

PREA Facility Audit Report: Final

Name of Facility: Calipatria State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: 03/31/2023

Date Final Report Submitted: 10/16/2023

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: Wallace G. Bump	Date of Signature: 10/16/ 2023

AUDITOR INFORMATION	
Auditor name:	Bump, Wallace
Email:	wallace.bump@dhs.wisconsin.gov
Start Date of On-Site Audit:	01/23/2023
End Date of On-Site Audit:	01/26/2023

FACILITY INFORMATION	
Facility name:	Calipatria State Prison
Facility physical address:	7018 Blair Road, Calipatria, California - 92233
Facility mailing address:	

Primary Contact	
Name:	iainnardo Black
Email Address:	iainnardo.black@cdcr.ca.gov
Telephone Number:	760-348-7000 x5360

Warden/Jail Administrator/Sheriff/Director	
Name:	Roberto Arias
Email Address:	Roberto.Arias@cdcr.ca.gov
Telephone Number:	(760) 348-7000

Facility PREA Compliance Manager	
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Telephone Number:	
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Telephone Number:	

Facility Health Service Administrator On-site	
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Telephone Number:	(760) 348-7000

Facility Characteristics	
Designed facility capacity:	2308
Current population of facility:	2537
Average daily population for the past 12 months:	2714
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	ADULTS 18+
Facility security levels/inmate custody levels:	LEVEL I, III, AND IV
Does the facility hold youthful inmates?	No
Number of staff currently employed at the	1353

facility who may have contact with inmates:	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	31
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	4

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:	Ronald Broomfield
Email Address:	Ronald.Broomfield@cdcr.ca.gov
Telephone Number:	916-323-4093

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

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-01-23
2. End date of the onsite portion of the audit:	2023-01-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Just Detention International advised that they had not had any contact with survivors from CSP in the previous 12 months</p> <p>Sure Helpline, who has an MOU with CSP to provide victim services and advocacy, reported that they have not received any complaints from inmates at CSP. They also reported that they have been in contact with PCM Captain Black to enhance communication and services at CSP.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	23
15. Average daily population for the past 12 months:	2714
16. Number of inmate/resident/detainee housing units:	22

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

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>2537</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>24</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>7</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>21</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	49
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:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
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:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<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>This auditor found that a culture exists amongst the inmate population that sexual abuse is handled by the inmates. The good aspect of this culture is that inmates believe there is no place for this kind of conduct. The troubling aspect is that inmates believe they should be responsible for disciplining perpetrators of sexual abuse. This discourages reporting sexual abuse and denies the victim access to services critical to recovering from sexual abuse. Inmates did report that they felt that the facility would take reports of sexual abuse and sexual harassment seriously, and follow up accordingly.</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>1353</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>4</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>31</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>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

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

56

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

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

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

The auditor obtained a current roster of inmates confined at the facility on the first day of the onsite audit. This roster was utilized to make representative and random interview selections. The auditor requested two rosters, one organized by housing unit and one of the entire facility in alphabetical order. The roster included date of birth, race/ethnicity.

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

- Yes
- No

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

The auditor over sampled random inmates due to the low number of specialized inmates at CAL during the onsite portion of the audit.

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	14
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
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:	1
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:	1
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:	3

<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>3</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>1</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>1</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>3</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 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 checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</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>The audit team interviewed and had discussions with segregation staff. None could ever recall a time where an inmate was placed in segregated housing due to a risk of 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>The auditor oversampled inmates with Disabilities or Limited English Proficient. This was due to the facility having limited or no inmates in some targeted categories on the first day of the audit. The auditor also had four inmates decline to be interviewed. All four of these inmates were from targeted groups. The auditor over sampled random inmates in fill out the remainder.</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>30</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>The auditor did not have any barriers to completing random staff interviews. There were no staff who declined to be interviewed.</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>22</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
If "Other," provide additional specialized staff roles interviewed:	Victim Services Training Director Grievance Coordinator Volunteer/Contractor Coordinator
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The facility only had four volunteers approved to enter the facility on the dates of the audit. The auditor was able to interview one of the volunteers. The auditor interviewed the volunteer/contractor coordinator and a contracted RN for the facility.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The audit team was given unfettered access to the facility. Hot lines and victim service lines were tested in all housing areas. The numbers for the lines were posted in all areas near the phones utilized by the inmates. The facility had PREA posters and posters concerning sexual abuse in commonly used areas of the facility including where third parties would have access. The audit team had housing unit staff demonstrate the cross gender announcement. During informal conversations, the audit learned found that the inmates understood the meaning of the cross gender announcement.</p>
<p>Documentation Sampling</p>	
<p>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>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

Prior to the onsite portion of the audit, the auditor requested and received lists of all employees and inmates. These lists were utilized to select staff and inmates records for review. These included:
Hiring and promotion records and materials for

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	9	0	9	0
Total	11	0	11	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	2	0	0	0	0
Total	2	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	1	0	0	0	0
Staff-on-inmate sexual harassment	6	0	0	0	0
Total	7	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	1	0	1	0
Staff-on-inmate sexual harassment	6	0	3	0
Total	7	0	4	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

9

<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>4</p>
<p>101. Did your sample of INMATE-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 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>11</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>2</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:	9
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual 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-on-site through the post-on-site phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>3</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	<p>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>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR Operations Manual (i.e. DOM), Chapter 5, Article 44 Prison Rape Elimination Act Policy (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44 54040.2 Purpose (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020) g. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process (revised 5/19/2020) h. Prison Rape Elimination Act Implementation Memo (effective 8/13/2015) i. California Code of Regulations (CCR), Title 15, Crime Prevention and Corrections, Section 3401.5 Staff Sexual Misconduct (updated 10/2016) j. CDCR Division of Adult Institutions, Female Offender Programs and Services/Special

- Housing, (PREA) Captain Duty Statement
- k. Agency Organization Work Chart (effective 1/7/2019)
- l. CDCR Statewide PCM List
- m. PCM Duty Statement Clause email (effective 8/24/2015)

2. Interviews

- a. PREA Coordinator
- b. PREA Compliance Manager
- 3. Site Review

Findings by Provision:

115.11 (a) Calipatria State Prison (CAL) responded on the PREA Audit Questionnaire (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. As evidence, CAL submitted DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477), which states, "CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and of all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole."

DOM, Chapter 5, Article 44, Prison Rape Elimination Policy also outlines implementation of the agency's zero tolerance policy to include a definition section of prohibited acts, disciplinary measures for engaging in prohibited acts and agency response to sexual abuse and sexual harassment. The DOM provides strategies for the facility to detect, respond, investigate and track sexual abuse and sexual harassment. The facility has accepted and implemented this direction from the agency by developing a response plan including responsibilities and checklists.

115.11 (b). CAL noted 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's approach includes a statewide PREA Coordinator, Captain Matthew Rustad, who oversees 34 PREA Compliance Managers (PCM). 33 of the PCMs are located within the CDCR facilities and 1 is responsible for monitoring facilities which have contracted with CDCR to house CDCR inmates. The PC reports directly to the Associate Warden of Female Offenders Program and in coordination with the 36 PCMs is responsible for PREA compliance for all state correctional facilities. CAL provided a duty statement which outlines the responsibilities of the PC. This duty statement describes the PC's primary responsibility is to provide "a safe, humane, secure environment, free from sexual misconduct in California State Prisons...(by) ensuring compliance with Public Law 108-79, the Prison Rape Elimination Act (PREA), the Sexual Abuse in Detention Elimination Act (AB 550), the federal PREA Standards and the Departmental policies and procedures." In reviewing the PC's position description and during the specialized

	<p>interview conducted with the PC, it was learned that her duties consist solely of bringing the agency and its facilities into compliance with the PREA standards and then maintaining that compliance.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.11 (c). CAL noted on 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. CAL has designated Captain Lainnardo Black. PCM duties are outlined in the agency PCM duty statement. Captain Black reported during his specialized interview that he has sufficient time and authority to complete his duties as PCM. He stated that he has been given the support he needs to include the Lieutenant of the Investigative Services Unit, managers internally, who assist in conducting internal audits, staff training and inmate education. Captain Black reports directly to the associate warden at CAL, and reports that he has regular contact with the agency PC through conference calls. In specialized interviews, the warden and associate warden both stated that they meet with the PCM on a regular basis. The agency PC also confirmed that he has regular contact with all the PCMs individually and collectively.</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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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. (12) CDCR Contract Standard Agreement examples c. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M (date unknown) d. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown) 2. Interviews <ol style="list-style-type: none"> a. Agency Contract Administrator

	<p>b. PREA Coordinator</p> <p>3. Site Review</p> <p>Findings by provision:</p> <p>115.12 (a) The facility noted in their response to the PAQ that the agency, since the last audit, has entered into 12 contracts for the confinement of inmates and that all of these contracts require the contractor to comply with all PREA Standards. The auditor reviewed the 12 contracts and found that this expectation is reflected in CDCR’s contractual Exhibit D Special Terms and Conditions which specify that the contractor and its staff are “required to adopt and comply with the PREA standards, 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>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>115.12 (b) The facility noted in their response to the PAQ that all contracts require the agency to monitor the contractor’s compliance with PREA standards. The auditor found that all submitted contracts for confinement require CDCR to monitor the contracted facility for compliance with the federal standards. CDCR submitted the monitoring plan along with the schedule for all DOJ PREA audits of contracted facilities. Review of this plan is sufficient to show that a monitoring mechanism and documentation is in place.</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 agency is in substantial compliance with this standard and no corrective action is warranted.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 1, Article 26, 14090.3 General Information (revised 6/19/2008) c. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee

(revised 5/19/2020)

d. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (revised 5/19/2020)

e. CDCR DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (revised 5/19/2020)

f. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Security Rounds (revised 5/19/2020)

g. Standardized Staffing for Operations

h. Staffing Plan Analysis

i. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet; completed and blank (dated 3/23/2021)

j. Codes for Staff Vacancies (effective 7/28/2014)

k. CDCR In-Service Training, Prison Rape Elimination Act (PREA) Participant Workbook, Version 2.0, BET Code: 11054378

l. The Future of California Corrections

Findings by provision:

115.13 (a) The facility noted on 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.

DOM, Chapter 5, Article 44, 54040.18 Institutional Staffing Plan (p. 488), outlines the expectations as well as the 11 requirements found in this provision when completing and reviewing the facility staffing plan.

The facility submitted the current approved staffing plan standardized for FY22-FY23. The facility is currently designed to accommodate 2308 inmates and the staffing plan is predicated on this design. On the first day of the onsite audit, CAL housed 2537 inmates. The facility noted on the PAQ that the daily population since the last audit was 2714. CAL's current staffing plan includes 1353 custody and administrative staff. The submitted staffing plan shows that all 11 requirements of this provision have been considered in its completion. The facility also submitted the staffing plan review conducted on January 31, 2022.

In specialized interviews with the warden and PCM, staffing need calculations were explained and the auditor was informed that these calculations are made in CDCR main headquarters, Sacramento. The Warden stated that he may request additional staff by outlining the need and submitting to headquarters. The warden outlined the process by which staffing levels are determined which is also found in "The Future of California". According to the auditor's interview with the Warden and PCM, CDCR has

adopted a “standardized staffing” model wherein staffing levels and patterns are determined using a matrix which weighs facility and housing unit design, specialized programming, and population needs. Since staffing needs are calculated by headquarters, this allows for little facility-level latitude in adjusting outside of a formal request process. The Future of California Corrections states, “standardized staffing replaces the outdated ratio-driven staffing model” and allows facilities to “safely operate” with a population density ranging from 100 to 160 percent. The Warden and PCM affirmed the 11 required elements of this provision are considered on an annual basis when reviewing the staffing plan.

