

PREA Facility Audit Report: Final

Name of Facility: High Desert State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/06/2022

Date Final Report Submitted: 05/05/2023

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: Heidi Mellenberger	Date of Signature: 05/05/ 2023

AUDITOR INFORMATION	
Auditor name:	Mellenberger, Heidi
Email:	heidi.mellenberger@wisconsin.gov
Start Date of On-Site Audit:	06/20/2022
End Date of On-Site Audit:	06/24/2022

FACILITY INFORMATION	
Facility name:	High Desert State Prison
Facility physical address:	475-750 Rice Canyon Road , Susanville, California - 96127
Facility mailing address:	

Primary Contact	
Name:	Matthew Williams
Email Address:	Matthew.williams@cdcr.ca.gov
Telephone Number:	(530) 251-5100 ext.

Warden/Jail Administrator/Sheriff/Director	
Name:	Rob St. Andre
Email Address:	Rob.St.Andre@cdcr.ca.gov
Telephone Number:	530 251-5100 ext

Facility PREA Compliance Manager	
Name:	Matt De Forest
Email Address:	matthew.deforest@cdcr.ca.gov
Telephone Number:	O: (530) 251-5100 6760
Name:	Matthew Williams
Email Address:	matthew.williams@cdcr.ca.gov
Telephone Number:	O: (530) 251-5100 5029

Facility Health Service Administrator On-site	
Name:	Todd Murray
Email Address:	todd.murray@cdcr.ca.gov
Telephone Number:	530 251- 5100 5492

Facility Characteristics	
Designed facility capacity:	3596
Current population of facility:	2310

Average daily population for the past 12 months:	3135
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:	18-88
Facility security levels/inmate custody levels:	I, III, and IV
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	1081
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	298
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	24

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

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-20
2. End date of the onsite portion of the audit:	2022-06-24

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:	A post audit interview was conducted with a staff member employed with Lassen Family Services, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3596
15. Average daily population for the past 12 months:	3135
16. Number of inmate/resident/detainee housing units:	45
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:	1943
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:	91
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	15
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:	2
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:	13
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:	0

<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>3</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>10</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>1</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>#43. High Desert State Prison does not track or record inmates by sexual orientation.</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>1086</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>24</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>298</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>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>29</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Random inmates were selected across all housing units to ensure geographic diversity. The audit team also made selections of inmates with varying gender identity, race, ethnicity, custody levels, and time in custody where possible. Selections were made by the lead auditor from a list of all inmates provided by the facility on the first day of the onsite visit. 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.</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>25</p>
<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>	

<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>11</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Per a memorandum dated June 16, 2022, "High Desert State Prison does not normally house inmates with cognitive disabilities. Currently there are no cognitively disabled inmates housed at HDSP. When we do receive inmates in the Developmental Disability Program (DDP) they are immediately transferred to institutions better equipped to meet their needs."</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>1</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>7</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>2</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>5</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>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>Per a memorandum dated June 17, 2022, "High Desert State Prison has one case where the inmate reported the abuse during intake screening. However this occurred when the inmate was being screened at Northern Nevada Correctional Center, after leaving CDCR custody. The case reported is reported to have taken place at HDSP."</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>HDSP reported in a memorandum dated June 16, 2022 that, "High Desert State Prison has no inmate segregated due to high risk of sexual victimization. HDSP has no inmate housed in normal housing that have been identified as being high risk for sexual victimization."</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>No text provided.</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>14</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" 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 checked="" 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>No text provided.</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>20</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</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>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	6	0	6	0
Staff-on-inmate sexual abuse	4	1	4	1
Total	10	1	10	1

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	3	0	3	0
Staff-on-inmate sexual harassment	16	0	16	0
Total	19	0	19	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	1	0	0	0
Total	0	1	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	4	0
Staff-on-inmate sexual abuse	0	2	1	1
Total	0	4	5	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	6	5	5	0
Total	6	5	6	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:	10
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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>6</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>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>19</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>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:	16
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 type="radio"/> Yes <input checked="" type="radio"/> No

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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</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 Department of Corrections</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>115.11 (a). The facility 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 CDRC, 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.</p>

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 (p. 464) 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 respective codes, including cited sub 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 included in the agency's definition of staff sexual misconduct. PREA standard 115.6 defines sexual abuse as the following:

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with out without consent of the inmate, detainee, or resident: (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; (2) Contact between the mouth and the penis, vulva, or anus; (3) 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; (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; (5) Any other intention 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, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire; (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraph (1)-(5) of this section; (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of any inmate, detainee, or resident, and (8) Voyeurism by a staff member, contractor, or volunteer.

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

115.11 (b). The facility indicated 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, Shannon Stark, who is responsible for PREA compliance for all state correctional facilities. The PREA Coordinator (Captain rank) responsibilities are defined by a duty statement, which stipulates that the position's primary responsibility is to provide "a safe, humane, secure environment, free from sexual misconduct in California State Prisons...(by) ensuring compliance with Public Law 108-79, the Prison Rape Elimination Act (PREA), the Sexual Abuse in Detention Elimination Act (AB 550), the federal PREA Standards and the Departmental policies and procedures." 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 her allocation of time during

her specialized staff interview.

According to the agency's table of organization, the PREA Coordinator reports directly to the Associate Warden of Female Offenders Program. She directly oversees 35 PREA Compliance Managers in each respective facility and one PREA Compliance Manager tasked with monitoring agency contract facilities (when applicable contracts exist; see 115.12 discussion).

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

115.11 (c). The facility 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. HDSP has designated an associate warden, Matthew Williams, with this responsibility, which is defined by the agency's PCM duty statement. Mr. Williams reported during his specialized interview that he has sufficient time and authority to serve as the PCM, in addition to the duties as an associate warden.

At the facility level, the PCM 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 her interview that she communicates with the PCMs on a regular basis via telephone, email, video conference, and site visits. The PCM confirmed these methods of communication.

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Recommendation

115.11 (a). Clarify or expand the agency's definition of staff sexual misconduct to include the stated language and, most importantly, applicable body parts of staff-on-inmate sexual abuse as set forth by PREA standard 115.6. For example, the phrase "sexual contact" in the DOM's glossary of terms could be defined in greater detail thereby eliminating any confusion about which body parts or behaviors constitute sexual abuse.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.12 (a). The facility indicated in their response to the PAQ that the agency has renewed twelve 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, Code of Federal Regulations (CFR) Part 115 and with CDCR’s Department Operations Manual, Chapter 5, Article 44, including updates to this policy.”</p> <p>During the pre-onsite phase, CDCR enclosed 12 examples of contracts for the confinement of inmates (i.e. modified community correctional facilities) in the PAQ with the following agencies/governments: (1) Butte County Probation Department; (1) Turning Point of Central California, Inc.; (1) GEO Reentry, Inc.; (1) HealthRIGHT 360; (2) Epidaurus dba Amity Foundation; (1) Core Civic, Inc. (CCA); (2) West Care California, Inc.; (1) Saint John's Program for Real Change; (1) Los Angeles Centers for Alcohol & Drug Abuse; and (1) Mental Health Systems, Inc. All included the aforementioned Special Terms and Conditions template section which sets forth the compliance expectation.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>115.12 (b). The facility indicated 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.”</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13 (a). The facility indicated in their response to the PAQ that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse.</p>

DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (p. 471) restates the staffing plan expectation of this provision, including the 11 required elements for consideration as follows:

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

HDSP has a rated total capacity of 3,796. The average daily population as reported during the pre-on-site audit phase is 3,135 inmates. HDSP currently employs 1086 staff members who have contact with inmates. According to the auditor's interview with the Warden and PCM, CDCR has adopted a standardized staffing model wherein staffing levels and patterns are determined using a matrix which weighs 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 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 the staffing plan materials provided by HDSP revealed the facility is detailed in defining what positions are required to meet minimum staffing levels on each shift. In addition to the standardized staffing calculations, HDSP takes the additional measure of preparing a staffing plan analysis, which is distinctly organized by the 11 elements required by this provision. Moreover, HDSP'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.

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

115.13 (b). The facility indicated in their response to the PAQ that each time the staffing plan is not complied with the facility documents and justifies all deviations from the staffing plan. In the past 12 months, HDSP reported that there have been

deviations from the staffing plan due to COVID 19, staffing shortages, institution searches, emergency medical transports and major events in the local area. DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (p. 471) states, "In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan through the Telestaff Program and Daily Activities Report. The Watch Commander is responsible for reporting and justifying all deviations from the approved staffing plan." While deviations are possible, the Warden and PCM stated that any reduction in staffing realized by the facility is augmented through the use of voluntary or mandatory overtime in order to comply with the approved staffing plan. Facility leadership will also strategically pause certain programs and divert staff to critical areas where and when needed. Whenever the facility deviates or redirects staff they are required, per policy and the employee collective bargaining contract, respectively, to document such adjustment in the Daily Activity Report (DAR) and Telestaff. A watch commander confirmed this practice. Samples of the DAR and applicable staffing deviations were provided in the PAQ and reviewed by the auditor.

In addition, following an incident of sexual abuse, DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (p. 471) states that the IPRC shall "assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and, if the staffing plan was not complied with, this fact shall be documented during this review and addressed in the corrective action plan."

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

115.13 (c). The facility indicated 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 (p. 471) directs the PCM and Program Support Unit, in consultation with the PREA Coordinator, to "assess, determine, and document" whether adjustments are needed to the aforementioned variables. Interviews with the PREA Coordinator and PCM confirmed this annual review process. The Warden indicated that there is a process to request augmented staffing resources through headquarters should the sustained need arise.

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

115.13 (d). The facility indicated in their response to the PAQ that the facility requires intermediate and/or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Security Rounds (p. 465) states: " A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security

	<p>checks to identify and deter sexual violence, staff sexual misconduct, and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time, and location that the security check was conducted. Staff is prohibited from alerting other staff members that these security rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility."</p> <p>During the onsite audit phase, the audit team 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 14 random staff and informal interviews with institution 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.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.14	Youthful inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.14 (a-c). The facility indicated in their response to the PAQ that the facility does not house youthful inmates. CDCR Division of Juvenile Justice maintains custody of youthful offenders. Informal interviews with staff in the housing units and with the PCM confirmed that youthful inmates are not housed at HDSP. Accordingly, 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</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.15	Limits to cross-gender viewing and searches
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.15 (a). The facility 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, HSDP staff have conducted zero cross-gender or cross-gender body cavity searches. DOM, Chapter 5, Article 19, 52050.16.5 Uncllothed Body Search of Inmates (p. 380) mandates that staff of the opposite biological sex shall not conduct uncllothed body inspections or searches of inmates except in an emergency or when performed by a qualified medical professional. If an uncllothed 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, which must be reviewed by a supervisor, routed to the PCM, and retained for audit purposes. DOM, Chapter 5, Article 44, 54040.5 Education and Prevention, Searches (p. 465) restates this expectation and adds that if the cross-gender search is incidental to a crime the search shall be documented on a Crime Incident Report Form 837.

Fourteen of 14 random staff (non-medical) confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed except under exigent circumstances. One hundred percent (29 random and 25 target) of interviewed inmates stated they have never been subject to an uncllothed body search by a non-medical female staff person at HDSP.

On February 8, 2019, Director of Division of Adult Institutions issued a memo which limited the operation of body scanners to staff of the same gender as the inmates 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 in a NOU. The same memo directs each facility to “ensure they have an adequate number of staff on all watches certified to use the...scanner.”

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

115.15 (b). The facility indicated 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 discussions with the Warden and PCM HDSP does not house female inmates. DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (p. 380) expressly states that male staff shall not perform a non-emergency search of a female inmate under any circumstances. This DOM excerpt maintains that searches of female inmates shall only be conducted by female staff unless an exigent circumstance is present. Exigent circumstances are described as scenarios in which an immediate search must be performed in order to avoid “the threat of death, escape, or great bodily injury to staff, inmates, or visitors” and shall only exist until “sufficient numbers of female correctional staff are available

to assume critical body search duties.” The same policy further describes the steps to perform a search in the least intrusive way. DOM, Chapter 5, Article 44, 54040.5 Education and Prevention, Searches (p. 465) restates this expectation.

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

115.15 (c). The facility indicated in their response to the PAQ that the facility requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. As stated above, HDSP does not house female inmates and, as such, does not document cross-gender pat searches of female inmates. HDSP reported that no cross-gender strip searches or cross-gender visual body cavity searches by female staff have been conducted in the preceding 12 months. DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (p. 380) states 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, which must be reviewed by a supervisor, routed to the PCM, and retained for audit purposes. DOM, Chapter 5, Article 44, 54040.5 Education and Prevention, Searches (p. 465) restates this expectation and adds that if the cross-gender search is incidental to a crime the search shall be documented on a Crime Incident Report Form 837. DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (p. 380) follows suit by directing staff to document in the same manner should a cross-gender pat search of a female inmate be required during an exigent circumstance. During the facility review, the auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of male inmates occurred in the past 12 months as no related NOU’s were on record. This was also confirmed during interviews with 14 random staff, 29 random inmates and 25 target inmates who all indicated that they were not aware of any female officers conducting cross-gender strip searches.

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

115.15 (d). The facility 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 (p. 465) mandates 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 assurance, “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 the same DOM section referenced above. Specifically, “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 auditor viewed the shower areas in the housing units from multiple vantage points, including the

floor/dayrooms and elevated officer control stations, to ensure that staff did not have the ability to observe genitalia. The auditor's view of these areas confirmed that there were numerous locations throughout the institution where staff did have the ability to see inmates inside the showers and/or perform bodily functions in the housing unit dayrooms/recreation pens/recreation yards which were outfitted with portable partitions, fixed barriers, or curtains so as to obstruct the view of the groin-area and below. Furthermore, the audit team observed cross-gender announcement entries in housing unit logbooks.

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

115.15 (e). The facility indicated in their response to the PAQ that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmates for the sole purpose of determining the inmate's genital status. DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (p. 381) 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 14 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 staff members that perform 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. The audit team interviewed inmates who identify as transgender; all affirmed that they have never been searched for the purpose of determining their genital status.

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

115.15 (f). The facility indicated in their response to the PAQ that 100 percent of all security staff received training on conducting cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. 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, 54040.4 Education and Prevention, Staff Training (p. 464) requires that staff be trained on the tenets of this provision. Several training modules were provided as validation of the training curriculum, as were HDSP staff in-service training rosters for the course titled "Working Successfully with Transgender, Intersex, and Non-Binary Inmates" and for the course titled "Prison Rape Elimination Act". A review of HDSP in-service training records for 2021 confirmed that all staff in work status had been trained.

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p> <p>Recommendation</p> <p>115.15(d) Install barriers in dayrooms by urinals/recreation pens/recreation yards to help eliminate the occurrences of cross-gender viewing. This will t 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.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.16 (a). The facility indicated in their response to the PAQ that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse or sexual harassment. DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.4 Education and Prevention, Offender Education (p. 465) states that “appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population’s knowledge and understanding of PREA and sexually transmitted diseases.” A memo issued on October 6, 2017 adds that “In order 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, CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act. Appropriate provisions are made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases. ”</p> <p>The facility indicated in their response to the PAQ that CDCR has established a Standard Agreement, Agreement #C5608379, and maintains a contract with Voiance Language Services, LLC for communication, including American Sign Language,</p>

assistance. Interpreter services are available 24 hours a day, seven days a week. HDSP shared a copy of I Speak...Language Identification Guide, which includes direction to the facility's LEP/ADA Coordinator for additional assistance. During the facility review, the audit team observed these postings throughout the facility.

During the onsite audit phase interviews were conducted with eleven inmates with varying degrees of hearing, physical, and cognitive impairments. Each indicated that they are provided with access to facility services and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment. However, zero of the eleven inmates interviewed were able to identify who the HDSP LEP/ADA Coordinator was but indicated they know how to obtain such information.

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

115.16 (b). The facility indicated in their response to the PAQ that they 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, Prison Rape Elimination Policy, 54040.4 Education and Prevention, Offender Education (p. 465) states that "appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider 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 issued on June 15, 2009 reminds all staff that the "CDCR takes reasonable steps to facilitate effective communication with LEP inmates in order to comply with its responsibility to provide meaningful access to such inmates." The memo further directs facilities to "designate an institution staff member as a local LEP coordinator for issues related to LEP services. . . (and) it is suggested the facility's Americans with Disabilities Act coordinator or Litigation Coordinator would be good candidates for the institution's LEP Coordinator. Institutional staff are to utilize the LEP coordinator when questions arise regarding LEP services. These services include the 1-800 toll free telephonic interpretation service; the list of bilingual facility staff competent to interpret/translate; a list of any other local interpreters or interpreters from neighboring institutions or agencies; and a list of translated forms available to staff. The LEP coordinator shall be responsible for providing the "I-Speak" cards to all housing units." As stated above, CDCR maintains a contract with Voiance Language Services, LLC for foreign language assistance. Interpreter services are available 24 hours a day, seven days a week. Additionally, the facility has a list of approved staff who are bilingual certified to provide translation services. HDSP shared a copy of an 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 facility review, the audit team observed these postings throughout the institution.

During the onsite audit phase interviews were conducted with four inmates with limited English language skills. With the assistance of Voiance Language Services, LLC, each indicated that they are provided with access to facility services and are provided with material regarding their rights to be free from sexual abuse and sexual harassment, as well as information on how to report sexual abuse and sexual harassment.

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

115.16 (c). The agency indicated 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. The facility engages interpretation services to avoid using inmates in this capacity, but should they need to the facility indicated they would document such assistance. HDSP has not used an inmate in this capacity in the past 12 months. DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 469) restates this provision. Four inmates with limited English proficiency were interviewed with the assistance of the contracted language line. Additionally, seven inmates with hearing, physical, and cognitive limitations were interviewed. Each indicated 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 verified the information provided during the pre-onsite audit phase; there have not been any instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used. HDSP provided a list of staff and qualified contractors 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 to assist with their language translation needs if no qualified staff or contractor is available. Interviews with 14 random staff confirmed that they were not aware of any instance where an inmate interpreter was used to report an allegation of sexual abuse or sexual harassment. During the site review of HDSP, the auditor observed PREA posters displayed throughout the facility in Spanish, as well as English. Information pertaining to PREA is also provided to inmates in Spanish and English during the intake process.

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.17 (a, b, f). The facility 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. 153) maintains that the agency shall not hire or promote anyone who may have contact with inmates, who:</p> <p><i>(1) Have engaged in sexual abuse of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Have been civilly or administratively adjudicated to have engaged in the activity described immediately above.</i></p> <p>The same policy also mandates that hiring authorities shall: (4) Consider substantiated incidents of sexual harassment in all hiring decisions. The agency's Supplemental Application for all CDCR Employees (CDCR 1951 (Rev. 07/08) prompts new, transfer and promotional applicants to respond to items 1-3 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 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 responses marked YES in this section." Furthermore, a Personnel Information Bulletin (PIB 2016-005) that was circulated on September 16, 2016 to all institutional personnel officers, personnel liaisons, and human resources personnel services states that "A completed CDCR 1951 form is required of all applicants seeking employment with the Department. The CDCR 1951 shall be completed at the time of the hiring interview by all internal and external candidates, with the exception of Peace Officers applying to the same classification. The form shall be used during an initial appointment (including Retired Annuitants), transfer with a change in classification, and/or promotion. The audit team reviewed personnel records of 15 new or promotional hires within the last 12 months and affirmed this practice.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provisions.</p> <p>115.7 (c). The facility indicated in their response to the PAQ that agency policy</p>

requires that before it hires any new employees who may have contact with inmates, that a criminal records check is a requirement for employment and according to DOM, Chapter 3, Article 6, 31060.3 (p. 151) "employment references are conducted with all prior institutional employers to gather information on substantiated allegations of staff sexual abuse or any resignation during a pending investigation of an allegation of staff sexual abuse. . . (and these). . .efforts made shall be documented on the reference check form."

DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (pp. 163-164) details the agency's criminal background check expectation. The required pre-employment process includes using data from the following sources: Live Scan, Criminal Identification and Information State Summary Criminal History (CI & SSCH), CDCR 1951 Supplemental Application for All CDCR Employees or CDCR 1902 Personal History Statement. Furthermore, per DOM, Chapter 3, Article 7, 31070.1 (p. 165), "In order to maintain security and order within Department facilities and provide proof to other agencies and private citizens of an individual's relationship with the Department, departmental identification (ID) cards or memoranda shall be issued to employees, contractors, consultants, volunteers, advisory group members, and Department retirees"; this adds an additional layer of protection due to the fact that personal identification cards can only be issued after a criminal background check has been completed. A Memorandum sent out to all agency staff on February 26, 2016 reiterates the issuance of personnel identification cards; the memo states the following, "Normal procedure for the issuance of Personnel Identifications cards are based on the position of the employee, contractor or volunteer. Hiring authorities will conduct pre-employment documentation based in procedures found in Departmental Operations Manual (DOM) 31060.16.

- *CDCR Employees that carry a Red (Managers and Confidential Employees), Blue (Supervisors) No Border (White)(Non-Supervisory) and Gold (Retired) an expiration of 5 (five) years will be normal. The department is notified by the Department of Justice, of arrests as an ongoing process of livescan.*
- *Contractors that carry a Green Border Identification Card, the expiration date will be upon completion of project or no longer than 5 (five) years of date of issue. Prior to the issuance of new identification cards, the aforementioned contractors will complete a background check according to DOM section 31060.16.*
- *Volunteers that carry a Brown Border Identification Card, the expiration will be on an annual basis. Prior to the issuance of new identification cards, volunteers complete a background check according to DOM section 31060.16.*

CDRC also requires, per the Supplemental Application for All CDCR Employees (CDCR 1951), that all prospective employees or contractors, "list all previous correctional institution employers for who you have worked. Include any prison, jail, lock-up, community confinement facility, juvenile facility, or other correctional institution/ facility, regardless of dates of employment." This allows the agency to follow up and obtain information on substantiated allegations of sexual abuse or any resignation

during a pending investigation on an allegation of sexual abuse. According to the PAQ, 21 contractors and 63 security staff who have contact with inmates were hired in the past 12 months at HDSP; HDSP also has 24 volunteers authorized to enter the facility. During the onsite audit phase, the audit team reviewed 25 randomly selected personnel records, including that of five contractors and five volunteers, and accompanying forms that document the application process; all had completed background checks completed and documented.

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

115.17 (d). The facility 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. CDCR Contractor Special Terms and Conditions, Security Clearance/Fingerprinting (p.1) states that "The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor's employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined." Special Terms and Conditions, section Prison Rape Elimination Policy further states that, "As a contractor with CDCR, you shall not assign an employee to a CDCR facility or assign an employee to duties if that employee will have contact with CDCR inmates, if that employee has 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. . . 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described in this section. The contractor shall conduct a criminal background records check for each contract employee who will have contact with CDCR inmates and provide a written certification that it was done and that items (1) and (2) above were not identified on the document. In the past 12 months, HDSP reported that criminal background checks were completed on 21 contractors. The audit team verified that all had a criminal background check conducted.

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

115.17 (e). The facility indicated in their response to 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. 163-164) states, "A criminal records check is a requirement for employment with California Department of Corrections and Rehabilitation (CDCR) and includes: (1) Consent to be fingerprinted (live scanned)." A memorandum dated October 6, 2017 regarding standard 115.17(e)1 states that, "A criminal records check is a requirement for employment

with the Department and includes: consent to be fingerprinted (Live scanned) and request for and review of the CI&I SSCH. Applicants for all employment shall be live scanned at the earliest possible time if an appointment is expected."

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

115.17 (g). The facility indicated 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 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 CDCR 1951, 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." According to California Code of Regulations, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status, "if an employee is arrested or convicted of any violations of law, the employee must promptly notify the institution head or appropriate Director of that fact. Misconduct which impairs an employee's ability to do their job, or affects or involves the department, may be cause for disciplinary action. Suspension, revocation, or restrictions to an employee's driving privilege that prohibit the employee from performing any of their job duties, shall be reported to the institution head or appropriate Director."

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

115.17 (h). An interview with a HDSP Human Resource staff member confirmed that the facility does receive 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.

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.18 (a). The facility indicated in their response to the PAQ that the facility has not 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. Should the facility require substantial modification, the agency has a process in place which is guided by CDCR Design and Construction Policy Guidelines Manual. Specifically, the manual indicates, "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."</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.18 (b). The facility indicated 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. Should the facility require substantial modification to their video monitoring system, electronic surveillance system, or other monitoring technology, the agency has a process in place which is guided by CDCR Design and Construction Policy Guidelines Manual. Specifically, the manual indicates, "the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse."</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21 (a). The facility indicated in their response to the PAQ that the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations. DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 467) outlines the custody supervisor's responsibility when allegations of sexual abuse are made. This section of policy specifically states that, "the custody supervisor has significant responsibility in this policy, and a Custody Supervisor Checklist has been developed to assist in identifying the duties to be completed. If the victim alleges staff sexual misconduct, the Hiring Authority will be immediately notified via the Watch Commander. The Hiring Authority will assign Locally Designated Investigator (LDI) to conduct inquiry work until sufficient information is obtained to warrant an OIA</p>

investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The Confidential Memorandum shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary. In the event of such an emergency, staff shall follow-up with a written report within one (1) day of learning the information."

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 institution 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 and Evidence (p. 477) describes standard evidence collection and preservation procedures with the following: "The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area. The custody supervisor shall ensure the assigned officer(s) maintain a chronological log of all persons entering the crime scene area and their purpose for entering the crime scene area. ISU staff and/or trained personnel shall process the crime scene including collecting and securing evidence. ISU staff shall photograph/ videotape the crime scene and evidence collected, make a diagram of the crime scene, and collect/package all evidence. Care must be taken to ensure that any potential evidence is identified, preserved, and collected. Examples of evidence include, but are not limited to any clothing worn by the victim and suspect, hair or clothing fibers, dried or moist secretions, semen, blood or saliva stains, stained articles of clothing, blankets, or other foreign materials on the body of the victim or suspect, fingernail scrapings, and any other trace evidence (including the rape examination kit). Based on when/where the incident occurred, a designated evidence officer will be requested to collect evidence that may be destroyed if not preserved. The designated evidence officer and any other employee who collects evidence will process it according to institutional procedure. All DNA related evidence taken from the body of the victim or suspect (i.e., fingernail scrapings, body fluid, hair, etc.) must be collected by the Sexual Assault Nurse Examiner (SANE), this individual is located at the SART location, in accordance with State of California, Office of Emergency Services Reporting Instructions. Refer to the institutions local MOU or DOM Supplement regarding processing of the clothing that the victim and suspect wore at the time of the incident. All other evidence such as clothing (from his/her bed area) and bedding will be collected per institutional procedure. Once the SANE has finished collecting the evidence, it will be processed following local protocols." In applicable

sections, the DOM further describes a multitude of evidence preservation and collection expectations for first responders, transportation, and medical and mental health staff.

During the onsite audit phase, the audit team interviewed 14 random staff, of which all expressed an understanding and awareness of the agency's policy for obtaining usable physical evidence. Staff were also able to articulate that ISU staff at HDSP are tasked with investigating allegations of sexual abuse and sexual harassment. While conducting staff interviews, the audit team noticed that many staff kept a "Custody Supervisor Information/PREA Information" pocket guide on their person. These pocket guides outline the steps custody supervisors must take when investigating an allegation of sexual abuse. The pocket guide reads as follows:

Upon initial contact with staff:

- Obtain briefing from initial contact
- Initiate a timeline
- Notify Watch Commander
- Ensure victim is secured
- Ensure crime scene is secured
- Secure suspect, if known
- Maintain visual & physical separation between suspect and victim
- Determine if Staff Assistant is needed
- Assign Custody Escort to victim & to suspect
- Designate Evidence Officer
- Complete the Victims of Crime form

While in TTA/designated medical location:

- Ensure medical assessment/triage is initiated
- Identify/prepare transportation team, if needed
- Notify Watch Commander of need to transport for SART exam
- Explain the right to have Victim Advocate/Victim Support Person as necessary

Upon return to Institution:

- Place victim under constant & direct supervision pending Suicide Risk Assessment
- Discuss appropriate housing with victim
- Ensure preparation of CDCR Form 837, Crime Incident Report
- Ensure preparation of CDCR Form 115, Rules Violation Report, if appropriate

PREA Information (backside of pocket guide)

To be utilized as a guide during a PREA Incident. Non-custody staff members should notify the custody Supervisor of the area for assistance. PREA Policy: DOM 54040.1 through 54040.22. All staff shall ensure the victim and suspect are secure, to the

best of your ability.

DO NOT:

- Shower
- Brush teeth
- Remove clothing without custody supervision
- Use Restroom
- Consume any liquids

Initial Contact with Victim:

- If needed, activate alarm
- Assess immediate medical and custody needs
- Contact supervisor and inform of situation
- Take victim to secure location
- Seek assistance to secure the crime scene
- Listen to the victim and take notes on his/her statements

Initial Contact with Suspect:

- If needed, activate alarm and apply restraints
- Place in holding cell
- Ensure no contact with the victim
- Assess immediate medical and custody needs

Custody Escort:

- Escort to designated medical location
- Document any spontaneous comments

During the onsite review, the audit team physically observed a sexual assault evidence kit. Attached to the kit were step by step instructions for staff to follow when collecting physical evidence. These kits are made available to medical staff, investigative staff and first responders to aid their efforts in collecting and preserving timely usable evidence.

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

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

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

115.21 (c). The facility indicated 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 are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, one inmate has been transported, or required, a forensic medical examination. DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination (p. 468) states, "the victim will be taken to the designated outside hospital, or on-site location, where SART Contract Staff will complete the forensic exam. The SANE shall provide the required Forensic Medical Examination, per the Office of Emergency Services, as well as the appropriate Forensic Medical Report: Acute (<72 hours) Adult/Adolescent Sexual Assault Examination, the Forensic Medical Report: Non-Acute (>72 hours) Child/Adolescent Sexual Abuse Examination, or the Forensic Medical Report: Sexual Assault Suspect Examination. These examinations will consist of an explanation of the process, the offender's signature on consent forms. . . discussion of the incident and when/how it occurred, and a detailed physical examination that will include evidence collection and photographs." In addition, as directed by policy, HDSP offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. California Correctional Health Care Services, Volume 1, Chapter 10, 1.10 Copayment Program Policy (p. 1) states that "medically necessary treatment that relates to the initial condition including the evaluation, assessment, and follow-up services shall be provided by licensed health care staff without regard to the patient's ability to pay. The copayment shall not be charged if the health care service(s) is considered to be: Treatment services relating to sexual abuse or assault."

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

115.21 (d, e, h). The facility indicated 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. DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 467) articulates that the "At the time the victim is sent to the outside hospital or on-site location, the Watch Commander is required to contact the Rape Crisis Center to request a Victim Advocate be dispatched. If one is not available, designated, trained staff from the facility will be dispatched or called in to act as the Victim Advocate as defined in Section 54040.3." Furthermore, the Watch Commander Notification Checklist (PREA) outlines the aforementioned and further identifies that a "trained victim advocate from the institution must be at the level of psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health R.N., staff person with a master's degree in counseling."

During the onsite audit phase, the audit team observed posters throughout the facility which directed victims to the local advocacy organization, via a phone number and address, for support services. HDSP entered into a Standard Agreement with Lassen Family Services to provide support to victims of sexual abuse. If requested by

the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. DOM, Chapter 5, Article 44, 54040.3 Definitions (p. 464) defines a victim advocate as, "An individual typically employed by a Rape Crisis Center whose primary purpose is the rendering of advice or assistance to victims of sexual assault and who has received a certificate evidencing completion of a training program in the counseling of sexual assault victims issued by an approved counseling center. The Victim Advocate will be summoned to assist the alleged victim of an in-custody sexual assault including rape, sodomy, oral copulation, or forcible acts of sexual penetration for the SANE exam and interview process. The victim advocate will also be summoned for in-custody abusive sexual contact allegations when appropriate. In cases where an outside Victim Advocate is not available, a designated employee will be summoned, if available; an employee who has been certified by a rape crisis center as trained in counseling of sexual assault victims and who either: (1) A psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health registered nurse, staff person with a master's degree in counseling, or others listed in Evidence Code Section 1010; or (2) Has the 40 hours of specialized training listed in Evidence Code Section 1035.2 and is supervised by a staff member in subsection (1) above. If a designated employee is utilized as a Victim Advocate proof of required training must be on file in their personnel or IST file." Specialized staff interviewed during the onsite audit phase were aware of the MOU between HDSP and Lessen Family Services.

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

115.21 (f). As stated, CDCR/HDSP officials 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

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.22 (a, b). The facility indicated 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 (p. 469)

Investigation states, "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. No standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained. In addition, all allegations require completion of the Survey of Sexual Violence (SSV-IA) form. Except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation. The departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation." Furthermore, DOM, Chapter 3, Article 14, 31140.1 & 2 (pg. 183) Internal Affairs Investigations, Policy/Purpose states, "Every allegation of employee misconduct within the California Department of Corrections and Rehabilitation (CDCR or Department) shall be promptly reported, objectively reviewed, and investigated when appropriate. To ensure allegations of employee misconduct are addressed and investigations are conducted in a fair and consistent manner." Furthermore, according to a Memorandum dated October 6, 2017, in reference to agency policies that direct investigative staff to refer sexual harassment/sexual abuse allegations articulates the following, "Inmate on Inmate Sexual Violence and Harassment: All investigations of sexual abuse or sexual harassment are conducted by the Institutions Investigative Services Unit (ISU). The findings are then documented on a confidential Memorandum and an SSV-IA form. If the allegations are found to be substantiated, ISU collaborates with the District Attorney to make a determination on prosecution. Staff sexual conduct and staff sexual harassment: The collection of preliminary information concerning an investigation of sexual abuse or sexual harassment is conducted by the Institutions Investigative Services Unit (ISU). The findings are then documented on a confidential Memorandum and an SSVIA form. If the allegations are found to have potentially occurred, ISU then refers the case to the Office of Internal Affairs (OIA), an entity within CDCR with authority to investigate all staff misconduct allegations. The OIA completes the investigation and works with the District Attorney to make a determination on prosecuting the suspect." In the designated 12 month audit period, as evidenced by a review of HDSP's Investigation Services Unit (ISU) log, HDSP received and responded to 10 allegations of sexual abuse and 19 allegations of sexual harassment; one of these cases were referred for prosecution.

During the onsite audit phase, HDSP Warden, Mr. St. Andre, was interviewed and confirmed that all allegations of sexual harassment and sexual abuse are investigated. According to a Memorandum dated June 14, 2022 drafted by the HDSP PREA Compliance Manager, Mr. Williams, HDSP has a total of 18 investigators who have been provided the required training.

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

115.22 (c). The facility indicated in their response to the PAQ that the agency has a publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable. The agency's DOM, Chapter 5, Article 44, Prison Rape Elimination Policy

	<p>(pp. 463-472) which includes 54040.12, Investigation (p. 469), which describes the instigative responsibility of the agency. The aforementioned DOM chapter is posted on CDCR's website and can also be found on the internet by searching for CDCR's Operations Manual.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.22 (d). The auditor is not required to audit this provision of the standard.</p> <p>115.22 (e). The auditor is not required to audit this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31 (a). The facility indicated in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) 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 (p. 464) states that, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet. Employees shall also be trained in how to conduct cross-gender pat-</p>

down searches, transgender pat-down searches, and unclothed body cavity searches. When conducting these types of searches, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs. Searches shall be conducted in accordance with policy, procedure and training as per CCR, Title 15, Section 3287(b). Institutions shall train all staff on how to communicate professionally with inmates, including inmates who identify themselves as Lesbian, Gay, Bi-Sexual, Transgender, Intersex, and Gender Non-Conforming in accordance with Inmate/Staff Relations Training, on file with the Peace Office Selection and Employee Development (POSED). Specialized training may be offered to employees who volunteer to act as victims' advocates. This training includes certification by a rape crisis center as trained in the counseling of sexual assault victims. For any employee volunteer who is not a psychiatrist, psychologist, licensed clinical social worker, psychiatric mental health RN, staff person with a master's degree in counseling, or other's listed in Evidence Code section 1010, this specialized training also includes the 40 hours of specialized training listed in Evidence Code 1035.2. Only employees who voluntarily agree to act as a victim advocate shall be utilized in that capacity. Employees who volunteer will be subjected to background clearance to ensure no prior history of violence. All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained."

During the post audit phase, the auditor reviewed PREA related lesson plans, Office of Training and Professional Development (OTPD) Basic Correctional Officer Academy (BCOA) in-service training instructor guides/modules and on the job training lesson plans, 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 provided in the PAQ detail each of the sub-topics listed within this provision.

Random and specialized staff who were interviewed by the audit team reported they have received training consistent with each of the ten elements listed above. Staff were able to articulate the agency's zero tolerance for sexual abuse and sexual harassment policy and knowledge of their reporting responsibilities. Furthermore, staff were aware of the right to be free from retaliation for reporting sexual abuse and sexual harassment. During the on-site audit phase, the audit team reviewed 33 randomly selected training records which indicated staff have been trained in the above provisions.

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

115.31 (b). The facility indicated in their response to the PAQ that training is gender neutral and applicable to both male and female facilities. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 464), states, "All staff, including

employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution."

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

115.31 (c). The facility indicated in their response to the PAQ that in between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 464) specifically states, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy."

During the on-site audit phase, the auditor confirmed through 14 random staff interviews that each completed a combination of classroom and web-based training prior to having contact with inmates. HDSP staff also carry with them a first responder pocket guide which outlines the proper steps to take when an allegation of sexual abuse has been reported. The pocket guide reads as follows:

Upon initial contact with staff:

- Obtain briefing from initial contact
- Initiate a timeline
- Notify Watch Commander
- Ensure victim is secured
- Ensure crime scene is secured
- Secure suspect, if known
- Maintain visual & physical separation between suspect and victim
- Determine if Staff Assistant is needed
- Assign Custody Escort to victim & to suspect
- Designate Evidence Officer
- Complete the Victims of Crime form

While in TTA/designated medical location:

- Ensure medical assessment/triage is initiated
- Identify/prepare transportation team, if needed
- Notify Watch Commander of need to transport for SART exam
- Explain the right to have Victim Advocate/Victim Support Person as necessary

Upon return to Institution:

Place victim under constant & direct supervision pending Suicide Risk Assessment
Discuss appropriate housing with victim
Ensure preparation of CDCR Form 837, Crime Incident Report
Ensure preparation of CDCR Form 115, Rules Violation Report, if appropriate

PREA Information (backside of pocket guide)

To be utilized as a guide during a PREA Incident. Non-custody staff members should notify the custody Supervisor of the area for assistance. PREA Policy: DOM 54040.1 through 54040.22. All staff shall ensure the victim and suspect are secure, to the best of your ability.

DO NOT:

Shower
Brush teeth
Remove clothing without custody supervision
Use Restroom
Consume any liquids

Initial Contact with Victim:

If needed, activate alarm
Assess immediate medical and custody needs
Contact supervisor and inform of situation
Take victim to secure location
Seek assistance to secure the crime scene
Listen to the victim and take notes on his/her statements

Initial Contact with Suspect:

If needed, activate alarm and apply restraints
Place in holding cell
Ensure no contact with the victim
Assess immediate medical and custody needs

Custody Escort:

Escort to designated medical location
Document any spontaneous comments

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

115.31 (d). The facility indicated in their response to the PAQ that the agency documents that 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 (p. 464) states that, "Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet." Participants in in-service trainings on facility grounds

	<p>complete a CDCR 844 at the conclusion of the instructor led training; this form is retained in the staff member's training file.</p> <p>The auditor reviewed staff training records that were provided in the PAQ; all staff completed the Prison Rape Elimination Act (PREA) OJT 11053499 on-line training. Furthermore, staff at HDSP have to complete a PREA Knowledge Review (11054378) which is maintained in their perspective training file. The review of the 33 randomly selected staff training records indicated that the refresher training was completed by all during the 12 month review period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32 (a). The facility indicated in their response to the PAQ that all volunteers and contractors (specifically, 298 contractors and 24 volunteers at HDSP) 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 Staff Training (p. 464) states that, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in sheet." Furthermore, DOM, Chapter 10, Article 9, Volunteers, 101090.5 Responsibility, Community Resources Manager (CRM) (p. 834) states that the CRM is to provide "volunteers with the approved training schedule and training materials as noted in Department Operations Manual Sections 101090.7 and 101090.7.1 at the onset of service and annually thereafter. . .(and) records all tracking information regarding volunteers and volunteer mentors in the volunteer tracking system." DOM, Chapter 10, Article 9, Volunteers, 101090.6.2 Volunteer Application Packet and Files (p. 836) outlines that, "a file similar to the state employee official personnel file shall be maintained on each volunteer in the Human Resources Office, the Community Resources Manager's Office, or designee office and stored in a locked cabinet. Volunteer records shall be recorded in the volunteer tracking system, which may be</p>

made available to the Watch Office. . .and must include a signed copy of the, "CDCR Form 2301, PREA Policy Information for Volunteers and Contractors." DOM, Chapter 10, Article 9, Volunteers, 101090.7 Volunteer Orientation (p. 837) further dictates that, "Additionally, the Community Resources Manager shall provide the following on-the-job training courses for self-study: (A) The Prison Rape Elimination Act." The auditor reviewed CDCR's In-Service Training, Prison Rape Elimination Act (PREA) Lesson Plan, Version 1.1 BET: 11054378; the content in this lesson plan is consistent with the expectations of this provision.

