCF's PCM an email requesting that the attached audit notice, provided in English and Spanish, be printed out on colored paper and posted six weeks prior to the onsite audit phase throughout the facility in conspicuous areas so that all inmates could be made aware of the pending onsite audit phase dates and where to send any correspondence prior to the audit team's arrival at CHCF. 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>By 10/3/2022, the PCM responded via email confirming audit notices were posted, and attached the last of eight sample photos of the postings, which showed English and Spanish notices displayed on pink paper. During the onsite audit phase, the auditor spoke with mailroom staff who stated that they were knowledgeable about and complied with the processing of any correspondence to the PREA auditor. Specifically, the envelope would remain sealed and handled in accordance with legal mail. The auditor received a total of five separate correspondences prior to the onsite audit phase from the CHCF inmate population. All five were interviewed by the audit team during the onsite audit phase.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Public website screenshots b. CDCR public website 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.403 (f). The CDCR's agency website maintains a link dedicated to PREA-related information, including policies and procedures; reporting an allegation; audit schedules; and final audit reports. This is CHCF's second US DOJ PREA Audit. An interview with the PREA Coordinator and internet search confirmed that final audit reports are posted to the agency's public website.</p> <p>Corrective Action: The audit team recommends no corrective action.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	no

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	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
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

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

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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	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
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	no
	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?	no
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	no
	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?	no
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	no

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	no
	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?	no
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	no
	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?	no
	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?	no
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	no
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	no
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	no
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	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
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
	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.)	no
	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.)	no
	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	no

	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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	no
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

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

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

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

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent 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.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	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
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	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
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	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
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

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

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

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	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
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	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
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

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

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

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

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

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

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

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	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