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

The audit team was informed that the facility is undergoing a camera installation project of approximately 600 cameras to enhance the supervision of areas within the facility. The auditor had discussions with the PCM as to placement and view of the cameras. This project will have a major impact on the facility's ability to prevent, detect and respond to sexual abuse and sexual harassment. The audit team made suggestion of placing 3 mirrors, in separate areas, until the cameras are functional, and the facility had them installed prior to the audit team completing the onsite portion of the audit.

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

115.13 (b) The facility noted on the PAQ that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The facility also submitted shift reports which are utilized to document deviations from the staffing plan. In conversation with the PCM, concerning the staffing plan, the PCM explained what positions and areas of the facility are closed when a staffing shortage occurs. This is laid out in a detailed plan utilized by all watch commanders to maintain uniformity.

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

115.13 (c) The facility noted in their response to the PAQ that at least once every year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan. DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan directs the PCM and Program Support Unit, in consultation with the PREA Coordinator, to “assess, determine, and document” whether adjustments are needed to the aforementioned variables.

	<p>Interviews with the PREA Coordinator and PCM, along with the submitted review documentation, confirmed this annual review process. The Warden explained to the auditor the process for requesting additional staff during the review period or at any time thereafter. The auditor reviewed CAL's staffing plan and found that all expectations of this provision in creating a staffing plan are included.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.13 (d) The facility noted in their response to the PAQ that the facility requires intermediate- or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Security Rounds, requires that a custody supervisor conduct weekly unscheduled security rounds and document the date, time, and location of such checks using a red pen in the housing unit logbook. Moreover, "staff is prohibited from alerting other staff members that these security rounds are occurring, unless such announcement is related to the legitimate operations functions of the facility.</p> <p>While onsite, the auditor reviewed the housing unit logbooks and other major areas of the facility where supervisors and staff are required to sign in. The auditor found that intermediate and higher-level staff are making rounds and based on the dates and times appeared random with no specific pattern. Intermediate and higher-level staff document these rounds utilizing a red pen making them easy to identify upon review of the logbook. Interviews with random staff, and informal conversations during the site review, confirmed that unannounced rounds are conducted. All staff stated that they are prohibited from notifying other staff of supervisory rounds. Interviews with intermediate and higher-level staff also verified that unannounced rounds are completed and on a more frequent basis than required by policy.</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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents

	<p>a. Pre-Audit Questionnaire</p> <p>2. Interviews</p> <p>a. PCM</p> <p>Findings (By Provision).</p> <p>115.14 (a-c). CAL noted 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 CAL. Accordingly, there were no security, education, or program staff to interview regarding their interaction with this population or 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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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates c. CDCR DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates d. CDCR DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates e. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Searches f. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Preventative Measures g. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training h. CDCR DOM, Chapter 5, Article 44, 54040.5 Searches i. Changes in the Use of the ADANI COMPASS Low Dose Scanner memo

- j. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378
 - k. CDCR In-Service Training, Transgender Inmates Participant Workbook, Version 1.0, BET Code: 11058564
 - l. CDCR In-Service Training, Transgender Inmates, Version 1.0, BET Code: 11058564 (approved 6/2018)
 - m. CDCR In-Service Training, Instructor Text, Transgender Inmates, Version 1.0, BET Code: 11058564
 - n. CDCR In-Service Training, Instructor Text, Working Successfully with Transgender, Intersex, and Non-Binary Inmates, Version 2.0, BET Code: 11060835
 - o. Searches and Inmate Property, Instructor Guide
 - p. CDCR On-the-Job Training (OJT) Module, Inmate Body Search, Version 1.0, BET Code: 11059429
 - q. Unclothed body search in progress – Posted signs memo
 - r. Update to Body-Worn Camera Deactivation Events memo
 - s. Overview of Senate Bill 132 -Training memo
 - t. CDCR On-the-Job Training (OJT) Module, Overview of Senate Bill 132, BET Code: 11062278
 - u. CDCR On-the-Job Training (OJT) Module, Expectations for Working with Transgender, Intersex, Gender Non-Conforming, and the Non-Binary Inmate Population, BET Code: 11060256
 - v. Policies and Procedures Related to Working with Transgender and Gender Non-Conforming Inmates memo
 - w. Course enrollment reports (positive and negative) (various dates)
 - x. Transgender Access card
2. Interviews
- a. Random Staff
 - b. Random Inmates
- Findings (By Provision).
- 115.15 (a). The facility noted in their response to the PAQ that the facility does conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In

conversation with the PCM, the auditor found that the response was in error. CAL responded that zero cross-gender strip searches or cross-gender body cavity searches have been conducted in the previous 12 months. CAL submitted agency policy DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (p. 388) which mandates that staff of the opposite biological sex shall not conduct unclothed body inspections or searches of inmates except in an emergency or when performed by a qualified medical professional. The policy also outlines the procedure If an unclothed cross-gender search is required during or in response to an emergency.

The individual completing the search must document the search utilizing the Notice of Unusual Occurrence (NOU) form. This form is forwarded and reviewed by a supervisor and routed to the PCM for record retention. All staff who were interviewed utilizing the random staff protocol confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed except under exigent circumstances. None of the interviewed inmates reported they have been subject to an unclothed body search by a non-medical female staff.

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

115.15 (b). The facility noted in their response to the PAQ that the facility does not house female inmates. Through review of the agency website, interviews with random staff and random inmates and a thorough site review, the audit team has determined that there are no female inmates housed at CAL.

The auditor found in review of agency policy DOM, Chapter 5, Article 19, 52050.16.4 Clothed Body Searches of Female Inmates (p. 388) 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 defined as “the threat of death, escape, or great bodily injury to staff, inmates, or visitors”.

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

115.15 (c). The facility noted in their response to the PAQ that the facility requires all cross-gender strip searches and cross-gender visual body cavity searches be documented. The facility reported that no cross-gender strip searches or cross-gender visual body cavity searches by female staff have been conducted in the previous 12 months. The process for conducting an emergency cross-gender search is outlined in DOM, Chapter 5, Article 19, 52050.16.5 Unclothed Body Search of Inmates (p. 388). This policy states that 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. During the site review, the auditor confirmed that there were no NOU's submitted in the previous 12 months documenting cross-gender strip searches or cross-gender visual body cavity searches. The auditor also confirmed through random interviews with inmates and staff that no cross-gender strip searches or cross-gender visual body cavity searches had occurred in the previous 12 months.

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

115.15 (d). The facility noted 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. Agency policy requires that inmates are afforded this dignity except in exigent circumstances. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Preventative Measures (p. 479) states, "“Except in circumstances where there would be an impact to safety and security, modesty screens shall be placed strategically in areas that prevent incidental viewing.” This policy further requires cross gender announcements, "Staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes.”

During the site review, the audit team reviewed all areas of the facility where inmates would be able to shower, perform bodily functions, and change clothing. The audit team viewed these areas from different vantage points to inspect whether staff had the ability to view genitalia. Housing unit showers, which are found on both the bottom and top tier, are equipped with privacy screens. The cell fronts are constructed in a honeycomb fashion and does not allow for privacy while utilizing the toilet located in the front of the cell. The facility submitted a memo which states that inmates are allowed to cover a portion of the cell front with linens to provide privacy while toileting. In interviews with random inmates, the audit team received mixed reviews of the practice of inmates covering the cell front for privacy. Several inmates reported that they had been written up because they had covered their cell front for privacy in toileting while most inmates reported that this practice gave them adequate privacy. The audit team confirmed that the facility does not supply a covering and inmates must use what is available to them. See Recommendation.

The facility, to provide privacy while toileting in recreational, vocational and educational areas of the facility, utilizes a dark heavy-duty material for privacy screens. Although these screens were accomplishing the goal of providing privacy, the audit team noted that some of the screens had faded and were torn. None of the screens had faded to the point of being able to see through them and none of the holes provided visual access to the individual using the toilet, but it is a possibility in the near future. See Recommendation.

The audit team found that the facility utilizes a paint on product on some doors and windows which prohibits seeing the genital area of inmates. In some areas, the audit team observed that some of the paint on covering had peeled or deteriorated. The facility was notified of this observation. The facility's maintenance department applied product to the areas noted while the audit team was still onsite. The audit team's inspection found that all areas noted had product reapplied and sufficiently prevented the viewing of inmate genitalia. The audit team also found that the use of privacy screens in medical, dental, education, programming and vocational areas

sufficiently concealed breasts, buttocks, or genitalia of inmates utilizing toilets in these areas. During interviews with random inmates, no inmates reported being naked in full view of female staff.

While onsite the audit team witnessed that the cross-gender notification is routinely made. The facility requires identification of everyone entering the housing unit. Following the identification process, the officer makes the announcement if any females are entering, and no females are currently present on the unit. During interviews with random inmates, the audit team was informed that cross-gender notifications are made but consistency of the practice may be lacking. Random staff interviews establish that this practice is followed even though random incidents may occur where the notification was not made.

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

115.15 (e). The facility noted 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. The facility submitted DOM, Chapter 5, Article 19, 52050.16.7 Unclothed and Clothed Body Searches of Transgender or Intersex Inmates (p. 387). This policy prohibits the search or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined by conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The facility reported no such searches or examinations had occurred in the previous 12 months. Random Interviews confirmed that staff are aware of the agency policy prohibiting these types of searches. CDCR has implemented a policy which allows transgender inmates the opportunity to select the gender of the staff person who conducts a search. The preference is designated on a transgender access card, which the inmate would carry on their person.

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

115.15 (f). The audit team learned that 100 percent of all security staff received training conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. DOM, Chapter 5, Article 44, 5404.4 Education and Prevention, Staff Training (p. 479) requires that staff be trained on the tenets of this provision. The auditor learned that all security staff receive training during the academy as well as annual in-service trainings, on proper pat search procedures. The facility provided lesson plans and curriculum from the training academy as well as for in service training. A review of these materials found that proper procedures for conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner is thoroughly covered and consistent with national standards for conducting inmate searches, including cross-gender searches.

	<p>The audit team reviewed the training records for 2022 and found that all security staff except for those on an extended leave had completed the training. Of particular note, is the agency policy that staff are to search inmates who identify as transgender in the manner consistent with the primary gender of the facility they are housed in. Since CDCR decides housing on a case-by-case basis, with the best interest of the transgender inmate the target, a transgender female may be housed in either a predominately male facility or female facility. In the female facility the transgender female inmate would only be searched by female staff in a manner consistent with clothed female searches. In the male facility both male and female staff would be allowed to conduct a search. Her clothed lower body will be searched in a manner consistent with male searches while her upper body will be searched utilizing the back of the hand.</p> <p>CDCR also utilizes a process by which a transgender inmate is allowed to choose which gender of staff they wish to be searched by. This decision is documented on a card that the inmate carries on their person. All random security staff interviewed indicated that they had received training conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. These staff reported that the initial training was received while in the training academy and subsequently during in service annual training.</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> <p>Recommendation.</p> <p>115.15 (d). Consider providing each cell with the item approved by the facility to cover the area of the cell needed to allow for privacy while toileting.</p> <p>115.15 (d). Consider additional training and communication to staff on the inmate's ability to cover the area of the cell needed for privacy in toileting.</p> <p>115.15 (d). Consider replacing privacy screens that have faded or are torn.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. Pre-Audit Questionnaire
- b. CDCR Inmates with disabilities and inmates who are limited English proficient memo (dated 10/6/2017)
- c. CDCR I Speak...Language Identification Guide poster
- d. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020)
- e. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation (revised 5/19/2020)
- f. CDCR Disability Code Definitions
- g. CDCR Notification of Interpretation and Translation Services memo (dated 6/15/2009)

2. Interviews

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

3. Site Review

- a. PREA Information posted throughout facility
- b. Interpreter lines tested

Findings (By Provision).