During the onsite audit phase, two contractors were interviewed. Both individuals 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. These two individuals were selected for an interview based on their schedule and availability while at the facility in relationship to the schedule of the audit team. The audit team reviewed the completed CDCR 2301, PREA Policy Information for Volunteers and Contractors forms for the two contractors who were interviewed; both were signed which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment.

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

115.32 (b). The facility 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. Furthermore, 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. DOM, Chapter 5, Article 44, Prison Rape Elimination Policy, 54040.4 Education and Prevention, Staff Training (p. 464) states, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet." A supplementary memo, dated October 6, 2017, regarding volunteer and contractor training was issued to all staff. The memo states, "All volunteer/contract staff is given 1 hour of mandatory training in regards to Inmate/Staff Interaction. The overall direction of the training is to aid staff in understanding the dynamics of establishing positive, professional interactions with inmates in the performance of their duties. The training also informs staff how to: Maintain professional distance while maintaining effective communication with inmates. Determine the fine-line between establishing rapport with the inmates. Avoid becoming overly familiar and/or other inappropriate behavior. Identify the consequences of denying inmates' rights. Identify and react appropriately to manipulation by an inmate. Although all volunteer/contract staff are required to complete the same training, specific staff such as nursing staff who work

8 hour shifts with little to no custody staff supervision at times, are mandated by the institutions to complete more extensive training based on their level of contact with inmates. Whereas, other contract staff such as self-help group volunteers maintain the 1 hour mandatory training."

During the onsite audit phase, the audit team reviewed the completed CDCR 2301, PREA Policy Information for Volunteers and Contractors forms for the two contractors who were interviewed; both were signed which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment; both contractors reported 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.

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

115.32 (c). The facility indicated 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, Prison Rape Elimination Policy, 54040.4 Education and Prevention, Staff Training (p. 464) articulates that, "Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet." Furthermore, the CDCR 2301 PREA Policy Information for Volunteers and Contractors form is the initial informational PREA resource volunteers and contractors receive. Before signing the CDCR 2301 form the individual reads the following statement, "I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment."

As stated above, during the onsite audit phase, the audit team reviewed the completed CDCR 2301, PREA Policy Information for Volunteers and Contractors forms for the two contractors who were interviewed; both were signed which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment; both contractors reported 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.

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.33 (a, b). The facility indicated in their response to the PAQ that during the intake process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment and that within 30 days of intake, the facility provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. According to an Admission Summary for Selected Institution for PREA Audit that was generated on February 18, 2022, HDSP had a total of 1,099 inmates admitted into the facility. Of those 1,099 inmates, 1,096 were confined at HDSP for 72 hours or longer and 1,026 of those inmates were confined to HDSP for 30 days or longer. In the past 12 months, 100% of newly admitted inmates (1,099) were given this information at intake. The facility also indicated in their response to the PAQ that of the 1,026 inmates who were admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.4 Education and Prevention, Offender Education (pp. 464-465) states that, "Verbal and written information shall be provided to offenders which will address: Prevention/Intervention, Reporting, Treatment and Counseling. Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish." Furthermore, the above policy also articulates that, "The PREA brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook. Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases. PREA offender education shall be documented on a CDC Form 128-B, General Chrono. The offender shall be asked to sign the CDC Form 128-B indicating they received the training. Refusal to sign will be noted by staff on the CDC Form 128-B. The CDC Form 128-B shall be forwarded to Inmate Records for appropriate scanning into the Electronic Records Management System (ERMS)." During the post audit phase, a review of the CDCR Violence Awareness brochure, PREA Information for Orientation Handbook and CDCR Sexual Abuse/Assault Prevention & Intervention booklet were reviewed by the auditor; each contained the agency's zero tolerance policy and reporting options. The aforementioned inmate

handouts also provide information on inmates' right to be free from sexual abuse and sexual harassment in confinement, dynamics of sexual abuse, retaliation, medical care, protective measures, investigation process, cross-gender announcing, transgender accommodations, victim advocate and victim support person services and information about the role/responsibilities of the PREA Compliance Manager.

Two PREA audit team members observed the initial PREA assessment process for new intake to the facility. PREA information are posted throughout the intake area in English and Spanish. Inmates are placed into a holding cell awaiting intake processing by staff. Flat screen televisions mounted above the officers' stations played a PREA information video with closed caption on a continuous loop. Informal interviews with inmates in the intake area indicated they had all seen the PREA assessment videos at other correctional facilities or during their correctional bus transportation between sties.

The PREA audit team noted PREA information posters throughout the intake area in English and Spanish. The posters were legible and identified their rights pursuant to the PREA standards as well as how to report an allegation. The inmates are called into an office with the lieutenant to conduct portions of their PREA assessment screening. A lieutenant interviewed the inmate in the presence of the escort officer and a sergeant. A PREA audit team member asked a staff member present if having multiple staff present during this portion of the PREA assessment, the staff member stated that it was normal at HDSP.

A final analysis of the evidence indicates the facility is substantially compliant with these provisions.

115.33 (c). The facility indicated in the PAQ that all inmates admitted to HDSP during the 1 year audit period have received PREA education. Agency policy also 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. According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.4 Education and Prevention, Offender Education (p. 465), "The PREA brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook." The facility's intake sergeant and audit team's observation of the R&R process is consistent with policy; all inmates processed through HDSP R&R receive comprehensive PREA education. As observed on all education materials, the agency has adopted a universal means of reporting sexual abuse, sexual harassment, and report-related retaliation.

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

115.33 (d). The facility indicated in the PAQ that the agency provides inmate PREA education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.4 Education and Prevention, Offender Education (p. 465), "Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases." HDSP has a contract with Voiance 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. If an inmate arrives at the facility and has any disabilities or limited English proficiency limitations, the facility is prepared to assign a bi-lingual staff member or engage interpretation services. The agency's PREA video is translated into Spanish and Hmong, in addition to subtitles. LEP services were utilized by one of the audit team members during the onsite audit phase; this member reported that the LEP services worked accordingly.

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

115.33 (e). The facility indicated 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 (p. 465) states, "PREA offender education shall be documented on a CDC Form 128-B, General Chrono. The offender shall be asked to sign the CDC Form 128-B (Receipt of Inmate PREA Education) indicating they received the training. Refusal to sign will be noted by staff on the CDC Form 128-B. The CDC Form 128-B shall be forwarded to Inmate Records for appropriate scanning into the Electronic Records Management System (ERMS)."

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

115.33 (f). The facility 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. During the onsite audit phase, the audit team observed California Office of the Inspector General PREA posters and Shine the Light on Sexual Abuse posters posted randomly throughout the facility. Additionally, facility staff paint sprayed contact information for Lassen Family Services in both English and Spanish on the wall next to the dayroom telephones. Of note, during the onsite facility tour the audit team did not observe any PREA posters displayed in any of the education classrooms; this was brought to the attention of HDSP staff and rectified prior to the completion of the onsite audit phase.

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

	<p>this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.34 (a). The facility 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, Prison Rape Elimination Policy, 54040.4 Education and Prevention, Staff Training (p. 464), "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained." Staff who complete the specialized training are referred to as Locally Designated Investigators (LDI). As defined in DOM, Chapter 5, Article 44, 54040.3 Definitions (p. 463) LDI is, "The Investigative Services Unit Investigator or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct." HDSP currently has 18 LDI's who have received specialized investigator training; this was confirmed via training records and through discussions with staff employed at HDSP who work in the facility's Investigative Services Unit (ISU).</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.34 (b). The facility indicated in the PAQ that the agency provides specialized investigator training which includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of CDCR's Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BET 110055853 confirms that specialized investigative staff are trained in all elements of 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. As documented in the beginning of the Specialized PREA Training for Locally Designated Investigators curriculum introduction (pp. 2-3) , "The goal of this training is to provide you with information on how to conduct PREA inquiries and/or investigations including crime scene preservation,</p>

evidence collection, report writing, interviewing techniques, and the required notifications. At the conclusion of this training you will understand how to prevent, detect, evaluate, respond to, and conduct an inquiry or investigation into complaints, threats, or signs of sexual violence, staff sexual misconduct, and sexual harassment against offenders. Per DOM Section 54040.4, this training is mandatory for all employees assigned to conduct inquiries and/or investigate allegations of sexual violence, staff sexual misconduct, and sexual harassment. This material along with the specialized training in evidence collection, crime scene preservation and search warrant submission meet the criteria for specialized training per PC Section 13516 (c) and the PREA National Standard, Section 115.34, Specialized Training Investigations. In addition to the general training provided to all employees pursuant to PREA Standard, Section 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or DOJ component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations." The Specialized PREA Training for Locally Designated Investigators training is an 8 hour course and participants are provided a Specialized PREA Training for Locally Designated Investigators Workbook.

During the onsite audit phase, the audit team spoke to members of HDSP's Investigative Services Unit (ISU). All were able to describe the specialized training they received in which all elements of this provision were covered in such training.

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

115.34 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. At HDSP, 18 staff members have received specialized investigators training which allows them to investigate sexual abuse allegations. As a means to track training completion the CDCR utilizes the agency's learning management system.

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

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.35	Specialized training: Medical and mental health care
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1485 833">115.35 (a). The facility indicated in their response to the PAQ that the agency ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. DOM, Chapter 3, Article 18 General Training, 32010.10.1 Training Requirements (p. 201) 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."</p> <p data-bbox="256 873 1485 1536">On August 9, 2007, the California Correctional Health Care Services Department sent out a memorandum to all agency staff regarding PREA specialized training for medical and mental health staff. The purpose of the memorandum was to bring California Correctional Health Care Services (CCHCS) and Division of Health Care Services (DHCS) into compliance with PREA standard 115.35, Specialized Training: Medical and Mental Health. In an effort to bring CCHCS and DHCS into compliance with this standard, an eLearning module was developed. The eLearning module is located on the CCHCS Learning Management System (LMS) and is to be completed by each Medical and Mental Health staff practitioner who has contact with inmates. It is a one-time training to be provided to current and new staff practitioners as they begin work at the institution. The memorandum articulated that the aforementioned training was to be completed by Monday, August 21, 2017 by all current medical and mental health staff. A review of the CDCR on-the-job (OJT) training module: Prison Rape Elimination Act (PREA) Policy Specialized Training for Medical and Mental Health Staff (Course ID: 11057450) found that all elements required for this specialized training were present.</p> <p data-bbox="256 1576 1485 2069">HDSP has 141 medical and mental health care practitioners who fall into this category. Reportedly, 92% have received training required by this provision. Based on this information, HDSP has 11 medical and/or mental health staff who have not completed the required training to date. During the on-site audit phase, the audit team reviewed training records for 8 randomly selected medical/mental health staff; all received the required specialized training referenced above. Interviews conducted with medical and mental health staff during the on-site audit phase indicated that they were able to articulate their knowledge and responsibilities of (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p>

Corrective Action: HDSP supplied documentation in which all medical and mental health care practitioners who fall into this category have completed the required training.

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

115.35 (b). The facility indicated in their response to the PAQ that the agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at either the Shasta Regional Medical Center in Redding, California and/or the Washoe Medical Center in Reno, Nevada. During the on-site audit phase, interviews with medical staff confirmed that HDSP medical staff do not conduct forensic medical examinations.

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

115.35 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training referenced in this standard. During the pre-onsite audit phase, HDSP reported that 92% of the 141 HDSP medical and mental health staff have completed the required specialized training on (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. HDSP tracks training progress electronically via the LMS. The auditor reviewed a training report document in the PAQ reflecting the participation of 92% of 141 medical and mental health staff.

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

115.35 (d). During the pre-onsite audit phase and onsite audit phase the audit team confirmed that all medical and mental health care practitioners also receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency. Per 115.31 and 115.32 training included 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

	<p>authorities. The audit time reviewed a random sample of medical and mental health care professionals training records of which all completed training in accordance with this provision.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>115.35 (a). All medical and mental health staff at HDSP need to complete the Prison Rape Elimination Act Policy Specialized Training for Medical and Mental Health Staff (Course ID: 11057450). Currently, HDSP is at 92% completion of the 141 medical and mental health staff employed at HDSP</p> <p>During the corrective action period, HDSP has properly trained all required staff and is in substantial compliance with this provision.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41 (a). The facility indicated in the PAQ that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The auditor could not locate a specific policy in the DOM that articulates the required screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates; this standard, however, does not require an agency policy for compliance. A CDCR memorandum dated August 28, 2017 regarding the Prison Rape Elimination Act Risk Screening states, "The purpose of this memorandum is to address compliance with Federal Prison Rape Elimination Act (PREA) Standards 115.41, Screening for Risk of Victimization and Abusiveness and 115.42, Use of Screening Information. Standard 115.41 requires that all inmates be assessed during intake and upon transfer to another institution for their risk of being sexually victimized by other inmates or sexually abusive toward other inmates. During recent PREA audits, certified auditors determined the PREA Section of the Initial Housing Review does not meet the national standard. In an effort to resolve this finding, a new screening tool has been created that will comply with all elements in the standard. During the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for completing a PREA Screening form for every inmate. In addition, if the PREA Screening form identifies an inmate as "at risk as a victim" or "at risk as an abuser" the custody supervisor shall also enter an alert into the Inmate Precaution section in SOMS. All PREA Screening forms will be completed electronically and submitted directly into ERMS. The PREA Screening form will appear in the General Chrono section of the electronic Central File. . .Use of the new PREA Screening form shall begin at all institutions on Monday, August 28, 2017."</p>

Furthermore, in a CDCR memorandum dated July 23, 2020, RE: Changes to the Prison Rape Elimination Act Screening Form-Standard 115.41 Compliance, "It was identified through the PREA audit process that the current screening does not comply with federal PREA standards. To comply with federal standards, question 1, was changed to 1A and includes "unsubstantiated" incidents of sexual violence in a correctional setting as well as substantiated incidents. Additionally, the custody supervisor is also required to ask the inmate if they have "experienced sexual victimization in a correctional setting that they have not previously reported." This question was added to the PREA Screening Form as question 1B."

During the on-site audit phase a specialized interview was conducted with an intake sergeant who conducts PREA screenings. He indicated that an initial risk screening is completed with each inmate upon arrival at HDSP. When an intake sergeant is not available to complete the initial intake screening it is completed by the Watch Commander. During the on-site audit phase, two PREA audit team members observed the initial PREA assessment process for new intake to the facility. PREA information are posted throughout the intake area in English and Spanish. Inmates are placed into a holding cell awaiting intake processing by staff. Flat screen televisions mounted above the officers' stations played a PREA information video with closed caption on a continuous loop. Informal interviews with inmates in the intake area indicated they had all seen the PREA assessment videos at other correctional facilities or during their correctional bus transportation between sties. The PREA audit team noted PREA information posters throughout the intake area in English and Spanish. The posters were legible and identified their rights pursuant to the PREA standards as well as how to report an allegation. The inmates are called into an office with the lieutenant to conduct portions of their PREA assessment screening. A lieutenant interviewed the inmate in the presence of the escort officer and a sergeant. A PREA audit team member asked a staff member present if having multiple staff present during this portion of the PREA assessment was normal, the staff member stated that it was normal at HDSP.

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

Recommendation

Conduct PREA screenings in a private setting with only one staff member present.

115.41 (b). The facility indicated in their responses to the PAQ that the agency has a policy that requires inmates to be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake. In the past 12 months, 1,096 inmates reportedly entered the facility and remained there for 72 hours or more. Of these inmates, the facility stated all were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of admission.

During the pre-onsite audit phase, the facility directed the auditor to review, DOM, Chapter 5 Prison Rape Elimination Policy, Article 46 Inmate Housing Assignments, 54046.5 Initial Screening (p. 475) as evidence of policy compliance. This section of policy states that, "Upon arrival at an institution reception center, a program

institution, or an ASU or SHU, an inmate shall be screened for an appropriate housing assignment." This section of policy does not address the 72 hour time component of such PREA screening. A CDCR memorandum dated August 28, 2017 regarding Prison Rape Elimination Act Risk Screening states, "The purpose of this memorandum is to address compliance with Federal Prison Rape Elimination Act (PREA) Standards 115.41, Screening for Risk of Victimization and Abusiveness and 115.42, Use of Screening Information. Standard 115.41 requires that all inmates be assessed during intake and upon transfer to another institution for their risk of being sexually victimized by other inmates or sexually abusive toward other inmates. During recent PREA audits, certified auditors determined the PREA Section of the Initial Housing Review does not meet the national standard. In an effort to resolve this finding, a new screening tool has been created that will comply with all elements in the standard. During the intake process, the custody supervisor conducting the Initial Housing Review in Receiving and Release shall also be responsible for completing a PREA Screening form for every inmate. In addition, if the PREA Screening form identifies an inmate as "at risk as a victim" or "at risk as an abuser" the custody supervisor shall also enter an alert into the Inmate Precaution section in SOMS. All PREA Screening forms will be completed electronically and submitted directly into ERMS. The PREA Screening form will appear in the General Chrono section of the electronic Central File. . Use of the new PREA Screening form shall begin at all institutions on Monday, August 28, 2017."

During the on-site audit phase, the audit team randomly selected 29 inmate records to review for compliance with this provision of being screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake; all records reviewed affirmed compliance with this provision.

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

115.41 (c). The facility indicated in their response to the PAQ that risk assessments are conducted using an objective screening instrument. A review of the PREA Screening tool in the Strategic Offender Management System (SOMS) reveals that the following questions are asked during the screening process: Part A-Risk of Sexual Victimization 1A. Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years? 1B. Have you experienced sexual victimization in a non-correctional setting that you have not previously reported? 2. Have you experienced sexual victimization in a non-correctional setting? 3. Mental, physical, or developmental disability? 4. Age? (21 and under or 65 and over) 5. Physical build? Male: 5'2" or less in height and/or weighs less than 120 lbs. Females: 5' or less in height and/or weighs less than 90 lbs. 6. Any prior or current convictions for sex offenses against an adult or child? 7. Do you consider yourself or have you ever been perceived by others to be lesbian, gay, bi-sexual, transgender, intersex, or gender non-conforming? 8. First incarceration in state prison? 9. Exclusively non-violent criminal history (convictions only)? 10. Inmate currently considers themselves vulnerable to sexual victimization. Part B-Risk of Sexual Abusiveness 1. History of sexual violence in a correctional setting. 2. Prior convictions for sex offenses in a non-correctional setting? 3.

Conviction for non-sexual violent offenses in a non-correctional setting within 5 years? 4. Guilty finding for non-sexual violent offenses in a correctional setting; meeting the criteria defined as Division A-1, A-2 or B offenses within 5 years?

The evidence indicates that the PREA Screening tool has been standardized throughout the agency, is administered to all inmates upon admission to a facility or transfer to another facility, reassessed within 30 days of reception and 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. The PREA Screening tool utilizes a weighted scoring instrument that renders an overall determination of sexual risk. In reference to the 15 questions outlined in the PREA Screening tool, 11 questions are objective in nature and 4 questions are subjective; all are in compliance with the provisions required per 115.41(d).