115.16 (a). The facility noted in their response to the PAQ that they agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. DOM, Chapter 5, Article 44 Education and Prevention, Offender Education (p. 479) states that "appropriate provisions shall be made to ensure effective communication for offenders. This policy is inclusive of inmates with low literacy levels, and those with disabilities and allows institutions to consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases." A memo issued on 10/6/2017 notified the facilities that CDCR provides reasonable modification or accommodation to inmates with physical or communicational disabilities pursuant to the Americans with Disabilities Act and outlines the process for inmates with low scores on the basic education testing to ensure effective communication.

CDCR maintains a contract with Interpreters Unlimited for communication, including American Sign Language, assistance. Interpreter services are available 24 hours a day, seven days a week. While onsite the audit team noted postings of, I Speak...Language Identification Guide. These postings were found throughout the facility to include the intake and screening area. The audit team observed the processing of new inmates arriving at the facility. Informal interviews were conducted with staff in the intake area. The staff reported that they attempt to identify any communication barriers that may be present with new inmates to ensure that the PREA education being presented is understood.

While onsite the audit team was given a list of inmates who identified as Limited

English Proficient or disabled. The audit team selected 4 inmates from different areas of the institution, with differing ages, and differing lengths of stay at the facility. All of the inmates who identified with communicative limitations or disabilities indicated that they are provided with access to facility services and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment. The audit team learned that inmates with certain disabilities may be issued a bright green vest which identifies the disability. This is especially true for inmates identified as deaf. This is done to alert staff and other inmates who may be attempting to communicate with the inmate.

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

115.16 (b). The facility noted in their response to the PAQ that the agency has established procedures to provide those with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. DOM, Chapter 5, Article 44 Education and Prevention, Offender Education (p. 479) states that "appropriate provisions shall be made to ensure effective communication for offenders not fluent in English...Institutions may consider the use of offender peer educators to enhance the offender population's knowledge and understanding of PREA and sexually transmitted diseases." A memo titled Notification of Interpretation and Translation Services issued on 6/15/2009 reminds all staff of the agency's commitment to "take reasonable steps to facilitate effective communication with LEP inmates." The memo further directs facilities to designate a local LEP coordinator and implement language-based solutions including contracted translation services, identifying "competent" bilingual local and neighboring staff to interpret/translate, and accessing/collecting translated forms. CDCR maintains a contract with Interpreters Unlimited for foreign language assistance. Interpreter services are available 24 hours a day, seven days a week.

The facility also maintains approved multilingual staff who are certified to provide translation services. The facility has posted throughout the facility the I Speak...Language Identification Guide, to assist staff in identifying the language needs of inmates. As noted above, the intake staff identify language barriers when inmates enter the facility. This was observed during the onsite portion of the audit.

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

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

115.16 (c). The facility noted 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. The facility indicated that inmate interpreters have not been utilized in the previous 12 months. DOM, Chapter 5, Article 44, 54040.12 Investigation (p.483) prohibits the use of inmates as interpreters or to provide assistance during investigations.

Four inmates with limited English proficiency were interviewed. All of these inmates indicated that that they had no difficulty reading or understanding the PREA information (e.g., handouts, video, and posters) made available at the facility and were aware of their rights pursuant to the Prison Rape Elimination Act. They all explained the process to access interpretation services and were able to clearly articulate how they could report sexual abuse or sexual harassment. The PCM verified that there have not been any instances in the past 12 months where inmate interpreters, readers, or other types of inmate assistants have been used. Informal interviews with staff demonstrated that staff understood how to utilize the interpretive services provided by the facility. During interviews with random staff, it was demonstrated that staff understand the agency policy regarding inmate interpreters, and none could recall an instance where inmate interpreters were utilized.

During the site review 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.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: 1. Documents a. Pre-Audit Questionnaire

- b. CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving Status (updated 1/2009)
- c. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown)
- d. CCR, Title 15, Section 33030.16 Employee Disciplinary Matrix Penalty Levels (date unknown)
- e. CCR, Title 15, Section 33030.19 Employee Disciplinary Matrix (date unknown)
- f. CDCR DOM, Chapter 3, Article 6, 31060.3 Power of Appointment (revised 7/1/2015)
- g. CDCR DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (revised 6/28/2017)
- h. CDCR DOM, Chapter 3, Article 7 Personal Identification Cards (revised 4/18/2020)
- i. CDCR DOM, Chapter 10, Article 9, 101090.6.2 Volunteer Application Packet and Files (7/23/2018)
- j. CDCR 2025 Employment Reference Questionnaire (dated 7/1988)
- k. CDCR 2164 Live Scan Response completed and blank (revised 7/2019)
- l. CDCR 1951 Supplemental Application for All CDCR Employees; completed and blank (revised 7/2018)
- m. CDCR 1902 Personal History Statement; completed (revised 1/2019)
- n. CA Department of Human Resources, STD 678 Examination/Employment Application (revised 12/2017)
- o. Personnel Information Bulletin; Revision to the Supplemental Application for All CDCR Employees, CDCR Form 1951 (dated 9/16/2016)
- p. Request for Assistance with State Licensing Board Investigations Related to Mandatory SB-425 Reports of Patient Sexual Allegations memo (dated 11/9/2020)
- q. Mandatory Reporting of Patient Sexual Abuse or Misconduct (dated 1/3/2020)
- r. Completion of Background Checks Under the Prison Rape Elimination Policy memo (dated 7/14/2017)
- s. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)
- t. Hiring and promotion decisions memo (dated 10/6/2017)
- u. Duty to Report - Prison Rape Elimination Act memo (dated 5/15/2020)
- v. Personnel Identification Card Issuance (dated 2/26/2016)

2. Interviews

- a. Administrative (Human Resources) Staff (i.e. Institution Personnel Officer)
- b. Community Resources Manager
- c. Random Staff

Findings (By Provision).

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

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

institution;

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

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

DOM, Chapter 3, Article 6, 31060.3 Power of Appointment (p. 160) also requires that the hiring authority "Consider substantiated incidents of sexual harassment in all hiring decisions." CDCR 1951 Supplemental Application, which is required to be completed by all applicants for employments within CDCR, is a self-disclosure form for new applicants to disclose any violation of a-c. above. This form also asks applicants, "Have you ever received any disciplinary action as a result of allegations of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, or other institution?" Directions on this form require the hiring authority to contact the agency PREA Coordinator for any affirmative responses on this form. NOTE: Personnel Information Bulletin, circulated by CDCR in September of 2016 outlined the process and use of the CDCR 1951.

In a specialized interview with human resources staff, it was confirmed that the process is the same for new applicants and current employees seeking promotional opportunities. While onsite the audit team reviewed the personnel records of 40 employees as well as copies of the 23

random staff that had already been interviewed by the audit team. The records included permanent, probationary and contracted employees and confirmed this practice. CDCR does not incorporate interviews or employee self-evaluations in the annual performance review conducted with current

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

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

115.17 (c). The facility noted in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The facility reported one hundred percent of individuals (54) hired in the past 12 months who may have contact with inmates had a criminal background record check completed. DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (pp. 171-172) outlines the agency's criminal background check requirement. CDCR digitally fingerprints all likely hires prior to employment utilizing Live Scan; Criminal Identification & Information State Summary Criminal History, for obtaining criminal information from the FBI and DOJ. CDCR also requires applicants to complete a CDCR

1951 Supplemental Application which affords the applicant the opportunity to self-disclose any previous engagement in sexual abuse or sexual harassment in a confinement setting or the community. Every CDCR employee is issued a personal identification card which must be presented when entering any facility. Per agency policy, DOM, Chapter 3, Article 7 Personal Identification Cards (pp. 172-173) The personal employee identification is not issued until the criminal background check has been completed.

CDCR reference check process requires CDC 2025 Employment Reference Questionnaire is circulated to former employers so as to ascertain whether the applicant has a prior history of substantiated sexual abuse or resignation related to such allegation while employed. this process includes former employment in confinement settings as required per memo dated 7/14/2017, titled Completion of Background Checks Under the Prison Rape Elimination Policy. This memo instructs CDCR Office of Peace Officer Selection, Background Investigative Unit investigators to attempt to contact all previous institutional (defined as a federal or state prison, county jail, police lockup, community confinement facility, juvenile facility, or other correctional institutions) employers using the updated CDC 2025.

The auditor reviewed 40 randomly selected personnel records. The records included employees hired in the previous 12 months, promotion within the previous 12 months and long-term employees. the auditor found that the facility is in compliance with the hiring process set forth by the agency including the previous employer inquiry process and criminal background checks. During a specialized interview, HR staff confirmed that reference checks are conducted whenever an applicant, contractor or volunteer report previous employment in a confinement setting.

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

115.17 (d). The facility noted 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. The facility submitted agency policy Contractor Special Terms and Conditions, section Security Clearance/Fingerprinting (p. 1). As stated in this policy, "CDCR reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information, prior to award and at any time during the term of the Agreement." Contractors are directed not to assign any contracted employee who many have contact with inmates to a CDCR facility if any of the provisions as outlined in 115.17(a, b) are applicable.

Special Terms and Conditions provides instructions for contractors concerning their employees and criminal background checks. Contractors are required to conduct a criminal background check for each contract employee who will have contact with inmates and provide a written certification of the check. As a condition of the background check, contractors must verify that the employee has not engaged in sexual abuse in a confinement facility or been convicted of engaging or attempting to engage in nonconsensual sexual activity in the community.

The facility reported 51 contractors for services where criminal background record checks were conducted. CDCR requires that all prospective contractors be fingerprinted (Live Scanned) and run through the California Law Enforcement Telecommunications System (CLETS). This clearance process provides a criminal background check nationally and locally. The auditor met with the contracting director and reviewed 10 randomly selected contractor files, it was verified that this process is being completed.

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

115.17 (e). The facility noted 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. Agency policy DOM, Chapter 3, Article 6, 31060.16 Criminal Records Check (pp. 171-172) and CDCR memorandum regarding standard 115.17(e) dated 10/6/2017 requires that each prospective employee submit to fingerprinting (i.e. Live Scan) and review of the CI&I SSCH. CDCR utilizes Live Scan which captures the information which would be found if a criminal background check were conducted at least every 5 years. The PCM and HR staff confirmed the use of Live Scan for all employees prior to beginning employment. The

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

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

115.17 (g). The facility noted 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. All CDCR applicants must complete CDCR 1951 Supplemental Application for All CDCR Employees which requires all applicants must list their criminal history of conduct. CDCR 1951 includes this warning, "Failure to disclose your arrests will be grounds for denial of your application and/or termination of your employment." and also includes, "By signing the supplemental application, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be rejected, on probation, and/or disciplined, up to and including dismissal from State service." HR staff confirmed that all background checks completed by the Office of Peace Officer Selection, Background Investigative Unit are reviewed for misrepresentation or falsification, omission or concealment of material fact and are grounds for non-employment or termination.

CDCR also maintains a continuous reporting provision for all employees. CCR, Title 15, Section 3411 Reporting of Arrest or Conviction, Change in Weapons or Driving

	<p>Status states that if an employee is arrested or convicted of any violations of law, the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. In addition, A memo issued by the Division of Adult Institutions Director on 5/15/2020 further detailed that all staff have a continuing affirmative duty to promptly notify the institution head if any of the conditions of this standard apply.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.17 (h). An interview with the facility’s HR staff confirmed that the facility occasionally receives inquiries from other confinement facilities related to a current or former employee’s history of substantiated sexual abuse or sexual harassment of inmates while employed. Such inquiries are directed to the Employee Relations Officer for review and response in accordance with agency policy.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <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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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Design Change Request Form example (dated 5/3/2017) c. CDCR Design and Construction Policy Guidelines Manual (dated 1/2014; prefaced by Notice of Change Supplement dated 8/14/2017) d. Video monitoring technology project manual specifications 2. Interviews <ol style="list-style-type: none"> a. Warden b. PCM 3. Site Review <p>Findings (By Provision).</p> <p>115.18 (a-b). The facility noted in their response to the PAQ that the facility has not acquired a new facility or made a substantial expansion or modification to existing</p>

facilities. The auditing team did learn that a significant upgrade to the video monitoring system, electronic surveillance system, or other monitoring technology is scheduled for the summer of 2023. This upgrade will include the installation of 600 cameras in and around the facility. In conversations with the Warden and PCM, the auditor learned how sexual safety and security was taken into account in selecting placement sites for the new cameras.

The auditor also reviewed CDCR Construction Policy Guidelines Manual which states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse." The agency head designee indicated that the agency works consistently to consider safety and privacy needs of inmates, while ensuring direct lines of sight and using tools, like mirrors, windows, and cameras, to assist with supervision. They also indicated that it's an ongoing priority of the agency to request and obtain additional resources from the state legislature to fund camera projects especially in areas of passage and congregation.

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.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. 115.21(a)-1 DOM 54040.12 PREA Investigation.pdf b. 115.21(a)-4 INITIAL PREA CHECK-OFF (STAFF-ALL) c. 115.21(a)-4 DOM PREA evidence.pdf d. 115.21(a)-4 DOM 54040.8.1 PREA evidence.pdf e. 115.21(a)-4 DOM 54040.8 Initial Contact.pdf f. 115.21(a)-4 Initial Contact Guide (rev4.8.19).pdf g. 115.21(a)-4 Custody Supervisor Checklist (rev4.8.19).pdf h. 115.21(a)-4 INITIAL PREA CHECK-OFF (SUPERVISORS) i. 115.21(a)-4 Justification Memo.pdf j. 115.21(a)-4 INITIAL PREA CHECK-OFF(STAFF-ALL) 4 pane.pdf k. 115.21(a)-4 SEXUAL ASSAULT KIT PROCESSING.pdf l. 115.21(a)-4 Transportation Guide (rev4.8.19).pdf

- m. 115.21(a)-4 Watch Commanders Checklist (rev4.8.19).pdf
- n. 115.21(b)-2 LDI Evidence Training based on A National Protocol for Sexual Assault.pdf
- o. 115.21(b)-2 National protocol for sexual assault.pdf
- p. 115.21(b)-2 Specialized Training for Locally Designated Investigators - Lesson Plan and PowerPoint.pdf
- q. 115.21(b)-2 LDI Evidence Training based on National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.pdf
- r. 115.21(c)-1 54040.9 PREA DOM - Forensic Medical Exam offered.pdf
- s. 115.21(c)-5 Watch Commanders Checklist 2016 DOM 54040.8.pdf
- t. 115.21(c)-5 SAFE Executed STD 215 CCI.pdf
- u. 115.21(c)-5 SAFE Executed Agreement C5608488 CCI.pdf
- v. 115.21(c)-3 CCHCS Chapter 10, 1.10 Co-Payment Policy.pdf
- w. 115.21(c)-3-5 DOM 54040.8.2 Victim Adv-Support Person & SANE SART Examination.pdf

- x. 115.21(d)-1 Statewide Rape Crisis Center 24 HoXur Sexual Abuse Hotline Numbers 7.16.19.docx
- x. 115.21(d)-1 Statewide Rape Crisis Center 24 Hour Sexual Abuse Hotline Numbers.xlsx
- y. 115.21(d)-1 Statewide Rape Crisis Center 24 Hour Sexual Abuse Hotline Numbers.pdf
- z. 115.21(d)-1-2 (e)-1 54040.8.1 PREA DOM - Watch Commanders Checklist - Victims Advocate.pdf
- aa. 115.21(d)-1 CAL SHCC Victim services_poster_042318_English.pdf
- bb. 115.21(d)-1 CAL SHCC Victim services_poster_042318_Spanish.pdf
- cc. 115.21(d)-1 CAC SHCC Victim services_poster_042318_Hmong.pdf
- dd. 115.21(d)-1-2 (e)-1 54040.8.1 PREA DOM - Watch Commanders Checklist - Victims Advocate.pdf
- ee. 115.21(d)-2 MOU Executed Agreement CAL w/ SHCC.pdf
- ff. 115.21(d)-3 DOM 54040.3 Facility provides a qualified staff member.pdf.
- gg. 115.21(d)-1-2 (e)-1 54040.8.1 PREA DOM - Watch Commanders Checklist - Victims Advocate.pdf
- hh. 115.21(e) - DOM 54040.3 - Definition Victim Advocate.pdf
- ii. 115.21(e)-1 PREA - Working with Rape Crisis Centers Toolkit.pdf

2. Interviews

- a. Random Sample of Staff
- b. Safe/Sane
- c. PREA Compliance Manager
- d. Inmates who reported abuse

3. Site Review

- a. Evidence Collection Kit

Findings (By Provision).

115.21 (a). The facility noted in their response to the PAQ that the agency/facility is

responsible for conducting administrative and criminal sexual abuse investigations. When conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol. The state of California has designated CDCR correctional staff as peace officer status. The facility employs correctional staff that have been trained to conduct both administrative and criminal investigations. All custody staff are trained in crime scene preservation which is outlined in DOM 54040.8.1, Chapter 5, pg. 473.

The facility employs an Investigative Services Unit which is supervised by a Lieutenant. ISU in coordination with the PCM investigate the majority of inmate-on-inmate PREA related incidents that may be criminal in nature. AIMS/AIU investigate all staff on inmate allegations. While onsite, the audit team toured ISU, reviewed 19 investigations and conducted informal interviews with members of the team. ISU is made up of Locally Designated Investigators (LDI) who along with other designated facility staff are trained to conduct both administrative and criminal investigations of sexual abuse and sexual harassment.

ISU and other designated facility investigators follow a uniform evidence protocol. The agency's evidence protocol is found in the DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities, Crime Scene Preservation, Evidence (pp. 481-482). This section of the DOM outlines evidence collection and preservation procedures and checklists for supervisors and watch commanders to enhance their response. The DOM also describes evidence preservation and collection expectations for first responders, transportation and medical and mental health staff following an incident of sexual abuse.

During the onsite audit phase, the audit team interviewed 23 random security staff. Each of the security staff stated that they understood and had been trained in the agency's policy for obtaining usable physical evidence. Also, each were able to identify ISU as being responsible for conducting administrative and criminal investigations of sexual abuse and sexual harassment at the facility.

During the site review, the audit team reviewed evidence collection kits found in HSU. The kits contain step by step instructions to collect and preserve physical evidence. The kit further provides direction for managing the victim and suspect and the steps required to maintain a proper chain of custody. These kits accompany the victim when transported for a sexual assault examination. DNA samples and other evidence is forwarded to the state crime lab for processing.

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

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

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

115.21 (c). The facility noted in their response to the PAQ that the facility offers all inmates who experience sexual abuse access to forensic medical examinations. The facility does not employ SANEs and does not provide such examinations onsite. The facility has entered a contract with Pioneers Memorial Healthcare District (PMHD) to provide Sexual Assault Forensic Examination Services. The contract is for three years which expires in June 2023. The contract provides that PMHD will provide 24/7 services for all examinations.

DOM, Chapter 5, Article 44, 54040.9 Forensic Medical Examination (pp. 482-483) outlines the process for providing for forensic examinations. Policy includes that a contracted Sexual Abuse Response Team will conduct the forensic examination, provide an explanation of the exam process and the consent forms. Policy also states that an interview of the victim will be conducted, prophylactic measures against STDs be given and pregnancy options discussed at the time of the exam. The facility noted on the PAQ there have been no sexual assault forensic examinations required in the previous 12 months. The facility noted that all efforts to provide a SANE are documented, and should a SANE not be available, a qualified medical practitioner would complete the examination.

In addition, per policy, The facility offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. CCHCS, Volume 1, Chapter 10, 1.10 Copayment Program Policy (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.” Treatment related to sexual abuse or sexual assault is listed as a condition wherein a copayment shall not be charged.

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

115.21 (d). The facility noted 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. The facility also noted that these efforts are documented as provided in the MOU between the facility and Sure Helpline Crisis Center (SHCC). The facility also states that when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

In review of the contract with PMHD it was learned that a victim advocate will be made available 24/7 through SHCC to support the victim during the examination and investigative process. The victim advocate will also provide emotional support, crisis intervention, information, and referrals.

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

	<p>115.21 (e). DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 481) indicates that the watch commander or designee is responsible for immediately notifying the local Rape Crisis Center (SHCC) in the event of a SANE examination. Thereafter, per policy, the facility shall make available an advocate during investigatory interviews and for emotional support services.</p> <p>The audit team noted that posters containing information of how to contact SHCC were posted throughout the facility. The posters included the phone number and address for inmates to secure support services. While onsite, the inmate handbook was also reviewed which also contained this information.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.21 (f). As stated, CDCR/CCI officials (i.e. Investigative Services Unit or Office of Internal Affairs) are responsible for administrative and criminal investigations. As such, this provision is not applicable.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.21 (g). Auditor is not required to audit this provision of the standard.</p> <p>115.21 (h) DOM, Chapter 5, Article 44, 54040.3 Definitions states that a “victim advocate” includes a designated employee in the absence of an outside rape crisis center representative. Employees acting in this capacity shall be either certified by a rape crisis center as trained in counseling; a mental health or nursing clinician; and/or received advanced training as defined by California Evidence Code 1035.2. In practice, the service provider (SHCC) is staffed to respond to the hospital 24 hours a day and seven days a week; there is not practical need for the facility to make a qualified agency staff member available.</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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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. 115.22(a)-1 CCI-2021-YTR.xlsx
- b. 115.22(a)-1 DOM 54040.12 - Investigation for Allegations.pdf
- c. 115.22(b)1 Justification Memo-Policies to ensure referrals of allegations for investigations.pdf
- d. 115.22(b)-1-3 DOM 31140 and 54040.12 - Investigations.pdf
- e. 115.22(b)-2 CDCR PREA-Annual-Report-2020.pdf
- f. 115.22(b)-1-3 DOM 31140 and 54040.12 - Investigations.pdf

2. Interviews

- a. Warden
- b. Investigative Staff

3. Site Review

- a. Investigative Services Unit

Findings (By Provision).

115.22 (a, b). The facility noted in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.12 Investigation states "all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and the findings documented in writing" (p. 483). This agency policy outlines the investigative process of staff on offender and offender on offender allegations. The hiring authority is responsible for assigning investigations to a locally designated investigator (LDI) for offender-on-offender allegations. Allegations of staff sexual abuse or sexual harassment are referred to The Allegation Investigation Unit (AIU) within the Office of Internal Affairs (OIA). The process outlined in "*The Institution, DAPO, CST, and AIU Responsibilities All Staff-on-Offender Prison Rape Elimination Act (PREA) Allegations*", which went into effect on 1/1/2023, states that AIU will return their findings within 30 calendar days to the Hiring Authority.

The audit team reviewed all 19 allegations of SA and SH received in the prior 12 months. The audit team found that 9 investigations are ongoing. ISU reported that the majority of those investigations were allegations against staff and had been referred to AIU. Review of the 9 ongoing investigations found that 8 of the investigations were referred to AIU more than 30 days prior to the onsite audit. ISU reported that they did not know the status of these 8 investigations. One of the investigations was referred in May of 2022 and another in June of 2022. See Recommendations.