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

115.41 (d). The agency's PREA Screening reveals that the following questions are asked during the initial screening process: Part A-Risk of Sexual Victimization 1A. Victim of substantiated or unsubstantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years? 1B. Have you experienced sexual victimization in a correctional setting that you have not previously reported? 2. Have you experienced sexual victimization in a non-correctional setting? 3. Mental, physical, or developmental disability? 4. Age? (21 and under or 65 and over) 5. Physical build? Male: 5'2" or less in height and/or weighs less than 120 lbs. Females: 5' or less in height and/or weighs less than 90 lbs. 6. Any prior or current convictions for sex offenses against an adult or child? 7. Do you consider yourself or have you ever been perceived by others to be lesbian, gay, bisexual, transgender, intersex, or gender non-conforming? 8. First incarceration in state prison? 9. Exclusively non-violent criminal history (convictions only)? 10. Inmate currently considers themselves vulnerable to sexual victimization. Part B-Risk of Sexual Abusiveness 1. History of sexual violence in a correctional setting. 2. Prior convictions for sex offenses in a non-correctional setting? 3. Conviction for non-sexual violent offenses in a non-correctional setting within 5 years? 4. Guilty finding for non-sexual violent offenses in a correctional setting; meeting the criteria defined as Division A-1, A-2 or B offenses within 5 years?

The PREA Screening tool covers 9 of the 10 provisions of this standard to assess inmates for risk of sexual victimization. Specifically, the intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil

immigration purposes (not covered).

During the on-site audit phase, a specialized interview was conducted with the intake sergeant who is responsible for completing PREA screenings at the facility. He affirmed that the provisions required in this standard are asked during the PREA screening process.

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

115.41 (e). The facility indicated in their response to the PAQ that the agency's initial screening tool considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The agency's PREA Screening tool meets the requirements of this provision as discussed in 115.41(d).

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

115.41 (f). The facility indicated in their responses to the PAQ that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months, 1,096 inmates have reportedly entered the facility and remained there for 30 days or more. Of these inmates, the facility stated that all were rescreened for risk within 30 days of admission.

As part of the PAQ, the facility directed the auditor to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.7 Detection, Notification, and Reporting, Screening for Appropriate Placement (p. 466). Specifically, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." However, this policy language does not support this provision of 115.41 (f) as it does not include a specific timeframe in which the reassessment is to be completed. Note, a policy is not required for this standard.

A CDCR memorandum dated March 13, 2019 RE: Prison Rape Elimination Act- Reassessments at Reception Centers states that, "the purpose of this memorandum is to provide instruction to Correctional Counselors (CCs) assigned to Reception Centers. The Division of Adult Institutions has created a form to comply with Prison Rape Elimination Act (PREA) Federal Standard 115.41(f), which states, "Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess an inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. . On a weekly basis (Monday, or the next business day if Monday is a holiday), the Classification and Parole Representative or designee will provide a list of inmates that arrived at the reception center 8 to 14 days prior to the list date. The list will be provided to CCs assigned to the reception center population. The assigned CC will have 14 days to complete the reassessment process. This will ensure that all

reassessments are completed within 30 days of arrival, as mandated by the PREA Federal Standards."

The audit team randomly selected 29 inmate records to review for evidence of rescreening within 30 days. The facility provided records which demonstrated that all inmates were rescreened again within 30 days of admission.

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

115.41 (g). The facility indicated in their response to the PAQ that the agency has a policy which requires that an inmate's risk level 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 Prison Rape Elimination Policy, 54040.7 Detection, Notification and Reporting, Screening for Appropriate Placement (p. 466) articulates, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. . .Any staff member, with significant concerns that an offender may be subject to sexual victimization, shall immediately notify a custody supervisor who will refer that offender for a mental health evaluation."

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

115.41 (h). The facility indicated in their response to the PAQ that the agency has a policy which prohibits disciplining inmates for refusing to answer 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 Prison Rape Elimination Policy, 54040.6 Offender Housing, Single Cell Status (p. 465) states, "Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability."

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

115.41 (i). As documented in the CDCR's SOMS PREA Screening Instructions, "information identifying inmates as either, "PREA-At Risk as a Victim" or "PREA-At Risk as an Abuser", although not deemed confidential, is sensitive and shall only be shared with staff that have a need to know. This information is not to be shared with the inmate population." The PREA Screening is completed within the agency's intranet SOMS program. During the on-site audit phase, the audit time observed the PREA Screening and PREA Re-Screening location in SOMS. An interview with the PREA Compliance Manager affirmed that both PREA screenings are conducted in a private office setting.

	<p>A final analysis of the evidence indicates the facility is substantially compliant with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.42 (a, b). The facility indicated in their response to the PAQ that the agency/ facility uses information from the risk screening required by §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. DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.6 Offender Housing (p. 465) states, "Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. The offender's retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation. Single Cell Status The process of review and evaluation for single cell status shall be initiated during RC processing as part of the initial screening. This process will include completion of the PREA Screening Form, which includes questions related to sexual violence and victimization. Upon the offender's arrival at his/her assigned institution, this information will again be assessed and a PREA Screening Form will be updated as necessary. Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability. The offender shall be referred to a classification committee for determination of single cell status in</p>

accordance with CCR Section 3377.1(c), based on documented evidence that the offender may not be safely housed in a double cell or dormitory situation. An offender's need for single cell status shall be reviewed as part of initial/annual classification, or any time an offender is referred for transfer or placement consideration."

In an attempt to come into compliance with 115.41 and 115.42, the Division of Adult Institutions Director sent out a memo on September 29, 2017, which stated, "The purpose of this memorandum is to address compliance with Federal Prison Rape Elimination Act (PREA) Standards 115.41, Screening for Risk of Victimization and Abusiveness and 115.42 Use of Screening Information. Standard 115.41 requires that all inmates be assessed during intake and upon transfer to any other institution for their risk of being sexually victimized by other inmates or sexually abusive toward other inmates. During recent PREA audits, the certified auditors determined the PREA Section of the Initial Housing Review completed during intake does not meet the standard. In an effort to resolve this finding, the PREA team at headquarters has developed an electronic PREA Screening tool to meet the standard. The PREA Screening tool is available through the forms portal on the California Department of Corrections and Rehabilitation (CDCR) intranet. All PREA Screening tools will be completed electronically and submitted directly into the Electronic Records Management System (ERMS). The PREA Screening form will appear in the General Chrono section of the electronic Central File. Standard 115.42 requires the agency to use the screening information gathered from the PREA Screening tool, when assigning inmate housing and work/program assignments. Beginning October 16, 2017, in order to ensure all inmates' receive a PREA Screening within one year of implementation, Correctional Counselors shall complete a PREA Screening tool for any inmate without one in their ERMS file, during their next annual classification review. The initial assessment is not only to determine if the inmate has been sexually assaulted, but also, to identify other risk factors associated with future victimization. Completion of the PREA Screening tool shall include: reviewing all available documentation in SOMS and ERMS as well as conducting an inmate interview. When applicable, the correctional counselor must ensure an alert has been established in the inmate precaution section of SOMS for inmates with the designation of being "at risk as a victim" or "at risk as an abuser" This will be accomplished by following the instructions on the SOMS Job Aid."

The Division of Adult Institutions sent out another memorandum on October 6, 2017 regarding 115.42 which stated, "The PREA Screening Form is completed by a Supervisor in Receiving and Releasing upon each inmate's arrival at the institution. The assessment/review of the PREA Screening Form is conducted within 14 days of arrival at an institution for all inmates by the Initial Unit Classification Committee. During this committee the PREA Screening form and the actions taken are documented on a Classification Chrono." Results of the PREA Screening may categorize inmates as having no risk, risk of victimization, or risk of abusiveness. In an inmate is determined to be at risk, staff must document this in the inmate precaution section of SOMS so that the protentional vulnerability is known when making housing assignments. PREA Screening instructions submitted in the PAQ

document this process step by step. Furthermore, according to the PREA Screening instructions, "Custody supervisors assigning/approving housing moves are required to review the inmate precaution screen to determine if inmate(s) being moved are identified as being "PREA At Risk as a Victim" or "PREA At Risk as an Abuser". If either precaution exists, the custody supervisor is to review the potential cellmate's precaution screen and case factors to ensure inmates identified as "PREA At Risk as a Victim" and PREA At Risk as an Abuser" are not housed together in a cell."

According to DOM, Chapter 6, Article 5 Classification Process, 62010.8 Institutional Classification Committees (p. 545) states, "All decisions affecting transfer, program participation, supervision, security, housing, and safety of persons, shall be made by a classification committee composed of staff knowledgeable in the classification process. A chairperson and any two members of any committee shall comprise a quorum except for reentry classification actions. Decisions of classification committees shall be documented on a CDC Form 128-G and a copy given to the inmate." Furthermore, 62010.8.3 Initial Classification Committee (p. 545) states, "Each institution shall establish an initial classification committee to review and initiate a suitable program for each inmate within 14 days after arrival at the institution. . . "Initial classification committees shall: Initiate an educational, vocational training, or work program and privilege group designation."

The aforementioned processes was verified through specialized and random interviews during the onsite audit phase.

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

115.42 (c). The facility indicated 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, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. According to DOM, Chapter 6, Article 12 Treatment Categories, 62080.14 Transgender or Intersex Inmates (p. 567) indicates that, "Inmates who have been diagnosed as transgender or intersex, as documented on the Medical Classification Chrono, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment. In order to ensure inmate patients receive the necessary medical care/ mental health treatment, transgender or intersex inmate-patients, to the maximum extent practical, shall be housed at the following 14 institutions: California Medical Facility (CMF), Richard J. Donovan (RJD), San Quentin State Prison (SQ), Mule Creek State Prison (MCSP), California Substance Abuse Treatment Facility (SATF), California State Prison - Sacramento (SAC), Salinas Valley State Prison (SVSP), Correctional Institution for Men (CIM), Kern Valley State Prison (KVSP), California Men's Colony, California Health Care Facility, Central California Women's Facility (CCWF), California Institution for Women (CIW) and Folsom Women's Facility. In cases where an inmate-patient has multiple case factors which make it difficult to house them in one of the above listed institutions, a case conference consisting of Health

Care Placement Oversight Program, Classification Services Unit, California Correctional Health Care Services, and Population Management Unit staff, shall be conducted to determine the most appropriate level of care/institution suitable for housing consistent with the inmate patient's case factors."

High Desert State Prison is not a designated facility for transgender inmates. According to evidence in the PAQ, HDSP has three inmates who identify as non-binary and one who identifies as transgender housed at their facility; the transgender inmate is currently housed in segregation pending transfer to a transgender designated facility. The HDSP PCM confirmed that CDCR has 14 designated facilities for transgender and intersex inmates. The PCM also confirmed that if a transgender and/or intersex inmate is housed at HDSP, they would be reviewed on a case by case basis when making decisions regarding housing, programming, health and safety decisions.

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

115.42 (d). The CDCR Division of Adult Institutions sent out a memorandum regarding Transgender Biannual Reassessment for Safety in Placement and Programming on August 25, 2017. "The purpose of this memorandum is to bring the Department into compliance with Prison Rape Elimination Act (PREA) Federal Standard Section 115.42 (d) Use of screening information. During recent PREA audits, federal auditors determined the Department is not in compliance with Federal PREA Standard Section 115.42 (d). This standard states, "Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. To bring the Department into compliance with this standard, PREA Compliance Managers (PCMs) will be receiving, on a biannual basis (August and February), a list of identified transgender and intersex inmates as known to the Department. The list will reflect the institution's respective inmates, along with the month of the inmate's next scheduled annual classification review."

According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 470), "On a bi-annual basis, Division of Adult Institutions (DAI) staff will send each PREA Compliance Manager (PCM) a list of identified transgender and intersex inmates, as known to the Department. This list will reflect the institution's respective inmates, along with the month of the inmate's next scheduled annual classification review. If an inmate is due to be seen for his/her annual classification review during the identified review period (August through January or February through July), the assigned caseworker will ask the inmate about any threats they have received during the pre-committee interview. In addition to interviewing the inmate, the assigned caseworker shall review the inmate's case factors in SOMS and ERMS for any additional information, which may indicate the inmate, has any placement or programming concerns. After the annual review is completed, the assigned caseworker will document his/her actions, as they relate to the PREA Biannual Assessment, in the classification Committee Chrono. If the inmate is not scheduled

to be seen for his/her annual classification review during the identified review period (August through January or February through July), the assigned caseworker shall conduct a Transgender Biannual Assessment-PREA and complete a pre-formatted CDC Form 128-B, General Chrono. This form includes information to be asked of the inmate during a face-to-face interview to assess any threats to their safety. In addition to interviewing the inmate, the assigned caseworker shall review the inmate's case factors in SOMS and ERMS for any additional information, which may indicate the inmate, has any placement or programming concerns. If, during the interview for either the annual review or the Transgender Biannual Assessment-PREA, the inmate discloses threats to safety, the assigned caseworker shall immediately notify a Custody Supervisor. Any information related to a PREA allegation shall be documented and forwarded to the institution's Locally Designated Investigator according to the DOM, Article 44, Prison Rape Elimination Policy."

As articulated above, HDSP is not a designated facility for transgender and intersex inmates. The HDSP PCM confirmed, however, that there is a process in place to review placement/programming of any identified transgender and intersex inmate on a biannual basis. Currently, HDSP has one inmates that identifies as transgender that was currently housed in segregation pending transfer to a transgender designated facility.

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

115.42 (e). According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 470) DAI sends PCM's a list of identified transgender and intersex inmates on a bi-annual basis. The reassessment will either be conducted during the inmate's annual classification review or during a supplementary assessment that is scheduled by the correctional counselor. "The assigned caseworker shall conduct a Transgender Biannual Assessment-PREA and complete a pre-formatted CDC Form 128-B, General Chrono. This form includes information to be asked of the inmate during a face-to-face interview to assess any threats to their safety. In addition to interviewing the inmate, the assigned caseworker shall review the inmate's case factors in SOMS and ERMS for any additional information, which may indicate the inmate, has any placement or programming concerns. If, during the interview for either the annual review or the Transgender Biannual Assessment-PREA, the inmate discloses threats to safety, the assigned caseworker shall immediately notify a Custody Supervisor." The PCM is responsible for overseeing this process as well as notifying headquarters when the assessments are complete.

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

115.42 (f). During a discussion with the HDSP PCM and through targeted interviews with transgender and intersex inmates all confirmed that transgender and intersex inmates have an opportunity to shower separately and privately from other inmates. During the onsite audit phase a review of the physical layout of HDSP and showering

	<p>accommodations confirmed this practice as well.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.42 (g). DOJ Certified PREA Auditor, Ms. Weber, interviewed CDCR's PREA Coordinator for all Wisconsin certified PREA auditors who are scheduled to conduct PREA audits in California's prisons. According to the interview with CDCR's PC the following information was obtained, "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. She stated that inmates who identify as such they are spread throughout the agency in accordance with their security and programming needs. While inmates who identify as transgender or who have an intersex condition may be placed in a designated facility, they are housed throughout the facility in all housing types and not in a dedicated unit. 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 program needs."</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43 (a). The facility indicated in their response to the PAQ that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Of those inmates identified as being at risk of sexual victimization, zero were held in involuntary segregated housing in the past 12 months for 24 hours or less awaiting completion of assessment.</p> <p>According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.6 Offender Housing (p. 465), "Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of</p>

separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. The offender's retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation." Furthermore, according to DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting, Screening for Appropriate Placement (p. 466), states, "Based on information that the offender has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the offender in a private location. The custody supervisor shall not automatically place the offender into administrative segregation. Consideration shall be given to housing this offender with another offender who has compatible housing needs. If single cell status is appropriate, the custody supervisor may designate the offender for single cell housing pending a classification review." DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation also allows for a similar process noting, "PREA victims being removed from general population may be placed on non-disciplinary segregation status, in accordance with CCR Section 3335(b) and shall be assessed for any ongoing safety concerns. The assessment shall be documented on the inmates CDC Form 114-A, Inmate Isolation Segregation Record."

In the past 12 months, HDSP reports that there have been zero inmates who are at risk of 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.

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

115.43 (b). According to CCR, Title 15, Article 7 Segregation Housing, 3335 Administrative Segregation (p. 180), "When an inmate's presence in an institution's General Population (GP) presents an immediate threat to the safety of the inmate or others. . .the inmate shall be immediately removed from the GP and placed in non-disciplinary segregation (NDS). . .the inmate will be afforded all programs, privileges, and education. . .the facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. . .every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general

population."

HDSP did not have any completed forms to review as no inmates at high risk of victimization have been placed in a segregated status in the last 12 months.

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

115.43 (c). The facility indicated in their response to the PAQ that those inmates identified as being at risk of sexual victimization, zero were involuntarily segregated for longer than 30 days while awaiting alternative placement. Zero inmates have been involuntarily segregated for any period of time. According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.6 Offender Housing (p. 465), "The offender's retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation."

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

115.43 (d). As previously stated, HDSP has not identified a need to separate inmates at high risk of sexual victimization by placing them in involuntary segregated housing in the last 12 months. As such, the facility did not have any records to review which documented the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (p. 465), "If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention."

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

115.43 (e). The facility indicated in their response to the PAQ that zero inmates were held in involuntary segregated housing pursuant to this standard. According to DOM, Chapter 5, Article 44, Offender Housing (p. 465), "The offender's retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation (p. 470). . . a custody supervisor is required to conduct assessments every thirty days from the date the inmate is initially placed on non-disciplinary segregation status. These assessments will be documented on the CDC Form 114-A. When the assigned custody supervisor determines the inmate's non-disciplinary segregation status is no longer needed, he/she shall submit a CDC Form 128-B requesting the inmate be seen by ICC for housing review."

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.51 (a). The facility indicated in their response to the PAQ that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.7 Detection, Notification and Reporting (p. 465), "Offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party." Furthermore, according to DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (pp. 464-465), "Verbal and written information shall be provided to offenders which will address: Prevention/Intervention, Reporting, Treatment and Counseling. Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. Approved PREA posters which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas. The PREA brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/Assault - Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through Receiving and Release or the correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook."</p> <p>During the site review, the audit team observed Shine the light on Sexual Abuse and Prison Rape Elimination Act Office of the Inspector General posters hung throughout the facility, including on inmate housing units, which display the sexual abuse and sexual harassment zero tolerance policy and reporting options. The reporting options mirrored those listed above. Members of the audit team tested this phone line and received the appropriate prompts to leave a voice message. Through random and</p>

targeted interviews with inmate and staff during the onsite audit phase the auditor was able to corroborate the facility's established reporting mechanisms are in place.

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

115.51 (b). The facility indicated 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 or office 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. Furthermore, according to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.7 Detection, Notification, and Reporting (p. 465), "An offender may also report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR, to the Ombudsman for Sexual Abuse in Detention Elimination in the Office of the Inspector General."

The facility 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 officials or officials at the Department of Homeland Security.

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

115.51 (c). The facility indicated 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 and furthermore, staff are required to document verbal reports. According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.7 Detection, Notification, and Reporting (p. 465), "Offenders may report violations of this policy to any staff member verbally or in writing, utilizing the Inmate Appeals Process, through the sexual assault hotline, or through a third party. CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner. A CDCR Form 837, Crime Incident Report, shall be submitted for each allegation of Sexual Violence against an offender by an offender in compliance with DOM Section 51030.3, except as described in DOM Section 54040.7.3. An offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member. If the staff who receives the report is non-custody, he/she shall immediately notify his/her supervisor and the Watch Commander. Each employee who observes the incident or is provided a report by the victim must complete required reports. According to the California Code of Regulations (CCR), Title 15, Section 3401.5 Staff Sexual Misconduct, "Any employee who observes, or who receives information from any source concerning staff sexual misconduct, shall immediately report the

information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action."

During the onsite audit phase, all random staff interviewed were able to articulate that inmates can report allegations of sexual abuse and/or sexual harassment in the ways outlined above. Furthermore, all random staff acknowledged that if they are the first staff member to be made aware of such allegations they are required to complete a CDCR 837 Crime Incident Report form. Inmates interviewed during the onsite audit phase confirmed they were aware of the different ways to report allegations of sexual abuse and/or sexual harassment.

During the post audit phase, the auditor reviewed CDCR's public website. Information provided on the public website is as follows: "All allegations of sexual abuse should be reported and will be investigated. To report, do one of the following: Use the Facility Locator to find the contact information for the facility in question, call or mail the Office of Internal Affairs by region: Northern Region P.O. Box 3009 Sacramento, CA 95812 (916) 464-3805, Central Region 5016 California Avenue, Suite 210 Bakersfield, CA 93309 (661) 335-7338, Southern Region 9035 Haven Avenue, Suite 105 Rancho Cucamonga, CA 91730 (909) 466-1052, call or mail the Office of the Inspector General PREA Ombudsperson at: Office of the Inspector General 10111 Old Placerville Road, Suite 110 Sacramento, CA 95827 (800) 700-5952."