Effective 1/1/2023, CDCR amended the workflow of staff sexual misconduct investigations assigned to Office of Internal Affairs (OIA). As part of the process, OIA (the investigative body) will not recommend a determination of substantiated, unsubstantiated, or unfounded. The hiring authority is responsible for analyzing supporting documentation (i.e., investigation materials) and determining a disposition. 9 ongoing investigations in an undetermined status, and where the facility is unable to show who is actively investigating the allegation, causes concern

for this auditor.

CDCR Investigators have the legal authority to conduct criminal investigations and will collaborate with the local district attorney to decide on prosecution. Through review of ISU's logs and information submitted by CAL, the audit team identified 19 allegations of sexual abuse or sexual harassment in the 12-month audit review period. 6 allegations were inmate on inmate allegations (4-Sexual Abuse/2-Sexual Harassment) and 13 were staff on inmate allegations (4-Sexual Abuse/9Sexual Harassment). 9 of the total investigations are currently in an ongoing status. The agency head (designee) indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. They stated LDI's receive specialized training and, as such, conduct an initial inquiry. Following the initial inquiry, the LDI will be instructed by the hiring authority to complete the investigation or refer to OIA. At minimum, an administrative investigation is completed. If a criminal investigation is appropriate, OIA or ISU will notify the local district attorney. Specialized interviews with CAL LDIs and agency Office of Internal Affairs confirmed this practice.

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

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

115.22 (d). DOM, Chapter 5, Article 44 Prison Rape Elimination Policy (pp. 477-486) is posted on CDCR's website and includes the section 54040.12 Investigation (p. 483) which describes the investigative responsibility of the agency. The responsibilities outlined in the policy include the following: LDI/ISU initial inquiry; referral to OIA for staff on offender allegations; collecting physical and testimonial evidence; a description of reasoning behind credibility assessments; gathering investigative facts and findings; and notifying the alleged victim of the outcome. The DOM also describes the scope of administrative and criminal investigations.

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

115.22 (e). 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 and there is no corrective action to take.

Recommendations:

1. 115.22 (a). Amend process established on January 1st, 2023, to include status notification schedule between OIA and Facility ISU or notice to facility ISU when recommendation has been returned to the facility.
2. 115.22 (a). Ensure that OIA reviews are completed within time frames set forth in CDCR policy and investigations are brought to completion in a timely manner.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020) d. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (approved 9/2015) e. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (modified 11/2015) f. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11054378 (date unknown) g. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378, Knowledge Checks h. CDCR Basic Correctional Officer Academy (BCOA), Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11055014 (date unknown) i. CDCR New Employee Orientation, Prison Rape Elimination Act (PREA), Version 1.0, BET Code: 11054846 (approved 9/2015) j. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 2/2020) k. CDCR On-the-Job Training (OJT) Module, Inmate/Staff Interaction, Version 1.1, BET Code: 11053491 (approved 4/2016) l. CDCR Office of Training and Professional Development, Instructor Guide, Inmate/Staff Relations, Version 1.2, BET Code: 11055030 (approved 12/2012) m. CDCR Office of Training and Professional Development, Inmate/Staff Relations, Version 1.2, BET Code: 11055030 (approved 12/2012) n. Mandated On-the-Job Training for All Staff memo (dated 9/3/2020) o. Overview of Senate Bill 132 - Training memo (dated 11/6/2020) p. Course enrollment reports (queried 8/16/2021) q. Learning Management System course acknowledgment screenshot 2. Interviews <ol style="list-style-type: none"> a. PCM b. Training Coordinator c. Random Staff 3. Site Review <ol style="list-style-type: none"> a. PREA posters b. First responder pocket cards <p>115.31 (a). The facility noted in their response to the PAQ that the agency trains all employees who may have contact with inmates on the following topics: the agency's</p>

zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of inmates to be free from sexual abuse and sexual harassment; right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) states that all employees, volunteers, and contractors shall receive training on the provisions as outlined in 115.31(a). The policy states that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training. CDCR and CAL utilize the training academy, the Office of Training and Professional Development Instruction and in-service educators to train staff in the sub-topics found in this provision of the standard. The audit team reviewed submitted curriculum, instructor guides and lesson plans for PREA related training. The audit team found that all ten sub-topics are outlined in the curriculum. A large majority of specialized and random staff identified that they had received training which included the ten sub-topics and were able to articulate specifics learned as it pertained to these topics. All interviewed staff were able to give an explanation of how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, the agency's zero tolerance policy and the rights of inmates and staff to be free from retaliation. Many of the staff, who were selected from different departments and disciplines, were able to discuss the dynamics and characteristics of sexual abuse. The audit team selected twenty random training records for review. All twenty records indicated staff have been trained in the above provisions.

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

115.31 (b). The facility noted 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. 479) directs training to be gender specific based on the offender population at the assigned institution and the California Penal Code Section 3430 requires gender responsive training for staff.

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

115.31 (c). The facility noted 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. 479) states that this content will be delivered during new employee orientation, Correctional Training Academy, and annual training. CDCR delivers in-service training to its employees through an annual web-based in-service training and biennial on-the-job refresher training. During the onsite audit phase, the audit team interviewed 30 random staff. Each interviewee confirmed that they had received initial PREA training either on site or during the corrections academy. Each interviewee with more than two years of service confirmed that they had received in-service PREA training. The audit team reviewed 20 random training records and found that all 20 records indicated staff have received biennial training.

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

115.31 (d). The facility noted 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. 479) directs that training participation shall be documented on CDCR 844 Training Participation Sign-in Sheet. CDCR and the facility utilize the CDCR 844 for in person training and an electronic acknowledgement for web-based training through the agency's online learning management system. In a specialized interview with the facility's training staff director, he outlined the process for the electronic signature. He stated that each employee must pass a quiz at the end of the training and receive a passing percentage of correct answers. The employee must then check the acknowledgment that they have read, understand, and have met the objectives as defined in the training. The facility's training staff director is responsible for monitoring staff training and confirmed that he can run reports to view progress of a particular training and identify who has and who hasn't completed it.

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.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: 1. Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020)
- c. CDCR DOM, Chapter 3, Article 18, 32010.8.3 Record Keeping Forms (revised 12/4/2018)
- d. CDCR DOM, Chapter 10, Article 9, Volunteers (revised 7/23/2018)
- e. CDCR In-Service Training, Instructor Text, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (modified 11/2015)
- f. CDCR 2301, PREA Policy Information for Volunteers and Contractors signature pages (revised 5/2020)
- g. Volunteer and contractor training memo (dated 10/6/2017)
- h. CDCR Form 2301-PREA Policy Information for Volunteers and Contractors memo (dated 5/27/2020)

2. Interviews

- a. Contractors
- b. PCM

Findings (By Provision).

115.32 (a). The facility noted in their response to the PAQ that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. DOM, Chapter 5, Article 44, 54040.4 Education and Training, Staff Training (p. 479) confirms the agency expectation as noted on the PAQ. This policy further states that the training will be delivered at the time of the contractor's and volunteer's orientation and annually thereafter.

The audit team reviewed the submitted curriculum utilized in the instruction of contractors and volunteers and found the content consistent with the expectation of this provision. During the onsite audit phase, two contractors and two volunteers were interviewed. These individuals were selected for an interview based on availability in relationship to the schedule of the auditors. All interviewed contractors and volunteers confirmed that they had received training on their responsibilities under the agency's zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The audit team reviewed the CDCR 2301, PREA Policy Information for Volunteers and Contractors. The form includes an overview of PREA, zero tolerance, professional behavior, preventative measures, and detection. The form also contains self-disclosure questions and a continuous duty to report which the contractor or volunteer acknowledge with their signature.

The audit team reviewed the records of 10 current contractors to include their signed CDCR 2301.

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

115.32 (b). The facility noted in their response to the PAQ that the level and type of

training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Further, all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

A supplementary memo to the policy regarding volunteer and contractor training, dated 10/6/2017, was submitted for review by the facility. This memo outlines and clarifies the training for contractors and volunteers. All volunteers and contractors are to receive one hour of mandatory inmate/staff interaction training. Contractors and volunteers who interact more frequently or with less supervision with inmates are to receive more extensive training. The directive also mandates that the following topics be included in the training of contractors and volunteers: Maintain professional distance while maintaining effective communication with inmates; determine the fine line between establishing rapport with inmates; identify consequences of denying inmates' rights; and identify and react appropriately to manipulation by an inmate. All volunteers and contractors are required to sign a CDCR 2301 acknowledging that they had received and understood the training they received. Volunteers and contractors are required to complete continual PREA training provided annually in-service.

The audit team reviewed training records for random contractors and volunteers. The audit team found that the records contained signed CDCR 2130s. The audit team interviewed two contractors and two volunteers during the onsite audit. All interviewed stated 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 noted in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. The process for maintaining documentation of training and understanding for volunteers and contractors is outlined in DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (p. 479) and DOM, Chapter 3, Article 18, 32010.8.3 Record Keeping Form. The facility utilizes the CDCR 844 Training Participation Sign-in Sheet for in-service training and CDCR 2301 PREA Policy Information for Volunteers and Contractors as the initial informational PREA resource prospective volunteers and contractors receive. Prior to the signature line on the form is the following statement, "I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment." During the onsite portion of the audit, the audit team reviewed training files for contractors and volunteers and found that the completed CDCR 2301 was completed in every file.

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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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020) c. PREA Information for Orientation Handbook template; English and Spanish versions (date unknown) d. CDCR Sexual Violence Awareness; English and Spanish versions (date unknown) e. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 11/2020) f. Senate Bill 132 brochure (date unknown) g. Inmate Orientation Handbook; English and Spanish (revised 2016) h. CDC-128B Receipt of Inmate PREA Education (revised 1/1995) i. Shine the light on Sexual Abuse poster; English and Spanish (date unknown) j. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish (date unknown) k. PREA brochures, posters, and booklets order form; blank (date unknown) l. Prison Rape Elimination, Written Materials Distribution memo (dated 11/4/2015) 2. Interviews <ol style="list-style-type: none"> a. PCM b. Intake Staff c. Random Staff d. Random and Targeted Inmates 3. Site Review <ol style="list-style-type: none"> a. Sexual Abuse and Sexual Harassment Reporting Posters b. PREA Audit Postings c. Inmate Orientation (R&R) <p>Findings (By Provision).</p> <p>115.33 (a). The facility noted in their response to the PAQ that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. While onsite, the audit</p>

team witnessed that all new admissions are provided with a pamphlet and inmate handbook. Both the pamphlet and handbook are available in English or Spanish and contain PREA information including the zero-tolerance policy and ways to report sexual abuse and sexual harassment. The facility noted on the PAQ that 1359 inmates were admitted to the facility in the previous 12-months and that 100 percent of newly admitted inmates were given this information at intake. Four employees, who identified themselves as staff who facilitate the intake process and are involved in the comprehensive PREA education for new admissions, were interviewed during the onsite portion of the audit. All stated that new admissions receive a pamphlet and handbook and view the PREA education video before leaving the intake area. The audit team confirmed that both the pamphlet and handbook outline the agency's zero tolerance policy and ways to report sexual abuse and sexual harassment at the facility. The handbook also outlined the process for transgender/intersex/non-binary inmates to shower separately and receive approved articles.

115.33 (b). The facility noted in their response to the PAQ that in the previous 12 months, within 30 days of intake, 100 percent of inmates (i.e., 1359) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (p. 479) states that verbal and written information shall be provided to offenders which will address prevention/intervention; reporting; treatment and counseling. The same policy requires that initial orientation is "provided in reception centers via either written or multi-media presentation on a weekly basis in both English and Spanish."

Review of CAL Inmate Orientation Handbook, which is distributed to all inmates upon admission, contains the agency's zero tolerance policy and reporting options. This handbook provides information on the federal law, inmates' rights to be free from sexual abuse and sexual harassment in confinement, definitions, retaliation, cross-gender announcing, transgender accommodations, and support services (i.e. advocacy). The facility also distributes three brochures: Sexual Violence Awareness, Sexual Abuse/Assault Prevention & Intervention, and Senate Bill 132. The sum of these materials detail dynamics of sexual abuse, protective measures, medical care, investigative process, and transgender rights. During the site review, the auditor observed the intake process for new inmates arriving at the facility which included the PREA education component. The facility utilizes a PREA education video (i.e., Just Detention International's video PREA: What You Need to Know) which is shown immediately upon their arrival to the facility. The video may be shown with or without subtitles in English, Spanish, and Hmong. Each inmate is given an inmate handbook and brochure which is documented by the intake sergeant.

The auditor interviewed 2 intake sergeants who confirmed this process. The facility also utilizes their CCTV system to broadcast the PREA Education Video periodically throughout the week. Several inmates noted during their interview that the facility plays the video before movies being shown which enhances viewership. The audit team interviewed 50 random inmates selected by area of facility, ethnicity, age and time in facility. 44 of 50 inmates interviewed stated that they had received

comprehensive PREA education. All inmates who identified as having arrived at the facility in the previous 12 months reported that they had received comprehensive PREA education. All 50 could identify at least one way to report SA or SH.

While onsite, the audit team reviewed inmate files specifically for education acknowledgment (CDC-128B Receipt of Inmate PREA Education chrono). The team found that all files reviewed for inmates that had transferred into the facility in the previous 12 months had an education acknowledgement.

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

115.33 (c). The facility noted in the PAQ that all inmates have received education. CDCR policy DOM, Chapter 5, Article 55, 54040.4 Education and Prevention requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. The facility reported that comprehensive education is repeated upon each intra-agency transfer. The PCM confirmed that per agency policy inmates are provided a brochure and handbook which contain PREA information specific to the facility.

The audit team observed this process and conducted informal interviews with intake staff to corroborate that the practice is consistent with policy. Through formal interviews of staff, the audit team confirmed that the agency policy has become the practice of the facility and that all inmates processed through intake receive comprehensive PREA education.

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

115.33 (d). The facility noted in their response to the PAQ that PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. DOM, Chapter 5, Article 44, Education and Prevention, Offender Education (p. 479) requires such accommodation.

The auditor observed that the facility has PREA information posters displayed throughout the facility printed in Spanish and English languages. In discussions with intake staff the audit team learned that if an inmate arrived at the facility and had any disabilities or limited English proficiency limitations, the facility is prepared to assign a bilingual staff member or engage interpretation services to ensure understanding. The facility has contracted with a translation service, Interpreters Unlimited, to assist non-English speaking or non-reading inmates understand the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. The agency's PREA video is translated into Spanish and Hmong, in addition to subtitles for anyone who may be deaf or low hearing.

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

115.33 (e). The facility noted 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. 479) states that receipt of education shall be documented on CDC Form 128-B General Chrono (or the updated form CDC-128B Receipt of Inmate PREA Education), which shall be forwarded to Inmate Records for scanning into the Electronic Records Management System. Refusal to sign the acknowledgment shall be noted by staff on the CDC -28B.

The auditor randomly selected 30 inmate records to review; all records included receipt of education documentation as required by this provision or agency policy.

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

115.33 (f). The facility noted in their response to the PAQ that the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The facility utilizes various written materials to continuously provide PREA information including the inmate handbook and PREA brochures provided to every inmate at intake, the Just Detention video played on their CCTV channel and posted materials.

The posted materials included the Shine the light on Sexual Abuse posters and the Prison Rape Elimination Act Office of the Inspector General poster Both posters were observed to be presented throughout the facility in both English and Spanish versions. The Shine the light on Sexual Abuse posters states the agency's zero tolerance position and describes internal and external reporting options. The Prison Rape Elimination Act Office of the Inspector General poster describes reporting options; specifically, Office of the Inspector General (OIG) notification, which may be made anonymously. Indicates OIG is also an avenue to contest the results of a PREA investigation. Informal conversations and interviews with both staff and inmates demonstrated that inmates readily knew how and where to access information concerning PREA and methods of reporting.

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.

115.34	Specialized training: Investigations
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.3, Definitions, Locally Designated Investigator (LDI) (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (revised 5/19/2020)
- d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text,
- e. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators Participant Workbook
- f. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0
- g. CA Penal Code, Part 4, Title 4, Chapter 1, Article 2 13516(c) (effective 3/21/1986)
- h. LDI listing by facility
- i. PREA Locally Designated Investigator enrollment log (queried 8/16/2021)
- j. Basic Investigators Course enrollment log (queried 8/16/2021)

2. Interviews

- a. PCM
- b. Sexual Abuse Investigator

Findings (By Provision).

115.34 (a). The facility noted in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (p. 479) states that "all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). Facility-based staff are, specifically, deemed "locally designated investigators" after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct.

While onsite the audit team reviewed training records, interviewed an LDI and discussed the specialized training with the lieutenant of investigative services. The facility demonstrated that all LDIs have received the specialized training required by this provision.

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

115.34 (b). The auditor reviewed the specialized training curriculum for investigators of sexual abuse. The review included instructor and participant materials. The course is presented in an 8-hour classroom model and includes the core components as outlined in this provision. They include interviewing sexual abuse victims; proper use of Miranda warnings; the Garrity rule; sexual abuse evidence collection in

	<p>confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.</p> <p>The audit team learned that in order to be selected to become an investigator of sexual abuse that an employee must have a minimum of three years full-time institutional experience and must have completed a basic training course in the techniques of training. The audit team conducted a formal interview with a CAL LDI who has completed the specialized training for sexual abuse investigators as well as had informal conversations with members of the facility's investigative services team. The auditor found that these individuals were well versed in general investigative techniques as well as the specialized techniques of sexual abuse investigation. Discussions included the effects of trauma, forensic medical examinations, crime scene/evidence preservation and the disciplinary and referral process.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.34 (c). The facility noted in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. Training completion is tracked via the agency's learning management system; a list of participants may be queried by course title and retained accordingly. The auditor reviewed such documentation which shows that the facility has 18 investigators which have completed the specialized training.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.34 (d). 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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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Staff Training (revised 5/19/2020) c. CDCR DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements (revised 12/4/2018)

- d. Prison Rape Elimination Act – Specialized Training for Medical and Mental Health Staff memo (dated 8/9/2017)
- e. CDCR On-the-Job Training, Prison Rape Elimination Act Policy, Specialized Training for Medical and Mental Health Staff, version 1.0, BET: 11057450 (approved 8/2017)
- f. Course enrollment report (queried 8/16/2021)

2. Interviews

a. Medical/Mental Health Staff

Findings (By Provision).

115.35 (a). The facility noted in their response to the PAQ that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. DOM, Chapter 3, Article 18, 32010.10.1 Training Requirements (p. 211) states, “It is a condition of employment that all employees complete the training required for their job classification/position. A memo issued on 8/9/2017 which directs CDCR Division of Health Care Services and CCHCS medical and mental health staff practitioners who have contact with inmates to complete a Learning Management System (LMS) module within 60 days of the memo’s issue. Employees who fail to meet these training requirements may have their merit salary award denied or be subject to other administrative sanctions.”

The facility provided the training records which demonstrates that 317 of 320 (99%) medical and mental health care practitioners who fall into this category, received training required by this provision. The PCM stated that he is working with the three remaining staff and has made contact to have the training completed.

The auditor reviewed the training content and found the elements required for specialized training were present. A formal interview was conducted with the director of nursing and the mental health supervisor. The audit team learned that medical and mental health staff receive their PREA training and specialized MED/MH PREA training during their initial on-boarding. On-boarding lasts 4-6 weeks and includes both classroom and virtual training sessions. On-boarding must be completed prior to staff have unsupervised contact with inmates. Both supervisors were able to articulate the content of the training including how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The audit team also learned that MED/MH staff receive an online annual PREA training session separate from the annual Custody PREA Training.

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

115.35 (b). The facility noted in their response to the PAQ that agency medical staff at the facility do not conduct forensic medical examinations. Rather, all forensic medical examinations are conducted at local medical hospital. Medical and mental health staff interviewed verified that the facility does not provide these types of examinations.

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.35 (c). The facility noted in their response to the PAQ that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. During the pre-onsite audit phase, the facility reported that 99% of medical and mental health care providers received agency training of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Training participation is tracked electronically via the LMS. The auditor reviewed a training report reflecting the participation of facility employees.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.35 (d). During the pre-onsite audit phase and the onsite audit phase, the auditor cross-referenced a random sample of specialized medical and mental health care practitioner training records with the respective employees' (or contractors') introductory and refresher training record, as required per 115.31; all received training in accordance with this provision. Interviews with contracted medical and mental health staff affirmed their receipt of the training standards directed by 115.31.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <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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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. California Penal Code Section 667.5(c) defines "violent felony".pdf b. Screening for risk of sexual abuse (attached memo 8-28-17 & Screening Form).pdf c. California Deputy PREA Coordinator Memo for clarification of staff screening question 7 (obtained via e-mail) d. DOM 54046.5 Initial Screening (attached Screening Form).pdf e. CAL Admission Summary for CAL for PREA Audit Summary 2022

- f. Title 15 Section 3269 Intake screening-At risk.pdf
- g. CDCR PREA-Screening Form with staff instructions.pdf
- h. Screening Form access.pdf
- i. PREA Risk Screening - Correctional Counselor Responsibilities.pdf
- j. PREA RISK SCREENING.PDF
- k. Changes to the PREA Screening Form.pdf
- l. CAL PREAScreening_2022-01-01 - 2023-01-01.xlsx
- m. 54040.7 PREA DOM - Inmate reassessment review with in 30 days.pdf
- n. Sample PREA 30 Day Reassessment Report.pdf
- o. CDCR-128-MH5.pdf
- p. 30-day reassessment policy.pdf
- q. 54040.7 PREA DOM - Inmate reassessment review with in 30 days.pdf
- r. 54040.6 PREA DOM - Offender Non-Discipline for Refusal.pdf
- s. CDCR training for TG memo.pdf

2. Interviews

- a. Staff who perform Risk Screenings 115.41 (a)- Staff Responsible for Risk Screening - Q: 1
- b. Random Inmates 115.41 (a)- Inmate Interview Questionnaire - Q: 7

3. Site Review

- a. Members of the audit team observed risk screening process and forms.

Findings by provision

115.41 (a). Although a policy is not required for compliance with this standard, the facility indicated in their responses to the PAQ that the agency has a policy (i.e., DOM, Chapter 5, Article 44, 54040.6 Offender Housing) that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates. The policy stops short of a specific mandate or directions for completing the risk screening.

The facility submitted a memo titled "Prison Rape Elimination Act Risk Screening". This memo was issued on 8/28/2017 from the director of the Division of Adult Institutions. This memo outlines the agency's plan for implementing a revised risk screening tool and process during intake. The memo designates the custody supervisor, responsible for the Initial Housing Review, as the person responsible for completing a PREA screening for every inmate. The memo gives instruction for completing the PREA screening process, including documentation, dissemination of information obtained from the screening, housing assignments, and rescreening. The memo designates 8/28/2017 as the implementation date for the new screening process with a 60-day time limit for facilities to train all those involved in the screening process. The agency also developed screening Instructions which provide detailed guidance.