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

115.51 (d). The facility 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. According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.7 Detection, Notification, and Reporting (p. 465), "CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment." During the post audit phase, the auditor reviewed the Prison Rape Elimination Act Policy Volunteer/Contractor Information Sheet and training materials which corroborate this provision.

All random staff interviewed by the audit team were able to articulate the different ways in which they can report allegations of sexual abuse and/or sexual harassment; all were aware they could report allegations privately and confidentially to a supervisor.

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

	<p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.52 (a). The facility indicated in their response to the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. According to DOM, Chapter 5 Adult custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.7.1 Notification via Inmate Appeals or Form 22 Process (p. 466), "Any employee receiving notice of alleged staff sexual misconduct via a completed CDCR appeal form, or CDCR Form 602HC, Inmate/Parolee Health Care Appeal shall immediately notify the institution head, unit supervisor, or highest-ranking official on duty as required by CCR, Title 15." Per CCR Title 15, Article 8 Appeals, 3084.9 Exceptions to the Regular Appeal Process (p. 84) states, "A grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal. The appeal shall be immediately reviewed by the Hiring Authority or designee and processed directly at the Second Level of Review. When the appeal alleges or indicates that the inmate may be in substantial risk of imminent sexual violence or imminent staff sexual misconduct, a risk assessment shall be undertaken."</p> <p>According to HDSP's Inmate Orientation Manual inmates are informed about how to submit a grievance and file an appeal. According to the PAQ, HDSP received 14 grievances via the appeal process during the audit period which alleged sexual abuse. During the onsite audit phase, the audit team reviewed required documentation for the aforementioned grievances; all contained proper documentation.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.52 (b). The facility indicated in their response to the PAQ that the agency has a policy or procedure allowing an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident allegedly occurred. Also reported by the facility, the agency does not have a policy that requires an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. According to CCR, Title 15, 3084.9 Exceptions to the Regular Appeal Process (p. 84), "There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinator, the appeal shall be</p>

screened in accordance with subsection 3084.5(b)(4) (p. 80) which states, "When an appeal is received that describes staff behavior or activity in violation of a law, regulation, policy, or procedure or appears contrary to an ethical or professional standard that could be considered misconduct as defined in subsection 3084(g), whether such misconduct is specifically alleged or not, the matter shall be referred pursuant to subsection 3084.9(i)(1) and (i)(3), to determine whether it shall be: (A) Processed as a routine appeal but not as a staff complaint. (B) Processed as a staff complaint appeal inquiry. (C) Referred to Internal Affairs for an investigation/inquiry. (5) If an appeal classified as a staff complaint includes other non-related issue(s), the provisions of 3084.9(i)(2) shall apply."

According to HDSP's Inmate Orientation Manual inmates are encouraged to attempt to resolve any issue with appropriate staff prior to filing an appeal. During the onsite audit phase interviews with staff confirmed that there is no time limit imposed for reporting allegations of sexual abuse and furthermore, there are no requirements imposed that an inmates must use an informal grievance process prior to making an allegation of sexual abuse.

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

115.52 (c). The facility indicated in their response to the PAQ that the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint and that the agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. CCR, Title 15, Article 8 Appeals, 3084.7 Levels of Appeal Review and Disposition (p. 82) states, "Appeal responses shall not be reviewed and approved by a staff person who: (A) Participated in the event or decision being appealed. This does not preclude the involvement of staff who may have participated in the event or decision being appealed, so long as their involvement with the appeal response is necessary in order to determine the facts or to provide administrative remedy, and the staff person is not the reviewing authority and/or their involvement in the process will not compromise the integrity or outcome of the process."

According to PREA Information for the Inmate Orientation Handbook, inmates have several ways in which they may report an allegation of sexual violence, staff sexual misconduct, or sexual harassment. Inmates may report such incidents to any staff member including volunteers or contractors, they may tell a family member or friend who can report on their behalf, they may report via the appeals process, they may report anonymously and furthermore, they can report by writing and/or calling the CDCR Office of Internal Affairs and/or the Office of the Inspector General PREA Ombudsperson.

During the onsite audit phase, specialized staff were interviewed in reference to this provision; information provided by these staff members was consistent with policy. Lock boxes are situated throughout the facility in which inmates can file a grievance and/or appeal without involving a staff member.

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

115.52 (d). The facility indicated in their response to the PAQ that the agency's policy requires a decision on a grievance alleging sexual abuse within 90 days. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. Policy also requires that if an extension is needed the agency will notify the inmate in writing of any such extension and provide a date by which a decision will be made. According to CCR, Title 15, Article 8 Appeals (p. 84), "A grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal. The appeal shall be immediately reviewed by the Hiring Authority or designee and processed directly at the Second Level of Review. When the appeal alleges or indicates that the inmate may be in substantial risk of imminent sexual violence or imminent staff sexual misconduct, a risk assessment shall be undertaken. The time limits for processing an emergency Staff Complaint are as follows: 1. There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinator, the appeal shall be screened in accordance with subsection 3084.5(b)(4). 2. A risk assessment determination of all staff sexual misconduct related appeals shall be immediately completed by the Hiring Authority to determine if the appellant is in substantial risk of imminent staff sexual misconduct. If the assessment results in a determination of the appellant being in substantial risk of imminent staff sexual misconduct, the Hiring Authority shall take immediate corrective action. 3. The appeals coordinator shall provide an initial response to the appellant within 48 hours that shall include whether or not the appeal is being processed as an emergency Staff Complaint. 4. An initial risk assessment shall be documented within 48 hours and the completed risk assessment determination by the Hiring Authority shall be documented within 5 calendar days describing whether the appellant was determined to be in substantial risk of imminent staff sexual misconduct and the action(s) taken in response to the appeal. 5. If the conditions of exceptional delay exist as described in subsection 3084.8(d), the time constraints of Second Level of Review or Third Level of Review may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the appeals coordinator. Any extension shall require written notification to the appellant and shall include the estimated completion date. The time consumed by the appellant in preparing the appeal shall not count in the calculation of a timely response. 6. The appellant may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level. 7. The appellant is required to respond to the Second Level Review within 30 calendar days in accordance with subsection 3084.8(b)(3)." HDSP received 14 grievances during the audit period with alleged sexual abuse all of which were disposed of within 90 days.

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

115.52 (e). The facility indicated in their response to the PAQ that agency policy and procedure permits third parties, including fellow inmates, staff members, family

members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Policy also requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Per DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee (p. 466), "When a third party files such a complaint on behalf of an offender, a supervisory employee shall take the alleged victim to a private setting to discuss the complaint and assess immediate housing needs. Third party reports of staff sexual misconduct or staff sexual harassment shall be forwarded to the Hiring Authority. The Hiring Authority shall forward the documented third party report of the allegation to a Locally Designated Investigator (LDI). The LDI will conduct inquiry work until sufficient information is obtained to warrant an Office of Internal Investigations (OIA) investigation, or the information collected refutes the allegation, as determined by the Hiring Authority. The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The Confidential Memorandum shall be maintained with the investigatory file. Standard investigatory procedures will be utilized and the complaint will be logged on the CDCR Form 2140, Internal Affairs Allegation Log. Any allegation of staff sexual misconduct or staff sexual harassment believed to constitute an emergency shall be reported immediately to a supervisor. The supervisor shall notify the Watch Commander who shall immediately notify the Hiring Authority. Notification to the OIA, Regional Office, Special Agent in Charge (SAC) or OIA Administrative Officer of the Day (AOD) shall also be made when immediate investigative action is necessary. In the event of such an emergency, staff shall follow-up with a written report within one (1) day of learning the information." According to the PAQ, HDSP has zero grievances during the audit period which alleged sexual abuse in which the inmate declined third party assistance.

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

115.52 (f). The facility indicated in their response to the PAQ that the agency has policy and established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Policy and procedure also dictates, after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency will 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. According to CCR, Title 15, Article 8 Appeals (pp. 84-85), "A grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal. The appeal shall be immediately

reviewed by the Hiring

Authority or designee and processed directly at the Second Level of Review. When the appeal alleges or indicates that the inmate may be in substantial risk of imminent sexual violence or imminent staff sexual misconduct, a risk assessment shall be undertaken. 1. There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinator, the appeal shall be screened in accordance with subsection 3084.5(b)(4). 2. A risk assessment determination of all staff sexual misconduct related appeals shall be immediately completed by the Hiring Authority to determine if the appellant is in substantial risk of imminent staff sexual misconduct. If the assessment results in a determination of the appellant being in substantial risk of imminent staff sexual misconduct, the Hiring Authority shall take immediate corrective action. 3. The appeals coordinator shall provide an initial response to the appellant within 48 hours that shall include whether or not the appeal is being processed as an emergency Staff Complaint. 4. An initial risk assessment shall be documented within 48 hours and the completed risk assessment determination by the Hiring Authority shall be documented within 5 calendar days describing whether the appellant was determined to be in substantial risk of imminent staff sexual misconduct and the action(s) taken in response to the appeal. 5. If the conditions of exceptional delay exist as described in subsection 3084.8(d), the time constraints of Second Level of Review or Third Level of Review may be extended in increments of 30 days, but shall not exceed 160 days from the date the appeal was received by the appeals coordinator. Any extension shall require written notification to the appellant and shall include the estimated completion date. The time consumed by the appellant in preparing the appeal shall not count in the calculation of a timely response. 6. The appellant may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level. 7. The appellant is required to respond to the Second Level Review within 30 calendar days in accordance with subsection 3084.8(b)(3)." According to the PAQ, HDSP received 14 grievances during the audit period which alleged sexual abuse, of which, zero alleged substantial risk of imminent sexual abuse.

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

115.52 (g). The facility 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 Prison Rape Elimination Policy, 54040.15.1 Alleged Victim - False Allegations (p. 471) indicates, "Following the investigation into sexual violence or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action. A charge of "making a false report of a crime," a Division "E" offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting. HDSP has not processed any

	<p>grievances during the audit period which suggest a report was made in bad faith. Furthermore, HDSP has not issued any discipline related to a false report during the audit period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.53 (a). The facility 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 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 by enabling reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. HDSP does not house inmates solely for civil immigration purposes thus, does not provide information for immigrant services agencies.</p> <p>Per DOM, Chapter 5 Adult custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.8.2 Victim Advocate and Victim Support Person, Victim Advocates for Emotional Support Services (p. 468), "The facility shall 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. This information is available to the inmate population in the PREA Brochure entitled "Sexual Violence Awareness" and the PREA booklet entitled "Sexual Abuse/ Assault - Prevention and Intervention". It should also be included in each institution's offender orientation handbook. For persons detained solely for civil immigration purposes, information for the appropriate immigrant services agency shall be provided by staff.</p> <p>The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible."</p> <p>A review of each of the aforementioned resources confirmed the contact information for Lassen Family Services, Inc. was incorporated into each. During the onsite audit phase, the audit team observed Lassen Family Services, Inc. posters displayed</p>

throughout the facility. The current MOU (Agreement Number C5608790) in place between HDSP and Lassen Family Services, Inc. is valid beginning July 29, 2019 through June 30, 2024. As outlined in the MOU, victim advocates are to maintain confidentiality as required by state and federal laws for sexual assault counselors pursuant to California Evidence Code 1035.8. Furthermore, according to the signed MOU, "victim advocates are to provide emotional support services related to sexual abuse in response to requests from incarcerated victims through one or more of the following methods: toll-free, non-recorded, non-monitored calls utilizing the inmate telephone system to Lassen Family Services, Inc. hotline number, confidential written correspondence to and from Victim Advocates pursuant to California Evidence Code 1035.4 outside of envelope must state "Evidence Code 1035.4 Confidential/Privileged Communication", in-person crisis counseling sessions between incarcerated victims and contractor personnel utilizing meetings prearranged by the PCM or designee, telephone calls to contractor personnel via chaplain, counselor, psychologist, or ISU staff as resources and scheduling allow."

According to the PREA Information for Orientation Handbook, "all telephone calls from the inmate telephone system require a PIN. However, calls placed to the local rape crisis center or OIA/OIG will be redirected to a non-recorded, secure, and private phone line. You may remain anonymous upon request when reporting to OAI/OIG." DOJ Certified PREA Auditor, Ms. Weber, interviewed CDCR's PREA Coordinator, on behalf of the State of Wisconsin consortium auditors, who revealed that the agency is currently 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 (currently, toll-free and not recorded). During the onsite audit phase, a member of the audit team tested this phone line; an inmate PIN is still required to make the call go through. An email was sent to CDCR Headquarter staff and the HDSP PCM on October 3, 2022 requesting an update on the inmate phone system. A response received on October 4, 2022, confirms that an inmate PIN is still required to make a call to the local sexual assault service provider; reiterated was the fact that the calls are confidential and not recorded.

For those inmates who are indigent, and cannot afford writing property items, according to DOM, Chapter 5 Adult Custody and Security Operations, Article 41 Inmate Mail, 54010.5 Paper, Envelopes, and Stamps for Indigent Inmates (p. 437), "Upon an indigent inmate's request, writing paper, envelopes, a writing implement, and the postage required for five 1 ounce First Class letters per week shall be supplied."

A post audit interview was conducted with a staff member employed with Lassen Family Services, Inc. This staff member confirmed that their agency provides HDSP confidential emotional support services related to sexual abuse in response to requests from incarcerated victims. Services are provided via phone, mail and/or in person.

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

115.53 (b). The facility indicated in their response to the PAQ that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored and informs inmates, prior to giving them access to outside support services, 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. According to the PREA Information for Orientation Handbook, "written correspondence between an inmate and a rape crisis center advocate or OIG/OIA is confidential pursuant to CAL. EVID. CODE 1035.4. The outside of the envelope must state, "Evid. Code 1035.4 Confidential/Privileged Communication" to be processed in this manner." California Evidence Code 1035.4 "Confidential Communication Between Sexual Assault Counselor and Victim" is defined as, "information transmitted between the victim and the sexual assault counselor in the course of their relationship and in confidence by a means which, so far as the victim is aware, discloses the information to no third persons other than those who are present to further the interests of the victim in the consultation or those to whom disclosures are reasonably necessary for the transmission of the information or an accomplishment of the purposes for which the sexual assault counselor is consulted. The term includes all information regarding the facts and circumstances involving the alleged sexual assault and also includes all information regarding the victim's prior or subsequent sexual conduct, and opinions regarding the victim's sexual conduct or reputation in sexual matters."

According to correspondence emailed to CDCR staff regarding PREA Confidential Correspondence with Rape Crisis Centers, "mail with EVID. CODE 1035.4 on the outside of the envelope should NOT be read by CDCR staff and should ONLY be opened in the presence of the addressee." This correspondence also identifies all rape crisis centers in which CDCR has a signed MOU with. As part of the PAQ, the facility provided two forms which gives victims of sexual crimes the option to exercise or waive their right for their name to become a matter of public record, pursuant to Section 6254 of the Government Code.

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

115.53 (c). The facility indicated in their response to the PAQ that the facility maintains a memorandum of understanding (MOU) with a community service provider that is able to provide inmates with emotional support services related to sexual abuse. The auditor reviewed the agreement signed between HDSP and Lassen Family Services, Inc. (Agreement Number C5608790) on July 29, 2019.

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliance with this standard. There is no corrective action to take.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54 (a). The facility indicated in their response to the PAQ that the agency and facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment and the agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender (p. 466), states, "When a third party, on behalf of an inmate, makes an allegation of sexual violence or sexual harassment against an offender, that allegation or complaint shall be submitted in writing to a custody supervisor. The Custody Supervisor shall forward the documented third party report of the allegation to the Locally Designated Investigator (LDI) for investigation and determination of the appropriate disposition."</p> <p>During a review of CDCR's website, information can be found regarding third party reporting by typing PREA into the search tool. Once on the Prison Rape Elimination Act Overview page, PREA Reporting Information is listed on the left hand side. By clicking on that topic, the public is brought to the PREA Reporting Information page which states, "All allegations of sexual abuse should be reported and will be investigated. To report, do one of the following, " Call or mail the Office of Internal Affairs by region: Northern Region P.O. Box 3009 Sacramento, CA 95812 (916) 464-3805, Central Region 5016 California Avenue, Suite 210 Bakersfield, CA 93309 (661) 335-7338, Southern Region 9035 Haven Avenue, Suite 105 Rancho Cucamonga, CA 91730 (909) 466-1052. Call or mail the Office of the Inspector General PREA Ombudsperson at: Office of the Inspector General 10111 Old Placerville Road, Suite 110 Sacramento, CA 95827 (800) 700-5952." In addition to posting methods on the public website, the facility circulates such information in the inmate orientation handbook by stating, "you may tell a family member or friends, who can report on your behalf." Reporting options were also visible in the HDSP visiting areas which contained the same aforementioned information.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.61 (a). The facility indicated in their response to the PAQ that the agency requires 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

According to DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.7 Detection, Notification, and Reporting (pp. 465-466), "All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner. A CDCR Form 837, Crime Incident Report, shall be submitted for each allegation of Sexual Violence against an offender by an offender in compliance with DOM Section 51030.3, except as described in DOM Section 54040.7.3 . . . Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, and program assignments, or as otherwise required by Federal, State, or local law. Furthermore, according to DOM, Chapter 3, Article 22 Employee Discipline, 33030.3.1 Code of Conduct (p. 232), "As employees and appointees of the Department, we are expected to perform our duties, at all times, as follows: Report misconduct or any unethical or illegal activity and cooperate fully with any investigation."

During the onsite audit phase, random staff interviewed affirmed familiarity with reporting requirements and further acknowledged their duty to report any signs of retaliation and violations of job responsibilities that may have contributed to an incident.

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

115.61 (b). The facility indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy 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 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.8 Response (p. 467), "Incident specific information shall be treated as confidential, and disclosure made only to employees who have a "need to know" and to other persons and entities as permitted or required by law." "Need to know", according to the DOM, Chapter 5, Article 44, 54040.3 Definitions (p. 463), is defined as, "when the information is relevant and necessary in the ordinary performance of that employee

or contractor's official duties."

During the onsite audit phase 14 random staff interviews were conducted by the audit team. All 14 staff members, were able to articulate they would immediately contact a supervisor should they be a recipient of an allegation of sexual assault/sexual harassment. Furthermore, the staff members interviewed stated that they would not share the information with anyone who does not need to know.

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

115.61 (c). Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. According to the California Department of Corrections and Rehabilitation (CDCR), California Correctional Health Care Services (CCHCS), Health Care Department Operations Manual, Chapter 4, Article 1, Section 6 Prison Rape Elimination Act (p. 1), "All health care staff shall notify patients of their duty to report allegations of inmate or staff sexual abuse, and/or inmate or staff sexual harassment, and the limitations of confidentiality at the initiation of services." Furthermore, according to California Senate Bill No. 425 (Health care practitioners: licensee's file: probationary physician's and surgeon's certification: unprofessional conduct) published on October 14, 2019, "requires any health care facility, as defined, or other entity that makes any arrangement under which a healing arts licensee is allowed to practice or provide care for patients to report any allegation of sexual abuse or sexual misconduct, as defined, made against a healing arts licensee by a patient, if the patient or the patient's representative makes the allegation in writing, to the relevant state licensing agency within 15 days of receiving the written allegation and would require the relevant agency to investigate the circumstances underlying a received report."

During the on onsite audit phase, the auditor interviewed one mental health practitioner and one medical practitioner. Both confirmed that they discuss the limits of confidentiality as well as mandatory reporting requirements, including allegations of sexual abuse, pursuant to paragraph (a) of this standard, at the initiation of services. According to CDCR, CCHCS, Healthcare Department Operations Manual, Chapter 4, Article 1, Section 6 Prison Rape Elimination Act (pg. 4), "the assigned mental health staff shall review the CDCR MH-7448, Informed Consent for Mental Health Care with the patient and obtain the patient's consent for mental health treatment. If the patient consents to treatment, the clinician shall complete a PREA routine mental health consult to discuss the reason for referral, administer a (Suicide Risk Assessment and Self-Harm Evaluation) SRASHE if clinically indicated, and determine if any level of additional follow-up care is necessary. If the patient declines consent, the clinician shall complete the PREA routine mental health consult and SRASHE (if clinically indicated) based upon (Electronic Health Record System) EHRS review." A review of the CDCR MH-7448 form by the auditor during the post audit phase confirms that before inmates sign the form they are informed 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, I am unable to care for myself, I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff. .
 .(3) If my clinician suspects that any child (under the age of 18), any older adult (someone over the age of 65), or any dependent adult (someone who is dependent on others for care) is being abused (sexually, physically, and/or financially)."