Intake staff stated, during the onsite portion of the audit, that all inmates arriving at the facility are screened for risk of victimization or abuse on the same day as arrival to the facility in compliance with DOM 54046.5. One staff noted that in the absence of typically scheduled trained staff all supervisors are trained to complete the PREA risk

assessment screenings for new intakes. The intake supervisor stated that all inmates are screened at intake as the inmate cannot be assigned housing until it is completed. Members of the audit team observed same day intake of new inmates including completion of the PREA risk assessment screening. Additionally, during random inmate interviews 20 inmates were noted to have arrived at the facility since 2020. Of these inmates, 16 reported that they were screened immediately upon arriving at the facility. 4 Stated that they did not recall being asked the screening questions. The auditor requested the inmate files for the 20 interviewed inmates and 5 randomly selected inmates that had arrived in the previous 12 months. The auditor found that all 25 records contained the PREA risk screening.

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

115.41 (b): PAQ information provided by the facility indicated the agency policy requires screening upon arrival at an institution. DOM 54046.5 does not provide a 72-hour timeframe for the screening to be completed. The memo titled Prison Rape Elimination Act Risk Screening from the agency's Division of Adult Institutions Director on 8/28/2017, directs custody supervisors to conduct risk screening during the intake process, which, presumably, takes place on the same day of their arrival. The Instructions for Completion of the PREA Screening Tool provided by the facility indicates that the screening form is completed for all inmates arriving at the facility, including those staying less than 72-hours. Documentation of the records for inmates admitted to the facility within the past 12 months were reviewed. These documents indicate that 1529 inmates transferred to CAL within the past 12 months and 100% of these inmates were screened for PREA risk factors within the PREA standard of 72-hours from time of arrival. A review of 25 records for inmates admitted to the facility within the past 12 months showed that all selected inmates were screened within 72-hours of arriving within the facility.

While on site, the audit team interviewed 2 staff responsible for risk assessment screenings including the intake supervisor. Both of these staff indicated that all inmates arriving at CAL are screened for risk of victimization or abuse on the same day as arrival to the facility. The intake supervisor noted that in the absence of a trained intake staff member that all supervisors are trained to complete the PREA risk assessment screenings for new intakes.

Effective 1/1/2021, the agency implemented the Gender Identity Questionnaire which is intended to elicit information from inmates during their initial intake screening and serve as the source document for staff to identify an inmate's gender identity. The form prompts the custody supervisor to ask a series of questions regarding the inmate's gender identity, search preference, and housing preference.

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

115.41 (c). The facility noted in their response to the PAQ that risk assessments are conducted using an objective screening instrument. A review of the PREA Screening Tool was conducted and the tool was found to contain 15 questions. The questions are

broken down to include eleven objective questions and four subjective questions. The eleven objective questions do not allow the risk screener to impart their feelings or opinions and are completed by the screener through inspection of the inmate's record. The four subjective questions would be classified as self-assessment that are asked of the inmate. Four of the 15 questions as described above are appropriately subjective and are compliant with the variables required per 115.41(d). Review of the screening process and screening tool demonstrated that CAL had implemented a standardized process which is consistently applied.

During the onsite portion of the audit, the audit team witnessed screenings conducted with newly arriving inmates at the facility. The screener was asked to demonstrate how the screening is measured and how a determination of sexual risk is made. The process and tool were found to be standardized and applied in the same manner with all inmates. Each question is weighted and has a score attached to it, and the screener evaluates the final tally at the end of the screening.

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

115.41(d): The facility provided in response to the PAQ, the CDCR PREA-Screening Form with Staff instructions. This screening instrument covers all criteria identified in the standard to assess inmates' risk of sexual victimization. Specifically, the PREA Screening includes the questions, "Victim of a substantiated or unsubstantiated incident of sexual violence in a correctional setting (not including sexual harassment) in the last 10 years?"; "Have you experienced sexual victimization in a correctional setting that you have not previously reported?"; "Have you experienced sexual victimization in a non-correctional setting?"; "Mental, Physical, or Developmental Disability?"; "Age? (21 and under or 65 and over)"; "Physical build? Male 5'2 or less in height and/or weighs less than 120 lbs. Female: 5' or less in height and/or weighs less than 90 lbs."; "Any prior or current convictions for sex offenses against as adult or child?"; "Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming?"; "First Incarceration in state prison?"; "Exclusively non-violent criminal history (convictions only)?"; "Inmate currently considers themselves vulnerable to sexual victimization?"; "History of Sexual Violence in a correctional setting?"; "Prior convictions for sex offense in a non-correctional setting?"; "Conviction for non-sexual violent offenses in a non-correctional setting, within 5 years?"; "Guilty finding for non-sexual violent offense in a correctional settings; meeting the criteria defined as Division A-1, A-2 or B offense within 5 years?" The PREA Screening does not include extraneous or additional questions that do not serve to assess nine of the 10 prescribed risk-related criteria required by this provision. The facility does not assess for the final consideration (i.e., 115.41(d)(10)), "Whether the inmate is detained solely for civil immigration purposes" as the agency does not confine inmates for this reason exclusively.

While onsite, members of the audit team discussed the risk of victimization screening with staff responsible for risk screening and observed intake risk assessment screenings. Staff responded to interview questions indicating all standard identified

inmate assessment areas are addressed and all interviews are conducted in a private and confidential area away from others.

The audit team observed the implementation of the most recent version of the screening tool (dated 3/24/2021) with the updated risk screening tool instructions (March 2022). One of the current questions asked on the screening tool, "Do you consider yourself or have you ever been perceived by others to be Lesbian, Gay, Bi-Sexual, Transgender, Intersex, or Gender Non-Conforming?" does not reflect the intent of the standard in obtaining the subjective perception of the screener.

The Agencies remedy was to revise the instructions for the risk screening tool (March 2022) which direct the screener to reply YES to this question if their impression is that a person appears gender non-conforming or lesbian, gay, bisexual, transgender, or intersex. While this instruction does cure for the lack of the screener's perception, this auditor finds that an update to the screening tool which reflects the screeners perception separate from the inmate's identification and perception of others would better meet the intent of the standard.

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

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

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

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

115.41 (f). The facility indicated in their responses to the PAQ that the agency has a policy that requires the facility to reassess each inmate's risk of victimization or abusiveness within 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.

Memo titled, Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities, dated 9/29/2017 states that in preparation for an inmate's Initial Unit Classification Committee meeting correctional counselors are responsible for

identifying new information which is related to an inmate's risk of victimization or abusiveness. This information shall be documented in SOMS as a classification note (i.e., chrono). If the updated information changes the inmate's "at risk" designation, the supervising correctional counselor is responsible for rescreening and further documenting in SOMS. All of this subsequent information is reviewed by the UCC chairperson, in consultation with the inmate, so as to identify and consider additional vulnerabilities. This process is repeated during their annual review. CAL reported that 1359 inmates have transferred into the facility in the past 12 months. Of these inmates, the facility stated all were rescreened for risk within 30 days of admission.

The auditor spoke to two correctional counselors as well as the supervisor for classification during the site review. These conversations demonstrated that a consistent process for completing the rescreening is not being applied at the facility. One of the counselors stated that they consistently meet face to face with the inmate as part of pre-hearing committee. This is completed within 14-days of the inmate's arrival and annually thereafter. This counselor stated that they do not use the screening tool but do ask the inmate if anything has changed since their initial risk screening. Another of the counselors said that if the review of SOMS and ERMS does not reflect any changes then they do not interview the inmate. The classification supervisor stated that they believed that counselors were meeting in person with the inmate during the pre-hearing committee where the rescreening was occurring.

The auditor reviewed the form (Reception Center - Prison Rape Elimination Act (PREA) Reassessment) utilized by counselors in conducting the rescreening. This reassessment is four questions requiring a review of SOMS and ERMS. The review focuses specifically on disciplinary issues which may indicate victimization, new incidents of sexual abuse the inmate may have experienced since their arrival, and any changes in the inmate's mental health status that may indicate a higher risk of victimization. If "NO" is answered for all four questions, then a face-to-face interview is not required. This reassessment is absent critical areas required as part of the rescreening process. These include the inmate's perception of vulnerability, unreported sexual victimization and inmate's willingness to provide information that they could not at intake. This information is lost without meeting face-to-face with the inmate.

This is clarified in DOJ's FAQ dated 8/2/2019 wherein, "Some risk factors are subject to change within the first 30-days after intake and may only be determined by making affirmative inquiry of the inmate. For example, the "inmate's" own perception of vulnerability" can only be known by the inmate...In addition, the inmate may have experienced unreported sexual victimization during this time period...Accordingly, all 30-day reassessment requires consultation with the inmate."

The audit team interviewed 22 inmates identified as having entered the facility in the previous four years who recalled their initial screening during intake. Of those 22 inmates, only 3 recall having been rescreened and only 1 recalled being asked similar questions as were asked during intake. While onsite, the auditor reviewed Classification Committee Chronos for inmates who had entered the facility in the previous 12 months. All Classification Committee Chronos reviewed included some

form of PREA information gathered for the report. Most reflected that the inmate was asked during the committee hearing if there was any new information concerning PREA since their intake interview. Many of the Chronos included that a search of SOMS and ERMS was conducted and if any new information was detected. Some contain that the inmate was asked if they had anything to add or new information concerning PREA. The variations of reporting for this information demonstrates that an inconsistent process is being applied.

CORRECTIVE ACTION: During the corrective action period, the facility provided a memorandum dated April 3, 2023. This memo outlines the procedure for PREA Risk Rescreening for the department. The memo includes that the Unit Classification Committee reviewed the initial risk screening with the inmate and ask the inmate if (he/she) has any additional relevant information that should be considered for future housing and/or program/work assignments.

The facility also provided a training record which shows that all counselors responsible for initial and follow-up PREA Risk Screenings have received updated training for conducting the rescreening within 30 days.

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

115.41 (g). The facility indicated in their response to the PAQ that the agency has a policy requiring an inmate's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. CAL submitted as proof, DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (p. 480) which includes this expectation. This policy is however ambiguous as to when the reassessment process is triggered, who is responsible, and how this information is communicated. This policy also states that any staff member with concern an inmate may be subject to sexual victimization shall immediately notify a custody supervisor who will refer for a mental health screening. There is no indication that this mental health screening includes a PREA Screening or if it is decided during the mental health screening if rescreening is required.

The memo titled Prison Rape Elimination Act Risk Screening - Correctional Counselor Responsibilities indicates that reassessment is a required part of the annual classification committee process. In communication with counselors and the supervisor for classification, the auditor learned that the first classification committee hearing is held within 14 days of the inmate entering the facility and annually going forward.

The memo Reception Center - Prison Rape Elimination Act (PREA) Reassessment directs the counselors to review ERMS and SOMS for referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Compliance was confirmed through interviews with counselors and random, general population inmates who affirmed that the risk screening is conducted by their counselor during their annual review.

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 the 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.

According to DOM 54040.6 Offender Housing (p. 479) and a November 6, 2020, memorandum entitled Overview of Senate Bill 132, inmates will not be disciplined for refusing to answer or disclose complete information related to mental, physical, or developmental disabilities; their sexual orientation, sexual victimization; or perception of vulnerability. Audit team members observed intake PREA risk assessment screenings, noting that inmates were informed that their participation in the process was voluntary.

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

115.41(i): Interviews with the agency PREA Coordinator, CAL PREA Compliance Manager and Staff Responsible for Risk Screening indicate that all PREA risk assessments are maintained in ERMS. Any assignments of being at risk of victimization or risk of abusiveness is maintained in SOMS. These data systems provide level of access to this information depending on rank, job responsibilities and "need to know" access. Sergeants and higher (in receiving and release) are able to access screening information. Receiving and release staff do initial housing assignment and when a bed decision/move is made, sergeant has to approve of the move using a review of victimization or abusiveness risk in order to ensure an at-risk abuser is not being housed with an at-risk victim.