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

115.61 (d). The facility indicated in their response to the PAQ that the facility does not house youthful inmates. CDCR Division of Juvenile Justice maintains custody of youthful offenders. HDSP reported there have been zero youthful inmates at the facility in the last 12 months. Interviews with the Warden, PCM and staff confirmed that youthful inmates are not housed at HDSP.

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

115.61 (e). The facility indicated in their response to the PAQ that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.8.1 Custody Supervisor Responsibilities (p. 467) states, "The Hiring Authority will assign Locally Designated Investigator (LDI) to conduct inquiry work until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority." An onsite interview with the Warden and PCM confirmed this practice.

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.62 (a). The facility indicated in their response to the PAQ that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

HDSP reported there have been zero instances of substantial imminent risk in the past 12 months. According to DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.7 Detection, Notification, and Reporting (pp. 465-466), "CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner. A CDCR Form 837, Crime Incident Report, shall be submitted for each allegation of Sexual Violence against an offender by an offender in compliance with DOM Section 51030.3, except as described in DOM Section 54040.7.3. An offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member. If the staff who receives the report is non-custody, he/she shall immediately notify his/her supervisor and the Watch Commander. Each employee who observes the incident or is provided a report by the victim must complete required reports. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, and program assignments, or as otherwise required by Federal, State, or local law." Furthermore, DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting, Screening for Appropriate Placement (p. 466) states, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. . .any staff member, with significant concern that an offender may be subject to sexual victimization, shall immediately notify a custody supervisor who will refer that offender for a mental health evaluation per existing policy regarding mental health referrals. This referral will be completed using the CDCR Form 128-MH5, Mental Health Referral Chrono."

During the onsite audit phase, interviews with 14 random staff confirmed that inmates subject to a substantial risk of imminent sexual abuse would immediately be separated from the threat. Staff further articulated that they would immediately notify a supervisor of the situation and monitor the inmate until further direction is provided by a supervisor. Interviews with the Agency Head and Warden confirmed this practice.

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.63 (a, b). The facility 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 agency or facility where sexual abuse is alleged to have occurred. Furthermore, agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. In the past 12 months, HDSP has made one notification of alleged sexual abuse to another location.

Per DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.7.4 Notification from/to Other Confinement Facilities (pp. 466-467), "Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. The Hiring Authority or agency office receiving notification that an incident occurred at their institution, shall assign and ensure that the allegation is investigated and reported in accordance with DOM Section 54040.12. The Hiring Authority shall be responsible to conduct an Institutional PREA Review Committee. Upon completion, a copy of all documentation related to the allegation shall be returned to the institution where the alleged incident was reported for tracking and audit purposes." The HDSP Warden confirmed this practice during an onsite interview.

During the post audit phase, the auditor reviewed the one allegation HDSP received that an inmate was abused while confined at another facility. Notification was made to the other facility within the 72 hour required timeframe. Included in that email was a thorough description of the allegation.

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

115.63 (c). The facility indicated 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. Per DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 466), "This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements. Such initial notification shall be provided as soon as possible, but no later than 72 hours after

receiving the allegation. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form." As documented above, the auditor reviewed the one notification that HDSP had during the 12 month reporting period and corroborated proper documentation.

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

115.63 (d). The facility indicated in their response to the PAQ that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. During the 12 month reporting period, HDSP received five allegations of sexual abuse from other facilities. According to DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 466), "Upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/ confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged sexual violence or staff sexual misconduct occurred. This initial notification shall be made via telephone contact or electronic mail and will be followed up with a written summary of the alleged victim's statements." Per DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 469), "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. . .Allegations of staff on offender sexual misconduct or staff sexual harassment will be immediately reported to the Hiring Authority via the Watch Commander. The Hiring Authority will assign an LDI to conduct an inquiry until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. . .All sexual violence allegations to include sexual assaults, attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be investigated by the LDI. These staff designated by the Hiring Authority will be responsible for completion of the investigation and will follow standard investigative procedures."

During the 12 month reporting period, HDSP disclosed in the PAQ the facility received five of allegations of sexual abuse from other facilities. These investigation were reviewed by the auditor who confirmed policy was properly followed, which included a detailed investigation.

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64 (a). The facility indicated in their response to the PAQ that the facility upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. During the 12 month auditing period, the facility indicated in the PAQ that they received ten allegations of sexual abuse and in all ten allegations a security staff member was the first to respond and initiate first responder duties. In three of the ten allegations of sexual abuse, staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p>DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.8 Response, Initial Contact (p. 467), "Upon the initial contact with an employee, that employee will take the alleged victim to a private secure location. The Initial Contact Guide has been developed to assist employees in completing the tasks associated with initial contact. The employee shall request the victim does not: shower, remove clothing without custody supervision, use the restroom facilities and/or consume any liquids." According to DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 467), "The custody supervisor has significant responsibility in this policy, and a Custody Supervisor Checklist has been developed to assist in identifying the duties to be completed." The PREA: Custody Supervisor Ch</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65 (a). The facility indicated in their response to the PAQ that they have developed 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. According to DOM, Chapter 5</p>

	<p>Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.8 Response (pp. 467-468), articulates the role of each first responder, medical and mental health practitioners, investigators and facility leadership. First responder pocket guides, PREA: Initial Contact Guide, PREA: Custody Supervisor Checklist as well as the Watch Commander Notifications Checklist have been developed to identify the tasks to be completed when responding to an incident of sexual abuse in their respective roles. An interview with the Warden confirmed the institutional plan to coordinate actions taken in response to an incident of sexual abuse.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.66 (a). The facility indicated in their response to the PAQ that neither the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The auditor reviewed the CDCR Collective Bargaining Agreement (CBA), which was effective July 3, 2020 through July 2, 2022 and recently extended to end July 2, 2023. According to the California Correctional Peace Officers Association agreement between the State of California and CCPOA, Article 4 States Rights, 4.01 Management Rights, "Except as expressly abridged by any provision of this Agreement, the State and the Departments reserve and retain all of their normal and inherent rights with respect to management of their affairs in all respects in accordance with their responsibilities, whether exercised or not, including, but not limited 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."</p> <p>An interview with the agency head, conducted by DOJ Certified PREA Auditor Leigha Weber, on behalf of Wisconsin auditors who are part of the consortium, "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</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67 (a). The facility indicated in their response to the PAQ that the agency has 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, and designate which staff members or departments are charged with monitoring retaliation. At HDSP, the Investigative Services Unit (ISU) is tasked with monitoring retaliation related to reporting via the Protection Against Retaliation (PAR) process. According to CDCR-2304/2305, "The PREA Compliance Manager or designee shall monitor inmates/staff who have reported an allegation of sexual violence or sexual misconduct or who cooperated with a sexual violence/misconduct investigation for 90 days following the allegation. If the allegation is determined to be unfounded the monitoring shall cease. The PREA Compliance Manager or designee shall interview the inmate/staff bi-weekly (every other week) to review his/her perception of retaliation for the allegation or cooperation in the investigation and document below. If retaliation is detected ensure immediate corrective action is taken and document. The form shall be retained with the completed investigation file following the 90-day monitoring period."</p> <p>According to the California Code of Regulations (CCR), Title 15, 3401.5 Staff Sexual Misconduct, Retaliation Against Employees (p. 271), "Retaliatory measures against employees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, unwarranted denials of promotions, merit salary increases, training opportunities, or requested transfers; involuntary transfer to another location/position as a means of punishment; or unsubstantiated poor performance reports. Retaliation Against Inmates/Parolees Retaliatory measures against inmates/parolees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct."</p> <p>Furthermore, according to the agency's zero tolerance statement as defined in DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.1 Policy (p. 463), "CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions,</p>

community correctional facilities, conservation camps, and for 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.

Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offenders from reporting the incident(s) or cooperating with investigation of an incident(s)."

In addition, DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (p. 470), states that, "for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member and has the discretion to assign this monitoring in other circumstances: If the reported conduct is sexual harassment, when a volunteer or independent contractor made the report of sexual violence, staff sexual misconduct, or sexual harassment, or if any person fears retaliation for cooperating with an investigation. The assigned supervisor shall notify the institutional PCM of any such changes. The PCM shall act promptly (in accordance with DOM Article 14, Section 31140.22) to remedy any such retaliation and ensure a CDCR Form 2304 or 2305, Protection Against Retaliation, is initiated."

During the onsite audit phase, the auditor reviewed eight completed Protection Against Retaliation (PAR) forms that were part of HDSP PREA investigative files located in a locked file cabinet in the Investigative Services Unit (ISU) building. All PAR forms were completed properly and bi-weekly monitoring actions were documented accordingly. Zero of the eight PAR forms resulted in monitoring services greater than 90 days.

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

115.67 (b). The facility indicated in response to the PAQ that the agency employs 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. This provision is documented in the agency's PREA policy statement. According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (p. 470), "Items to be monitored on the CDCR Form 2304 or 2305 include periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff."

DOJ Certified PREA Auditor Ms. Weber interviewed CDCR's Agency Head (designee) on behalf of Wisconsin PREA Auditors who are part of the consortium. According to that interview, the Agency Head designee, "affirmed that the agency protects reporters from retaliation by implementing a zero tolerance policy for such conduct. She stated the PCM will assign reporting responsibilities to a supervisor; if/when protection is warranted, 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." During an onsite audit phase interview with the HDSP Warden, he confirmed that prompt action would be taken by the facility to investigate allegations of retaliation. He further reported that an Investigative Services Unit (ISU) staff member handles retaliation monitoring for HDSP via the Protection Against Retaliation (PAR) process (CDCR 2304/CDCR 2305). An interview with one of HDSP's retaliation monitors confirmed this process.

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

115.67 (c). The facility indicated in their response to the PAQ that for at least 90 days following a report of sexual abuse, the agency monitors the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and act promptly to remedy any such retaliation. Items the facility monitors include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The facility reported that there have been zero instances of reported retaliation at HDSP in the last 12 months.

As stated previously, DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (p. 470), "For at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member." At HDSP, this responsibility is delegated to a member of the Investigative Services Unit (ISU). According to the CDCR-2304/ CDCR-2405 Protection Against Retaliation (PAR) forms, it is outlined that the retaliation monitor meets with inmates/employees every 15 days during a 90 day period for purposes of monitoring; those meetings are documented on the aforementioned forms. If the retaliation monitor concludes that some form of retaliation is taking place he/she must inform the PCM immediately. If there is a continued need to monitor beyond 90 days it must be documented on the PAR forms as well and discussed with the facility PCM.

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

115.67 (d). According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up

(p. 470), "For at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall monitor the conduct and treatment of inmates or employees who reported the sexual violence or staff sexual misconduct and of the victim to ensure there are no changes that may suggest retaliation. The PCM may delegate these monitoring functions to staff assigned to the Investigative Services Unit or to a supervisory staff member. . . The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need." During an interview conducted with HDSP's ISU Retaliation Monitor confirmation was made that bi-weekly status checks were completed for at least 90 days; he further reported that spontaneous checks were also completed as a means to monitor retaliation. The Protection Against Retaliation forms provides adequate documentation space to monitor bi-weekly status checks.

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

115.67 (e). The facility indicated in their response to the PAQ that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation. Per DOM, Chapter 5, Article 44, 54040.1 Policy (p. 463), "CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. 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. Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent a staff or offenders from reporting the incident(s) or cooperating with investigation of an incident(s)."

An interview with the Agency Head (designee), conducted by DOJ Certified PREA Auditor Ms. Weber, on behalf of Wisconsin auditors who are part of the consortium, stated, "the agency or facility would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. The Warden reiterated that any who expresses fear would be protect from such retaliation. The person would be closely monitored and an investigation would commence during which time the inmate or staff person would be separated from the threat. As stated earlier, HDSP has not received any reports of retaliation, or fears of retaliation, from an inmate or staff in the last 12 months

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

Corrective Action

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

	this standard. There is no corrective action to take.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 (a). The facility 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 in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, HDSP reports that there have been zero inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing for any period of time; therefore, there was no documentation to review.</p> <p>According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (p. 465), "Offenders at high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. If temporary segregation is required, the inmate shall be issued an Administrative Segregation Placement Notice, explaining the reason for segregation is the need to complete a housing assessment based on the high risk for sexual victimization. If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing and issued an Administrative Segregation Placement Notice, explaining the reason for retention. The assigned counseling staff shall schedule the offender for appearance before the Institution Classification Committee for discussion of his/her housing needs. The offender's retention in segregation should not ordinarily exceed 30 days. If retention is continued beyond 30 days, staff shall ensure compliance with DOM Section 54040.14.1, PREA Victims-Non-Disciplinary Segregation."</p> <p>Per the California Code of Regulations (CCR), Title 15, Article 7 Segregation Housing 3335 (p. 180), "When an inmate's presence in an institution's General Population (GP) presents an immediate threat to the safety of the inmate or others, endangers institution security or jeopardizes the integrity of an investigation of an alleged serious misconduct, criminal activity, or the safety of any person, the inmate shall be</p>

	<p>immediately removed from the GP and placed in administrative segregation.</p> <p>Administrative segregation may be accomplished by confinement in a designated Administrative Segregation Unit (ASU) or, in an emergency, to any single cell unit capable of providing secure segregation. Non Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include but are not limited to: Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident. If the placement in NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044 and subsection 3190(b)(5)(C), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations.</p> <p>2. The facility shall assign such inmates to NDS only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If the period of segregation exceeds 30 days, reasoning shall be documented on a CDC Form 128-G (Rev. 10/89), Classification Chrono. 3. Every 30 days, the facility shall afford each such inmate with a review by the assigned custody supervisor to determine whether there is a continuing need for segregation from the general population. The review shall be documented on the CDC Form 128-B (Rev. 4/74), General Chrono. If the custody supervisor determines the need for continued segregation no longer exists, the inmate shall be referred to the Institution Classification Committee for a program review."</p> <p>Interviews conducted with the HDSP Warden, PCM and staff who supervise inmates in segregated housing all confirmed that there have been zero inmates held in involuntary segregation within the 12 month auditing period; this was further corroborated through inmate interviews conducted by the audit team.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.71 (a). The facility indicated in their response to the PAQ that the agency/facility conducts its own investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Per DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.12 Investigations (p. 469), "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing." According to 54040.8.1 Custody Supervisor Responsibilities (p. 467), "If the victim alleges staff</p>

sexual misconduct, the Hiring Authority will be immediately notified via the Watch Commander. The Hiring Authority will assign Locally Designated Investigator (LDI) to conduct inquiry work until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The Confidential Memorandum shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5. Any allegation of staff sexual misconduct or staff sexual harassment believed by staff to constitute an emergency shall be reported immediately to a supervisor. Notification to the OIA, Regional Office, SAC or OIA AOD shall also be made when immediate investigative action is necessary." Per DOM Section 54040.12 Investigations, Offender on Offender (p. 469), "All sexual violence allegations to include sexual assaults, attempted sexual assaults, and sexual battery committed by offenders, as well as allegations of sexual harassment committed by offenders shall be investigated by the LDI. These staff designated by the Hiring Authority will be responsible for completion of the investigation and will follow standard investigative procedures. The LDI or Custody Supervisor may utilize the Sexual Assault/Battery Interview Guidelines when questioning the alleged victim regarding the specific facts of the allegation. The ISU Lieutenant or LDI shall be responsible for completing the SSV-IA."

During the onsite audit phase, members of the audit team met with two Locally Designated Investigators (LDI) from the Investigative Services Unit (ISU) to discuss the investigation process at HDSP; both confirmed the investigation process as outlined above. In order to ensure that all necessary steps in the investigation process are completed, the LDI's reported they utilize the PREA Allegation LDI Guide to structure their investigations as well as use of the PREA Sexual Assault Interview Guidelines to structure their interviews. Also part of the discussion was crime scene preservation, evidence collection and preservation, forensic medical examinations, roles of the victim advocate, mental health referrals, reporting allegations to outside agencies and the role of HDSP's Institution PREA Review Committee (IPRC) as outlined in DOM, Chapter 5, Article 44 Prison Rape Elimination Policy. An onsite review of 10 investigatory files affirms investigations are completed as outlined by this provision.

115.71 (b). The facility indicated in their response to the PAQ that when sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations pursuant to § 115.34. According to DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (p. 464), "All employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). The curriculum utilized in the class must be POSED approved. The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff sexual misconduct are properly trained." Staff who complete specialized training in sexual abuse investigations are defined as Locally Designated Investigators (LDI). Per DOM, Chapter 5, Article 44 54040.3 Definitions (p. 463), LDI's are defined as, "the

Investigative Services Unit Investigator or other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct." Currently, HDSP has 18 Locally Designated Investigators who have received specialized training. A random review of PREA investigation files confirms the investigations were completed by LDI's; investigator names were cross-referenced with training records.

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

115.71 (c). The facility indicated in their response to the PAQ that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. According to DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation (p. 467), "The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area. The custody supervisor shall ensure the assigned officer(s) maintain a chronological log of all persons entering the crime scene area and their purpose for entering the crime scene area. ISU staff and/or trained personnel shall process the crime scene including collecting and securing evidence. ISU staff shall photograph/ videotape the crime scene and evidence collected, make a diagram of the crime scene, and collect/package all evidence."

A review of CDCR's Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators (Course ID: 11055853), affirms staff are properly trained on the PREA investigation process; each step of the investigation process is broke down in the specialized training in which roles and responsibilities are articulated. The specialized training also covers: different types of PREA investigations, crime scene preservation and evidence collection, forensic medical examinations, formal interviews of the victim/witness/suspect, report writing, criminal prosecution and what a case needs to be successful.

Training records for the 18 LDI were provided and reviewed by the auditor; records confirmed that all LDI received the proper Specialized PREA Training for Locally Designated Investigators (Course ID: 11055853) which meets the training expectation of 115.34. During an open discussion with two HDSP LDI, both described in detail the tenets of this provision.

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

115.71 (d). When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Per CCR, Title 15, Section 3316 Referral for Criminal Prosecution, "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." Per CDCR, Office of Internal Affairs, Investigators Field Guide (Version 2, May 2008), "In investigatory interviews involving suspected criminal misconduct the employee shall be read his specific warning rights as delineated in the Miranda decision. If the employee waives that right, questioning can proceed. Any and all statements made by the employee waiving the Miranda warning rights can be used in both criminal and administrative proceedings. Should the employee invoke his/her rights under the Miranda decision, the agent 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. If the DA advises the agent that they do not want a compelled statement taken, the agent will submit the criminal case upon completion to the DA's office for criminal filings. The agent will complete the DA referral form and place it in the investigative file. The agent will also provide a copy of the form to the Senior and SAC. If the DA makes a decision to file the case criminally and approves the agent to continue with the administrative investigation, the Criminal Team Agent will notify the Criminal Team Senior of the approval to take a compelled statement and the case will be opened administratively and transferred to an Administrative Team. The Administrative Team Senior will assign the case to an Administrative Agent for completion. The Administrative Team Agent shall read the employee his/her rights under the Miranda/Lybarger decision. These administrative rights protect any statement 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. The Administrative Agent will complete the case and forward the case to the Hiring Authority."

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

115.71 (e). The facility indicated in their response to the PAQ that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. The agency does not require that an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. According to DOM, Chapter 1 General Administration, Article 20 Polygraph, Section 14030.5 Who May Request a Polygraph Examination (p. 51), "No person shall be ordered to take a polygraph examination. No coercion or offer of reward shall be used to induce any person to take a polygraph examination." Discussions with members of the ISU stated that they do not conduct polygraph examinations, but instead assess the credibility of an alleged victim, suspect and/or witness on an individual basis by considering numerous factors including, but not limited to: history of misconduct, conflicting statements, prior PREA investigations, evidence, etc.

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

115.71 (f). The facility indicated in their response to the PAQ that when completing administrative investigations the agency makes an effort to determine whether staff actions or failures to act contributed to the abuse and documents in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. According to DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.12 Investigations (p. 469), "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. . .The inquiry and/or investigative information will be thoroughly documented on a Confidential Memorandum. The investigator will include an effort to determine whether staff actions or failures to act contributed to the abuse. The Confidential Memorandum will include: 1) a description of the physical and testimonial evidence; 2) the reasoning behind credibility assessments; and 3) the investigative facts and findings. The Confidential Memorandum shall be maintained with the investigatory file." Furthermore, according to DOM, Chapter 5, Article 44, Section 54040.17 Institutional PREA Review Committee (p. 471), "Per Standard §115.86, each Hiring Authority is required to conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegation's that have been determined to be unfounded. The PCM shall make a good faith effort to reach a judgment on whether staff's actions prior to, during, and subsequent to the reporting of the incident are in compliance with regulations, procedure, and applicable law and determine if follow-up action is necessary."

Discussions with two HDSP LDI during the onsite audit phase corroborated that when completing administrative investigations LDI make an effort to determine whether staff actions or failures to act contributed to the abuse and documents in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Additionally, the LDI stated that they are part of the IPRC and participate in the incident review process. During that review, both LDI stated that they share the findings of the investigation and if they determine through the course of their investigation that there may be protentional work rule violations they are forwarded to the hiring authority for review.

Per DOM, Chapter 3 Personnel Training and Employee Relations, Article 12 Internal Affairs Investigations, 31140.37 Administrative Misconduct Discovered During an Investigation/Inquiry (p. 189), "If an investigation/inquiry of alleged employee misconduct reveals possible additional misconduct, the OIA investigator shall present the facts of the case to the SAC. The SAC shall promptly notify the Hiring Authority and consult with the Vertical Advocate to determine if the additional allegations should be included with the existing investigation/inquiry or presented to the CIP.

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consultation with the SAC, additional allegations shall be added if appropriate and the investigation of the additional allegations shall be conducted by OIA."

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

115.71 (g). The facility indicated in their response to the PAQ that the facilities criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. During the onsite audit phase, the auditor reviewed 3 substantiated allegations of conduct that appear to be criminal that were referred for prosecution since HDSP last PREA audit (May 2019). All investigations contained the proper documentation per this provision.

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

115.71 (h). The facility indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since HDSP last PREA Audit that was conducted in May 2019, there have been 3 substantiated allegations of misconduct. According to DOM, Chapter 3 Personnel Training and Employee Relations, Article 14 Internal Affairs Investigations, Section 31140.20 Criminal Investigation (p. 187), "Upon completion of the investigation, if probable cause exists to believe that a crime has been committed, the investigation shall be referred to the appropriate agency for prosecution. Criminal investigations shall be conducted in compliance with all laws, regulations, and departmental policies." According to LDI, investigations that potentially contain criminal conduct are referred to the DA's office for review.

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

115.71 (i). The facility 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. Per DOM, Chapter 5, Article 44, 54040.17 Records Retention (p. 471), "All case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule." Additionally, there has been an update to the agency's records retention schedule (RRS) which states, "The investigatory file is to be retained in ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer." This process was confirmed via the PCM.

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

115.71 (j). According to DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 469), "The departure of the alleged suspect or victim from the employment or control of CDCR shall not provide a basis for terminating an investigation." Discussions with two LDI, affirmed that despite the suspect and/or victim leaving HDSP, the investigation would still move forward and efforts would be made to interview all relevant parties.

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.71 (k). The auditor is not required to audit this provision of the standard.</p> <p>115.71 (l). CDCR and HDSP conduct both administrative and criminal investigations. Thus, this provision does not apply.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72 (a). The facility 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. Per DOM, Chapter 3 Personnel, Training and Employee Relations, Article 22 Employee Discipline, 33030.13.1 Investigative Findings (p. 238), "SUSTAINED: The investigation disclosed a preponderance of evidence to prove the allegation(s) made in the complaint." In addition, DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.12 Investigation (p. 469), "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. No standard higher than the preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained." Discussions with two LDI confirmed their understanding of "preponderance of evidence".</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.73 (a, c). The facility indicated in their response to the PAQ that the the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Per DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.12.5 Reporting to Offenders (**Staff on Offender**) (p. 470), "the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PCM or designee shall inform the offender (unless the allegation has been determined to be unfounded) whenever the alleged abuser has been: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at facility; indicted on the alleged sexual misconduct; or convicted of the alleged sexual misconduct. (**Offender on Offender**) Following an investigation into an offender's allegation that he or she suffered from sexual violence by another offender, institution shall inform the alleged victim if the allegation has been substantiated, unsubstantiated or unfounded. The institution shall also inform the alleged victim whenever the alleged abuser has been: indicted on the alleged sexual violence; or convicted of the charge. The agency's obligation to report/inform the offender of changes shall terminate if the offender is released from the agency's custody. "

During the 12 month auditing period, 10 administrative sexual abuse investigations were completed at HDSP. In all 10 investigations, inmates received written notification regarding the outcome of the investigation as documented on a CDC 128-B (Inmate Notification Chrono-PREA Closure).

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

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

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

115.73 (d). The facility indicated in their response to the PAQ that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency informs the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) 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 (p. 470) articulates this provision.

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

115.73 (e). The facility indicated in their response to the PAQ that the agency has a policy that all notifications to inmates described under this standard are

	<p>documented. During the 12 month auditing period, 10 administrative sexual abuse investigations were completed. As stated previously, each inmate involved in those 10 investigations were notified of the investigation outcome via a CDCR-128B. Per DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 470), "Upon conclusion of the investigation, the alleged victim will be provided written notification of the findings as described in DOM Section 54040.12.5."</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.73 (f). The auditor is not required to audit this provision of the standard.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76 (a, b). The facility indicated in their response to the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Per the California Code of Regulations (CCR), Title 15, Section 3401.5 Staff Sexual Misconduct (p. 271), "For the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of "consent" does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. . . 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."</p> <p>DOM, Chapter 3 Personnel, Training and Employee Relations, Article 22 Employee Discipline, 33030.15.1-15.5 (p. 238) outlines five adverse action penalties which include: Letter of Reprimand, Salary Reduction within the Salary Range of the Class, Suspension without Pay, Demotion to a Lower Class and Dismissal from State Service. During the 12 month auditing period, there was one staff member who violated agency sexual abuse or sexual harassment policies.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with</p>

this provision.

115.76 (c). The facility indicated in their response to the PAQ that the 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. HDSP disclosed in the PAQ that during the 12 month auditing period, 1 staff member had been disciplined, short of termination, for violation of agency sexual abuse and sexual harassment policies.

Outlined in DOM, Chapter 3, Article 22, 33030.17 Applying the Employee Disciplinary Matrix (p. 239), "Sufficient evidence establishing a preponderance is necessary before any disciplinary action can be taken. The Employee Disciplinary Matrix shall be the foundation for all disciplinary action considered and imposed by the Department and shall be utilized by the Hiring Authority to determine the penalty to impose for misconduct. No favor shall be afforded simply because of an employee's rank, and managers, supervisors, and sworn staff may be held to a higher standard of conduct. . The Employee Disciplinary Matrix is based on the assumption that there is a single misdeed at issue and that the misdeed is the employee's first adverse action. The Matrix provides a base penalty within a penalty range. The base penalty (represented with bold and underlined text) shall represent the starting point for an action. The Hiring Authority shall impose the base penalty unless aggravating or mitigating factors are found. 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. The appropriate level of penalty within the specified range shall be based on the extent to which the employee's conduct resulted in or, if repeated, is likely to result in harm to public service; the circumstances surrounding the misconduct; and the likelihood of recurrence."

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

115.76 (d). The facility indicated 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. According to DOM, Chapter 5, Article 44, 54040.12.3 Reporting to Outside Agencies (p. 470), "Written allegations of sexual misconduct by a patient against licensed health care staff shall be reported to the relevant licensing body by the hiring authority or designee within 15 days. All terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee."

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

	<p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.77 (a). The facility indicated in their response to the PAQ that agency policy requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. During the 12 month auditing period, no contractors or volunteers have been reported for engaging in sexual abuse of inmates. Per, DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.12.4 Reporting to Outside Agencies for Contractors (p. 470), "Any contractor or volunteer who engages in staff sexual misconduct shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies by the hiring authority or designee." In reference to volunteers, DOM, Chapter 10 Adult Programs, Article 9 Volunteers, 101090.9 Rejection and Termination (p. 838), "The Hiring Authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security or orderly operation of the institution or region. A report explaining the occurrence and outcome shall be routed to the Hiring Authority with a copy to the Community Resources Manager or designated manager." HDSP reported there were zero contractors and/or volunteers involved in the sexual abuse of inmates, thus there was no documentation to review.</p> <p>A review of Exhibit D, CDCR Contractor Special Terms and Conditions, Contractor Employee Misconduct (p. 11) states, "During the performance of this Agreement, it shall be the responsibility of the Contractor whenever there is an incident of use of force or allegation(s) of employee misconduct associated with and directly impacting inmate and/or parolee rights, to immediately notify CDCR of the incident(s), to cause an investigation to be conducted, and to provide CDCR with all relevant information pertaining to the incident(s). All relevant information includes, but is not limited to: a) investigative reports; b) access to inmates/parolees and the associated staff; c) access to employee personnel records; d) that information reasonably necessary to assure CDCR that inmates and/or parolees are not or have not been deprived of any legal rights as required by law, regulation, policy and procedures; and e) written evidence that the Contractor has taken such remedial action, in the event of unnecessary or excessive force, or employee misconduct with inmates and/or parolees, as will assure against a repetition of incident(s) or retaliation. To the extent that the information provided by the Contractor fails to so assure CDCR, CDCR may</p>

	<p>require that any implicated Contractor staff be denied access to and the supervision of CDCR inmates and/or parolees at the facility and access to inmate and/or parolee records. Notwithstanding the foregoing, and without waiving any obligation of the Contractor, CDCR retains the power to conduct an independent investigation of any incident(s). Furthermore, it is the responsibility of the Contractor to include the foregoing terms within any and all subcontracts, requiring that subcontractor(s) agree to the jurisdiction of CDCR to conduct an investigation of their facility and staff, including review of subcontractor employee personnel records, as a condition of the Agreement." In addition, this agreement states (p. 23), "By signing this contract, the Contractor agrees that if the provisions of the contract require the Contractor to enter an institution/facility or camp, the Contractor and any employee(s) and/or subcontractor(s) shall be made aware of and shall abide by the following laws, rules and regulations governing conduct in associating with prison inmates or wards."</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.77 (b). The facility indicated 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. Outlined in DOM, Chapter 10, Article 9 Volunteers, 101090.9 Rejection and Termination (p. 838), " The Hiring Authority may limit or discontinue activities of any volunteer or volunteer group which may impede the security or orderly operation of the institution or region. A report explaining the occurrence and outcome shall be routed to the Hiring Authority with a copy to the Community Resources Manager or designated manager." An onsite interview with HDSP Warden confirmed this process.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.78 (a). The facility indicated in their response to the PAQ that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. During the 12 month auditing period, zero inmates have been found to have engaged in inmate-on-</p>

inmate sexual abuse. According to DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.15 Disciplinary Process (p. 471), "Upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegation of sexual violence warrants a disciplinary/criminal charge, a CDCR Form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution." The aforementioned CCR Sections explain the disciplinary process and applicable sanctions that may be imposed.

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

115.78 (b). The facility indicated in their response to the PAQ that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

HDSP has not had any administrative findings of inmate-on-inmate sexual abuse, thus, the auditor was unable to review inmate sanctions related to a finding of sexual abuse.

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

115.78 (c). The facility indicated in their response to the PAQ that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. According to CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Procedures, "A Mental Health Assessment is a means to incorporate clinical input into the disciplinary process when mental illness or developmental disability/cognitive or adaptive functioning deficits may have contributed to behavior resulting in a Rules Violation Report. Mental Health Assessments shall be considered by the hearing officer or senior hearing officer during disciplinary proceedings when determining whether an inmate shall be disciplined and when determining the appropriate method of discipline. Inmates who are alleged to have committed a Rules Violation shall receive a Mental Health Assessment. . .The hearing officer or senior hearing officer shall consider mental health staff's assessment, as documented on the CDCR Form 115-MH-A, and any other relevant information, when determining whether the inmate should be disciplined or the appropriate method of discipline when mental illness or developmental disability/cognitive or adaptive functioning deficits contributed to the inmate's behavior. If an inmate is found guilty of the charge, the hearing officer or senior hearing officer shall consider any dispositional recommendations provided by mental health staff as documented on CDCR Form 115-MH-A or any other relevant information regarding the relationship between the inmate's mental illness and/or developmental disability/cognitive or adaptive functioning deficits, and his or her

misconduct, when assessing penalties." An interview with the Warden while onsite confirmed that an inmate's mental health status is considered as part of the disciplinary process.

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

115.78 (d). The facility indicated in their response to the PAQ that the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. However, the facility reported in the PAQ that they do not consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Per DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.7 Detection, Notification, and Reporting (p. 465), "CDCR employees have a responsibility to protect the offenders in their custody. All staff are responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Staff shall ensure the reporting of information is done as soon as possible and in a confidential manner. A CDCR Form 837, Crime Incident Report, shall be submitted for each allegation of Sexual Violence against an offender by an offender."

The auditor conducted interviews with a mental health practitioner and a medical practitioner during the onsite audit phase. Both indicated that inmate participation in counseling, therapy and/or other interventions as a means to access programming and/or other benefits would happen on a voluntary basis.

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

115.78 (e). The facility indicated 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. According to CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedules, "Upon a finding of guilt of a serious rule violation, a credit forfeiture against any determinate term of imprisonment or any minimum eligible parole date for an inmate sentenced to an indeterminate sentence. . .shall be assessed within the ranges specified. . .Division "A-1" offenses; credit forfeiture of 181-360 days. . .Rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will." During the 12 month auditing period, there were no instances of sexual conduct with staff in which the staff person did not consent. Therefore, no documentation was available for review.

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

	<p>115.78 (f). The facility indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. According to DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim-False Allegations (p. 471), "Following the investigation into sexual violence or staff sexual misconduct, if it is determined that the allegations made were not in good faith or based upon a reasonable belief that the alleged conduct occurred, the offender making the allegations may be subject to disciplinary action. A charge of "making a false report of a crime," a Division "E" offense, is appropriate only if evidence received indicates the offender knowingly made a false report. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting."</p> <p>During the onsite audit phase, the auditor reviewed 10 sexual abuse administrative investigation files; zero contained documentation that an inmate reporter was subjected to any type of discipline.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.78 (g). The facility indicated in their response to the PAQ that the agency prohibits all sexual activity between inmates and may discipline inmates for such activity when a completed investigation has determined that the activity was not coerced. Under CCR, Title 15, Section 3007 Sexual Behavior (p. 25), "Inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults. Inmates must avoid deliberately placing themselves in situations and behaving in a manner, which is designed to encourage illegal sexual acts."</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicated the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.81 (a, c). The facility indicated in their response to the PAQ that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility indicated in the PAQ

that 100% of inmates that have disclosed prior sexual victimization during a screening were offered a follow-up meeting with a medical or mental health practitioner within 12 days of the intake screening. DOM, Chapter 5, Article 44, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration of Sexual Abuse (p. 466), "If it is reported by an inmate during the initial custody intake screening or at any other occasion during their confinement within the CDCR; that they have experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with mental health staff. If the inmate accepts the offer to meet with mental health, custodial staff shall ensure the inmate is referred to mental health by utilizing the CDCR 128 MH5: Mental Health Referral Chrono to request a PREA Routine mental health contact. This referral shall be completed by mental health staff by conducting a face-to-face contact with the inmate in a confidential environment within fourteen (14) calendar days of the referral."

During the onsite audit phase, the auditor interviewed one mental and one medical staff person. Both confirmed that inmates are seen within 14 days upon referral. An interview with one of the facility's risk screeners also confirmed that if an inmates discloses prior sexual victimization, either while incarcerated or in the community, a mental health and medical referral are offered during the screening process.

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

115.81 (b). The facility indicated in their response to the PAQ that all prison inmates who previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months, 100% percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner according to information found in the PAQ.

According to 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 (p. 466), "If it is reported by an inmate during the initial custody intake screening or at any other occasion during their confinement within the CDCR; that they have experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with mental health staff. If the inmate accepts the offer to meet with mental health, custodial staff shall ensure the inmate is referred to mental health by utilizing the CDCR 128 MH5: Mental Health Referral Chrono to request a PREA Routine mental health contact. This referral shall be completed by mental health staff by conducting a face-to-face contact with the inmate in a confidential environment within fourteen (14) calendar days of the referral."

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

115.81 (d). The facility indicated in their response to the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification and Reporting (p. 465) outlines the aforementioned information verbatim. Information related to sexual victimization or abusiveness is shared with other staff on a need to know basis. "Need to Know" basis is defined in DOM, Chapter 5, Article 44, 54040.3 Definitions (p. 463) as, "When the information is relevant and necessary in the ordinary performance of that employee or contractor's official duties." In a memorandum composed by DAI on December 5, 2017, Regarding Standard 115.81(d)-1, regarding Medical and Mental Health Screenings (History of Sexual Abuse), CDCR staff were informed of the following, "Medical or Mental health information related to sexual victimization or abusiveness that occurred in an institutional setting, is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (eUHR). The only staff allowed access to the eUHR are specific medical and mental health staff."

During the onsite audit phase, members of the audit team were given a live overview of CDCR's Strategic Offender Management System (SOMS). Inmates who are at a risk of sexual victimization or risk of sexual abusiveness are identified in SOMS as having a "situation alert". Adding this alert to the inmate's profile assists staff in treatment plans and security and management decisions, including housing, bed, work, education and program assignments. Per DOM, Chapter 5, Article 44, 54040.7 Detection, Notification and Reporting, Screening for Appropriate Placement (p. 466), consideration will be given to housing inmates who have compatible housing needs together; inmates who have an identified risk can easily be identified in SOMS based on the inmate's "situation alert".

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

115.81 (e). The facility 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. Prior to services being rendered, CDCR inmates must sign a CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information. The introductory paragraph on the form specifically states, "This form shall be completed if a patient over the age of 18 has alleged to California Correctional Health Care Services staff to be a victim of sexual violence or misconduct that occurred outside of an institutional setting for the purposes of reporting the incident to the appropriate law enforcement agency, prosecutor's office and any other appropriate agency." According to section two on the aforementioned form, Authorization to Release and Receive the Information, "The undersigned hereby

authorizes California Correctional Health Care Services to release the below health information to California Department of Corrections and Rehabilitation's Investigative Services Unit, who may release the information to others including but not limited to authorized law enforcement, law enforcement agencies, authorized prosecutors and other appropriate agencies." The CDCR 7552 is only valid once all sections of the form have been properly completed.

Additionally, the CDCR MH-7448 Informed Consent for Mental Health Care was reviewed by the auditor. Inmate's who sign this form are indicating they understand that, "Information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations: I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff. 2. If 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, or Keyhea Hearings, or 3. If my clinician suspects child, elder, or dependent adult abuse (sexual, physical, and/or financial)." An onsite interview with a mental health practitioner confirmed this practice.

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

Corrective Action

A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.82 (a). The facility 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 which are determined by medical and mental health practitioners according to their professional judgment. According to the California Correctional Health Care Services (CCHCS), Health Care Department Operations Manual, Chapter 4, Article 1, Section 6 Prison Rape Elimination Act, "California Correctional Health Care Services (CCHCS) shall provide medically necessary emergency and follow-up treatment; follow-up care plans; and necessary referrals including testing for pregnancy, any sexually transmitted infections/diseases (STIs/STDs), and Human Immunodeficiency Virus (HIV) to CCHCS patients who are identified as possible victims or suspects of sexual violence, staff sexual misconduct, and/or sexual harassment. All health care staff shall: (1) Report allegations of sexual violence, staff sexual misconduct, and sexual harassment. (2) Inform patients of

health care staff's duty to report and the limitations of confidentiality at the initiation of services. . .provide emergency care until the alleged victim and suspect can be sent to an outside contracted county Sexual Assault Response Team (SART) facility for a forensic medical examination and treatment, and/or hospital for medical stabilization. . .There is no cost to the alleged victim, regardless of whether they name the abuser or cooperate with any investigation arising from the incident." Per DOM, Chapter 5, Article 44 Prison Rape Elimination Policy, 54040.8.3 Medical Service Responsibilities (p. 468), "California Correctional Health Care Services (CCHS) medical staff will provide indicated emergency medical response. The assigned Registered Nurse will initiate the CDC Form 7252, Request for Authorization of Temporary Removal for Medical Treatment and have it delivered to the Watch Office or designated area to expedite the transportation process. To the extent possible, staff in the Triage and Treatment Area (TTA) will maintain physical separation and visual separation between the victim and suspect(s). . .Licensed health care staff shall determine and identify any injuries sustained by the alleged victim and suspect, assess and identify if they are urgent/emergent, and provide immediate emergency medical care to the alleged victim and suspects." DOM, Chapter 5, Article 44, 54040.10 Mental Health Responsibilities (p. 469), "Within four (4) hours of the inmates return to the facility, following the SANE forensic medical examination or refusal of the SANE examination, mental health staff must complete a face-to-face emergency mental health evaluation in a confidential location. The mental health evaluation shall include a (SRASHE), determination of the patient's mental health treatment and monitoring needs, along with arrangements made for any necessary mental health follow-up services. If appropriate, the victim shall be given educational materials to provide information related to the mental health conditions, which may result after being subjected to sexual violence and/or staff sexual misconduct. As clinically indicated, victims shall be monitored for signs and symptoms of self-harm, suicidality, post-traumatic stress disorder, depression, and other mental health issues which may arise secondary to sexual abuse. Mental health staff shall document the evaluation on a PREA note in the Electronic Health Record System (EHRS)."

Onsite interviews with the PCM, medical staff and mental health staff confirmed that victims of sexual abuse receive emergency medical care and crisis intervention services in a timely manner. If the incident was reported within the first 72 hours since the incident occurred, interviewed staff confirmed, the victim is transported to a local hospital for a SANE examination if the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

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

115.82 (b). The facility indicated in their response to the PAQ that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to § 115.62 and immediately notify the appropriate medical and mental health practitioners. Per CCHCS, Volume 4, Chapter 12, 4.12.1, Emergency

Medical Response System Policy, "The standard guidelines for responding to emergencies are: The response time for health care staff shall not exceed eight (8) minutes (Health Care Staff Response Time). . .At least one RN shall be available on-site at each institution twenty-four (24) hours a day, seven (7) days a week for emergency health care."

During the onsite audit phase, members of the audit team interviewed 14 randomly selected security staff members. During those interviews, security staff articulated their first responder duties. Those staff interviewed had a first responder pocket guide on their person, however, did not have to refer to the pocket guide to recite their duties as a first responder.

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

115.82 (c). The facility indicated in their response to the PAQ that i victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. According to DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination (p. 474), "As required in Penal Code section 2638 (part of AB 550), immediate HIV/AIDS prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and/or suspect. Testing for sexually transmitted infections, HIV, and pregnancy (if appropriate) will be offered." Reiterated in 54040.10 Return to Triage and Treatment Area/Receiving and Release (p. 474), "Consideration during medical treatment (including counseling) must be given to: Sexually Transmitted Disease (STD) Conversion. Presence of Hepatitis B and/or C. HIV Testing. Pregnancy options, if appropriate." An interview with a medical health practitioner confirmed information about sexually transmitted infections and HIV/AIDS prophylactic measures are given to inmates.

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

115.82 (d). The facility indicated 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. According the CCHCS, Health Care Department Operations Manual, Chapter 4, Article 1, Section 6 PREA (p. 1), "There is no cost to the alleged victim, regardless of whether they name the abuser or cooperate with any investigation arising from the incident." Additionally, CCHCS, Health Care Department Operations Manual, Chapter 1, Article 10 Copayment Program Policy, "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. The copayment shall not be charged if the health care service(s) is considered to be: Treatment services relating to sexual abuse or assault."

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.83 (a, b, c). The facility indicated in their response to the PAQ that the facility offers 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; the evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care. According to DOM, Chapter 5 Adult Custody and Security Operations, Article 44 Prison Rape Elimination Policy, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – Greater Than 72 Hours Post-Incident (p. 469), "If the alleged incident is reported or discovered more than seventy-two (72) hours after the occurrence, in addition to the applicable provisions discussed in this article, the custody supervisor shall secure the reported crime scene (if feasible) and the alleged inmate suspect (if they can be identified) for potential forensic processing. The victim may be questioned using the Sexual Assault/Battery Interview Guidelines. The SART/SANE nurse shall be consulted to make a determination as to whether the abuse occurred within a time period that allows for the collection of physical evidence, by which the inmate victim's and inmate suspect's participation in a forensic examination would provide additional evidence. If the examination is indicated the victim may refuse the SART/SANE forensic medical examination and the refusal should be video recorded. In cases where a SART/SANE forensic medical examination is not offered, or is refused, institutional medical staff shall then offer to conduct an examination of the victim and alleged inmate suspect to determine the presence or absence of physical trauma and perform follow-up testing for sexually transmitted infections/sexually transmitted diseases and/or pregnancy testing, as appropriate. As required in Penal Code Section 2638 (part of AB 550), immediate HIV/AIDS, and sexually transmitted infections prophylactic measures will be provided. Medical staff shall also offer the victim a follow up meeting with Mental Health and document the referral and/or refusal." Furthermore, 54040.10 Mental Health Responsibilities (p. 469), "Within four (4) hours of the inmates return to the facility, following the SANE forensic medical examination</p>

or refusal of the SANE examination, mental health staff must complete a face-to-face emergency mental health evaluation in a confidential location. The mental health evaluation shall include a (SRASHE), determination of the patient's mental health treatment and monitoring needs, along with arrangements made for any necessary mental health follow-up services. If appropriate, the victim shall be given educational materials to provide information related to the mental health conditions, which may result after being subjected to sexual violence and/or staff sexual misconduct. As clinically indicated, victims shall be monitored for signs and symptoms of self-harm, suicidality, post-traumatic stress disorder, depression, and other mental health issues which may arise secondary to sexual abuse. Mental health staff shall document the evaluation on a PREA note in the Electronic Health Record System (EHRS)."

The aforementioned evaluation and treatment guidelines are also described in CCHCS Health Care Operations Manual, Chapter 4, Volume 1, Section 6, Prison Rape Elimination Act and the Mental Health Services Delivery System (MDSDS), Chapter 1, Program Guide Overview. Specifically, "The California Department of Corrections and Rehabilitation (CDCR) Mental Health Services Delivery System (MHSDS) provides inmates access to mental health services. The MHSDS is designed to provide an appropriate level of treatment and to promote individual functioning within the clinically least restrictive environment consistent with the safety and security needs of both the inmate-patient and the institution." "California Correctional Health Care Services (CCHCS) shall provide medically necessary emergency and follow-up treatment; follow-up care plans; and necessary referrals including testing for pregnancy, any sexually transmitted infections/diseases (STIs/STDs), and Human Immunodeficiency Virus (HIV), to CCHCS patients who are identified as possible victims or suspects of sexual violence, staff sexual misconduct, and/or sexual harassment. All health care staff shall: (1) Report allegations of sexual violence, staff sexual misconduct, and sexual harassment. (2) Inform patients of health care staff's duty to report and the limitations of confidentiality at the initiation of services."

Onsite interviews with a mental health practitioner and a medical health practitioner confirmed the outlined services above and further articulated that all services are consistent with community level of care. Of the 10 sexual abuse investigations completed during the 12 month auditing period all had documentation of a medical and mental health referral.

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

115.83 (d, e). The facility indicated in their response to the PAQ that the facility does not house female inmates, thus, does not offer pregnancy tests or information about and timely access to all lawful pregnancy-related medical services. Interviews with the Warden, PCM and Medical Staff confirmed that HDSP does not house female inmates. Furthermore, during the onsite audit phase, members of the audit team did not witness any female inmates on site. DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 468), "CCHCS medical staff will conduct follow-up testing for sexually transmitted infections/diseases, HIV, Hepatitis B and/or C, and

pregnancy (if appropriate) as indicated. As required in Penal Code Section 2638, immediate HIV/AIDS, and sexually transmitted infections prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and suspect." In addition, CCHCS, Volume 1, Chapter 16, Section 1 PREA Policy (p. 3) states, "It is the SART's responsibility to offer the following: Tests for sexually transmitted infections/diseases and HIV as medically appropriate, for patients who are victims or suspects of sexual abuse. Pregnancy tests for patients who are victims of sexually abusive vaginal penetration. Health care staff shall offer follow-up testing for pregnancy, sexually transmitted infections/diseases and HIV as indicated. If a pregnancy results from sexual abuse, victims shall receive timely and comprehensive information and timely access to all lawful pregnancy related services."

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

115.83 (f). The facility indicated in their response to the PAQ that inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Per, DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 468), "CCHCS medical staff will conduct follow-up testing for sexually transmitted infections/diseases, HIV, Hepatitis B and/or C, and pregnancy (if appropriate)

as indicated. As required in Penal Code Section 2638, immediate HIV/AIDS, and sexually transmitted infections prophylactic measures will be provided. In addition, information regarding sexually transmitted infections, HIV and pregnancy options, will be discussed with the victim and suspect." This provision is also articulated in the CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (p. 7).

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

115.83 (g). The facility indicated in their response to the PAQ that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. According to the CCHCS Health Care Department Operations Manual, 4.1.6 Prison Rape Elimination Act (p. 1), services provided to alleged victims without cost regardless of whether they name the abuser or cooperate with any investigation arising from the incident. Interviews with a mental health and medical health staff member confirmed this process.

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

115.83 (h). The facility indicated 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 (p. 469) states, "The custody supervisor will complete a referral to mental health for a mental health evaluation and assessment of treatment

	<p>needs." There have been no inmate on inmate abusers at HDSP within the 12 month auditing period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.86 (a). The facility indicated in their response to the PAQ that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. During the 12 month auditing period, HDSP completed 6 criminal and/or administrative investigations of alleged sexual abuse, excluding "unfounded" incidents. According to DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (p. 471), "Per 28 CFR, Standard §115.86, each Hiring Authority is required to conduct an incident review of every sexual violence or staff sexual misconduct allegation, including allegations that have not been substantiated. A review is not required for allegation's that have been determined to be unfounded." During the onsite audit phase, the auditor reviewed 10 sexual abuse investigations; 7 required a sexual abuse incident review. Proper documentation regarding the review was located in each investigation file.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.86 (b). The facility indicated in their response to the PAQ that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. During the 12 month auditing period, the facility indicated they completed 7 sexual abuse incident reviews with the timeframe outlined in this provision. According to DOM, Chapter 5 Article 44, 54040.17 Institutional PREA Review Committee (p. 471), "The PCM shall normally schedule these PREA incidents for review by the Institutional PREA Review Committee (IPRC) within 60 days of the date of discovery. . .The IPRC shall meet to review these 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. "</p> <p>Onsite interviews conducted with the PCM and a member of the sexual abuse incident review team confirmed this practice. Both stated that reviews were conducted within</p>

60 days of the date of discovery.

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

115.86 (c). The facility indicated in their response to the PAQ that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. According to DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (p. 471), "The IPRC shall normally be comprised of the following staff: Hiring Authority or designee, as chairperson and final decision maker; PREA Compliance Manager; At least one other manager; In-Service Training Manager; Health Care Clinician; Mental Health Clinician; and Incident Commander or Investigative Services Unit Supervisor." In review of the 7 completed IPRCs during the onsite audit phase all were consistent with members outlined in this provision.

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

115.86 (d). The facility indicated in their response to the PAQ that during the IPRC the facility will: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager." DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (p. 471) reiterates all components of this provision. A review of the Institutional PREA Review Committee-DOM, Section 54040.17 form corroborates all components of this provision are addressed and documented during the review. In addition, onsite interviews with the Warden, PCM and a member of the IPRC confirmed this practice and all stated that information obtained during the review is used to determine if changes are necessary to prevent further acts of sexual abuse.

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

115.86 (e). The facility indicated 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 (p. 471), "The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The final report will be provided to the

	<p>appropriate Associate Director, upon approval of the Hiring Authority, if the findings require physical plant modification or other fiscal resource needs that can't be addressed through their existing budget (i.e., staffing)." To date, HDSP has not made any recommendations.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.87 (a, c). The facility indicated 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 and the incident-based data collected includes, 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. Per DOM, Chapter 5, Article 44, 54040.20 Tracking-Data Collection and Monitoring (p. 472), "The PCM or the Parole Employee Relations Officer shall report investigations into allegations of sexual violence and staff sexual misconduct on the monthly update of the Yearly Tracking Report (YTR), including whether the perpetrator was a staff member or offender, disposition and current status. This information shall be reported to the Department's PREA Coordinator by the fifth day of every month. Additionally, the ISU Lieutenant or Locally Designated Investigator shall be responsible for completing the Survey of Sexual Violence-Incident Adult (SSV-IA). The SSV-IA will be submitted to the Department PREA Coordinator no later than two business days from the date of the allegation. This information shall also be provided (via copy of the CDCR Form 837, Crime Incident Report) to the Offender Information Systems Branch (OISB) for compilation and tracking. The OIA shall maintain records of investigations into allegations of staff/offender sexual misconduct, and will report by case number, the type of sexual misconduct, subcategory (male staff with female offender, female staff with male offender, etc.); whether the allegations were sustained; and whether a DA referral was made."</p> <p>During the onsite audit phase, the auditor found completed Survey of Sexual Violence (SSV) forms in each of the 10 sexual abuse investigations that were conducted during the 12 month auditing period.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with</p>

this provision.

115.87 (b). The facility indicated in their response to the PAQ that the agency aggregates the incident-based sexual abuse data at least annually. DOM, Chapter 5, Article 44, 54040.20 Tracking-Data Collection and Monitoring (p. 472), "The CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30. Reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual violence and staff sexual misconduct. The report shall be approved by the CDCR Secretary and made readily available to the public through the CDCR website."

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

115.87 (d). The facility 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 (p. 472) restates this provision verbatim.

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

115.87 (e). The facility indicated 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. Per DOM, Chapter 5, Article 44, 54040.20 Tracking-Data Collection and Monitoring (p. 472), "CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30."

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

115.87 (f). The facility indicated in their response to the PAQ that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. DOM, Chapter 5, Article 44, 54040.20 Tracking-Data Collection and Monitoring (p. 472), "Upon request, the agency

	<p>shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30."</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88 (a). The facility indicated in their response to the PAQ that the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. DOM, Chapter 5, Article 44, 54040.20 Tracking-Data Collection and Monitoring (p. 472) restates this provision. Additionally, DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (p. 471) states, "28 CFR, Standard §115.88, requires the agency to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices, and training. On an annual basis: 1. The departmental PREA Coordinator will forward to each institution, a data collection tool which will be utilized by the institutional PCM to summarize information gathered through the Institutional PREA Committee. 2. The institution will complete the data collection tool and return it to the Departmental PREA Coordinator. 3. The Departmental PREA Coordinator will review the information contained on the data collection tool. 4. The Departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. 5. The report will be routed through the chain of command to the Agency Secretary for review and approval. 6. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website."</p> <p>A Prison Rape Elimination Act (PREA) Annual Data Collection Tool and Staffing Plan Review form was submitted in the PAQ for review. This form prompts PCMs to describe staffing plan deficiencies, video monitoring systems and technologies and institutional PREA review committee reviews. The compilation of this data, in addition to incident-based data, is used to draft the agency's annual report. The Agency Head</p>

(designee) and PREA Coordinator were interviewed by DOJ Certified PREA Auditor Ms. Weber on behalf of Wisconsin auditors working as part of the consortium. Per those interviews the Agency Head (designee) reported, "that the facility-level incident review process, which is overseen by each PCM, exists to review the context of each incident and identify opportunities to mitigate future abuse. The compilation of this information is then analyzed so as to identify what sexual abuse trends might exist so that the agency can develop a response. An interview with the PREA Coordinator indicated that her office is responsible for tracking, understanding, and responding to trends as reported monthly by each PCM. This effort is, subsequently, documented in the form of an agency annual report which is posted to CDCR's public website. The PCM indicated the facility completes a monthly quantitative report which is transmitted to the PREA Coordinator. Annually, the PCM reports qualitative data to the PREA Coordinator. Both sources of information inform agency-level data."

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

115.88 (b). The facility indicated 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 and provides an assessment of the agency's progress in addressing sexual abuse. DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (p. 471), "The Departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole." The auditor reviewed completed annual reports for 2019 and 2020; both included comparative data, corrective action and a discussion of progress.

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

115.88 (c). The facility indicated in their response to the PAQ that the agency makes its annual report readily available to the public at least annually through its website. DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (p. 471), "The Departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. The report will be routed through the chain of command to the Agency Secretary for review and approval. Once approved by the Secretary, the annual report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website." The auditor reviewed 2019 and 2020 annual reports which were posted to the agency's public website.

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

115.88 (d). The facility indicated 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; the agency indicates the nature of material redacted. DOM, Chapter 5, Article 44, 54040.20 Tracking-Data Collection and Monitoring (p. 472), "Specific material may be redacted from the reports when

	<p>publication would present a clear and specific threat to the safety and security of a facility; however, the report must indicate the nature of the material redacted." The auditor reviewed annual reports for 2019 and 2020; neither required information to be redacted.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.89 (a, b, c, d). The facility indicated in their response to the PAQ that the agency ensures that incident-based and aggregate data are securely retained; 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 at least annually through its website; Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers; The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise; The agency shall 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. According to DOM, Chapter 5, Article 44, 54040.17 Records Retention (p. 471), "All case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling shall be retained in accordance with the CDCR Records Retention Schedule." Furthermore, DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction (p. 472) states, "CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCRs direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection."</p> <p>The auditor reviewed CDCR's public website and the Prison Rape Elimination Act (PREA) Annual Report-Calendar Year 2019 and the Prison Rape Elimination Act (PREA) Annual Report-Calendar Year 2020. Both contained quantitative data and aggregated sexual abuse data for all agency facilities. Neither report contained any personally</p>

	<p>identifying information.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with these provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.401 (a). The auditor confirmed by review of CDCR's public website that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, 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.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (b). An interview with the CDCR PREA Coordinator, conducted by DOJ Certified PREA Auditor Ms. Weber, indicated that the CDCR has 34 state correctional institutions operated by the state. The auditor reviewed the agency's public website, as well as the Western State Audit Consortium schedule for past and future audits, which affirmed the agency has met the one third requirement.</p> <p>115.401 (h). During the onsite review, the audit team had unrestricted access to all areas of the facility.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (i). During all phases of the audit, HDSP staff made available to the audit team documents, records, files, photographs, etc. When requested by the audit team, HDSP staff took photographs of specific areas and items and shared them electronically with the audit team to utilize when preparing the interim audit report.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (m). During the onsite phase of the audit, the auditors, PCM, and support staff worked cooperatively to develop a private process and location for conducting</p>

	<p>interviews of both staff and inmates.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (n). On May 13, 2022, the auditor requested that PCM Williams post the provided English and Spanish audit notice on colored paper in all staff and inmate common areas six weeks prior to the onsite review date. On May 27, 2022, PCM Williams responded via e-mail confirming audit notices were posted and supplied photographs of such notices hung throughout the facility. Audit notices included a confidentiality statement indicating outgoing mail to the auditor would be treated as legal mail, and instructions to contact the auditor via mail, if desired.</p> <p>Of note, during the on-site audit phase it was observed that audit notices were printed on white paper which didn't make them stand out when posted throughout the facility. Furthermore, the audit team observed numerous audit notices throughout the facility with the previous auditor's information on them.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no correction action to take.</p> <p>Recommendation</p> <p>115.401 (n). When posting audit notices throughout the facility ensure they are on colored paper and that the correct contact information is listed.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f). The agency's website has a link dedicated to PREA related information, including policies and procedures; reporting an allegation; audit schedules; and final audit reports. A review of the agency's website confirmed that final audit reports are posted to the agency's public website.</p> <p>Corrective Action</p> <p>A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.</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	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
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.)	na
	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.)	na
	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.)	na
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).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	no
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

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

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

	suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	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 nonconforming 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.)	na
	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.)	na
	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.)	na
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.)	no
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).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	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?	no
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	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).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	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