While on site at the facility, members of the audit team were able to observe the use of the EMRS and SOMS systems. Audit team members noted a warning of confidentiality when staff access risk assessment screening information. The audit team confirmed that access to this information is limited to staff with specific ranks and job responsibilities that have a "need to know" reasoning to access this information to address safety needs of inmates.

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

Corrective Action.

1. 115.41 (f). Ensure rescreening process is standardized and consistent with this provision. Disseminate policy and train risk screeners to comply with procedure uniformly.

During the corrective action period, the facility provided a memorandum dated April

	<p>3, 2023. This memo outlines the procedure for PREA Risk Rescreening for the department. The memo includes that the Unit Classification Committee reviewed the initial risk screening with the inmate and ask the inmate if (he/she) has any additional relevant information that should be considered for future housing and/or program/ work assignments.</p> <p>The facility also provided a training record which shows that all counselors responsible for initial and follow-up PREA Risk Screenings have received updated training for conducting the rescreening within 30 days.</p> <p>Recommendation.</p> <p>1. 115.41 (a, b, g, h). Amend DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement to expressly state a sexual abuse risk screening is required within 72 hours of intake; within 30 days of intake; and, again, when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears upon risk using the agency’s established process.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4.1 Communication and Pronoun Usage with Transgender Inmates (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming e. CDCR DOM, Chapter 5, Article 12, 62080.14 Transgender or Intersex Inmates (revised 5/15/2018) f. CCR, Title 15, Article 1.6 Inmate Housing (date unknown) g. CCR, Title 15, Section 3377 Facility Security Levels (date unknown) h. Use of Screening Information memo (dated 10/6/2017) i. PREA Screening Instructions (date unknown) j. Instructions for Completion of the PREA Screening Tool (date unknown) k. CDCR 115.42 Compliance memo

- l. Changes to Prison Rape Elimination Act Screening Form – Mental Health Referral Process memo (10/28/2018)
- m. Prison Rape Elimination Act Risk Screening – Correctional Counselor Responsibilities memo (dated 9/29/2017)
- n. Classification Committee Chrono; samples
- o. CDCR 128-B Transgender Bi-Annual Assessment – PREA (date unknown)
- p. Transgender Inmates by Annual Review Month report (queried 6/17/2020)
- q. Transgender Biannual Reassessment for Safety in Placement and Programming memo (dated 8/25/2017)
- r. Senate Bill 132 brochure; English and Spanish (date unknown)
- s. Overview of Senate Bill 132 – Training memo (dated 11/6/2020)
- t. Gender Identity Questionnaire; blank (date unknown)
- u. Transgender query instructions (date unknown)
- v. CCHS, Volume 4, Chapter 26, 4.26 Gender Dysphoria Management Policy (revised 6/2015)
- w. CCHS/DHCS Care Guide: Gender Dysphoria (dated 5/2015)

2. Interviews

- a. Staff Responsible for Screening
- b. Classification/Housing Assignment Staff
- c. PCM

Findings (By Provision).

115.42 (a, b). The facility indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Per a memo from the Division of Adult Institutions Director on 9/29/2017, initial risk screening is conducted during Receiving & Release by the custody supervisor and again within 14 days of arrival by the appropriate correctional counselor. This is documented in the report compiled by the correctional counselor in anticipation of the Initial Unit Classification Committee. If the inmate is found to be at risk of victimization or at risk of abusiveness, the correctional counselor will make that designation in the inmate precaution section of SOMS. This information is then utilized by the custody supervisor when making housing, programming, education and work assignments. this process is outlined in the PREA Screening Instructions.

DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) indicates that when the custody supervisor who is tasked with the initial risk screening learns an inmate has previously experienced sexual victimization, alternate housing options shall be discussed with the respective inmate. In accordance with the agency's single cell policy, per 54040.6 Offender Housing (p. 479), the PREA Screening Form, including questions that attempt to discern sexual violence and victimization, shall be completed as part of the review and evaluation process. CCR, Title 15, Section 3269 also notes a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual

abuse by another inmate or verified predatory behavior towards a cell partner.

DOM, Chapter 6, Article 5, 62010.8.3 Initial Classification Committee (p. 560) the Unit Classification Committee is tasked with initiating an educational, vocational training, or work program and privilege group designation. Considerations of variables impacting an inmate's actual or perceived safety and placement decisions are to be recorded on the classification chrono within SOMS; as are the follow-up actions taken by the committee chairperson. This process is to be repeated in anticipation of each annual classification review. The classification supervisor stated that an inmate's own perception of vulnerability is strongly considered by the classification committee when making housing decisions.

SOMS allows for notifications and communications with individuals making housing and placement decisions. When an inmate is identified as having a risk of victimization or abusiveness, additional entries are required which communicates these risks to those making housing and placement decisions. This information is utilized by security supervisors to approve or disapprove movement on and off of the units as recommended by officers.

In speaking with educational and vocational staff, the audit team learned that these staff do not have access to the risk screening data. Rather, the facility has a supervisor responsible for placing inmates in various educational and vocational groups. In conversation with the Assignment Supervisor, the auditor was informed that the lists of applicants for assignment are compiled by the classification committee and that the classification committee notifies him of any concerns with any of the applicants, to include those at risk of victimization and abusiveness.

During the site review and in conversation with staff in the education and vocational areas, the audit team observed that work areas, classrooms, workshops, and job assignments were staffed appropriately. The facility has installed mirrors where line of site observation is more difficult and placed logbooks to document rounds.

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

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

115.42 (c): The facility noted 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.

The facility provided the following documentation - DOM, Chapter 6, Article 12, 62080.14 Transgender Inmates (p. 582), a classification committee shall review case

factors for transgender and intersex inmates so as to determine institutional placement and housing assignment. In an effort to deliver appropriate medical care and mental health treatment, transgender and intersex inmates shall be housed at one of 14 institutions to the "maximum extent practical." If placement in such facility is difficult, a multidisciplinary team is to convene to determine the most appropriate facility and level of care consistent with the inmate's case factors.

The agency's PREA Coordinator and facility's PCM both confirmed that CDCR has 14 designated facilities for transgender and intersex inmates which are equipped to better meet their individual needs. CAL is not a designated facility for transgender inmates, and as such, the facility was not housing any transgender inmates at the time the audit team was onsite. Gender identity is further considered, when appropriate, during the R&R admission process by way of the Gender Identity Questionnaire.

In cases where an inmate-patient has multiple case factors which make it difficult to house them in one of the above listed institutions, a case conference will be conducted as outlined in The Operations Manual, DCR, Chapter 6, (p 575) which states that the conference shall be conducted to determine the most appropriate level of care/institution suitable for housing consistent with the inmate-patient's case factors.

During the interview with the PREA Compliance Manager, the auditor was informed that inmates have substantial input as it pertains to their health and safety. This includes how they identify, gender of staff performing searches and safety choices of where they are housed at a particular facility or area of a facility.

During our site review - while observing the intake process; the staff doing the Risk Screening stated that it's rare that a transgender inmate is transferred to CAL since it is not one of the approved facilities for housing. The team also learned that a brochure is handed out which includes information on Senate Bill 132 The Transgender Respect, Agency and Dignity Act. This brochure highlights the rights afforded to those who identify as transgender, frequently asked questions, requesting transfer, and sexual abuse/sexual harassment reporting information. Among this information is a description of the process to request transfer to a facility which matches the inmate's gender identity.

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

115.42 (d). According to DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 485), transgender and intersex inmates shall be reassessed every six months to review any threats to safety experienced by the inmate. The reassessment process mirrors the annual classification review process, but is held every six months instead of annually. Identified inmates are to be asked about threats to their safety during the precommittee interview.

The correctional counselor is also responsible for reviewing the inmate's case factors in SOMS and the electronic medical record to glean additional, relevant information. Following the review, the correctional counselor shall document actions on CDCR 128-B Transgender Biannual Assessment - PREA chrono. Threats to the inmate's safety must be communicated immediately to a custody supervisor. If the inmate shares information related to sexual abuse or sexual harassment, the correctional counselor is directed to document and notify the facility's LDI in accordance with agency policy. Finally, the PCM is responsible for overseeing this process is completed in timely manner, maintaining a tracking log, and ensuring the PREA Coordinator receives receipt of completed assessments within five days of the review.

CAL is not a designated hub for transgender and intersex inmates, no inmates identifying as transgender or intersex were able to be interviewed during the onsite portion of the audit. The PCM and correctional counselors did confirm that there is a process in place to review their placement biannually, specifically during classification.

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, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (p. 485) the reassessment process is triggered by headquarters who is responsible for sending each respective facility a listing of known transgender inmates, including deadlines by which to reassess. The reassessment may either be conducted during the inmate's regularly scheduled classification pre-hearing, or a supplementary assessment must be scheduled. The assigned caseworker shall conduct a face-to-face interview and assess for safety, review case factors, and consider any other additional information that may bear upon programming or placement. The compilation of this assessment shall be documented on CDC 128-B Transgender Biannual Assessment- PREA chrono. Safety concerns must immediately be communicated to a custody supervisor. The PCM is responsible for overseeing this process, including notifying headquarters when the assessment(s) is complete.

An interview with the PCM corroborated that the facility's practice aligns with agency policy. He indicated that CAL gives serious consideration to transgender or intersex inmate's own views about their safety within the institution.

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

115.42 (f). A review of the facility's physical plant and showering accommodations demonstrated that transgender inmates have an opportunity to shower separately and privately. The facility provides modesty curtains or barriers to provide privacy in all showering areas.

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

	<p>1115.42 (g). The agency’s PREA Coordinator affirmed that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring lesbian, gay, bisexual, transgender, or intersex inmates be placed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. 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 property 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020) c. CCR, Title 15, Section 3335 Administrative Segregation (updated 10/2016) d. CDCR Custody Supervisor Checklist (PREA) (date unknown) e. Administrative Segregation Placement Notice chrono f. Classification Review chrono 2. Interviews <ol style="list-style-type: none"> a. Warden b. Staff Who Supervise Inmates in Segregated Housing <p>Findings (By Provision).</p> <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</p>

means of separation from likely abusers. Of those inmates identified as being at risk of sexual victimization, zero were held in involuntarily segregated housing in the past 12 months for 24 hours or less awaiting an assessment.

DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (p. 480) responses to the risk screening shall not prompt automatic placement of the inmate into administrative segregation. DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480) further states that inmates “at a high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available means of separation from likely abusers.” If the facility cannot conduct the assessment immediately, the facility may hold the inmate in segregated housing for less than 24 hours while completing the assessment. In the event segregated housing is appropriate, the inmate shall be issued an Administrative Segregation Placement Notice, which must state that the reason for segregation is related to a pending housing assessment in response to their high risk for sexual victimization. Thereafter, the inmate’s placement will be reviewed by Institution Classification Committee. The inmate’s retention in segregation should not ordinarily exceed 30 days. If placement exceeds 30 days, it must be reviewed at the same interval regularly. DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (p. 485) allows for a similar process for those experiencing ongoing safety concerns.

Interviews with the warden, PCM and the segregation supervisor corroborated that CAL has had zero inmates at risk of victimization who were involuntarily segregated since the last audit in 2019. As such, there is no documentation for the audit team to review. 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.

The Warden and PCM both reiterated that policy prohibits placing those at high risk for victimization in a segregated status unless all other options to maintain the safety of the inmate have been exhausted. The PCM offered options the facility has such as separation by unit or area of the facility, placing the inmate into a single cell and transfer to another facility. The PCM further stated that if segregated housing was the only option, then the goal would be to find an alternative as quickly as possible.

Informal conversations with staff working in segregation found that they are not aware of any inmates who have made an allegation of sexual abuse being placed in segregated housing. following an allegation of sexual abuse or in response to risk.

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

115.43 (b). According to CCR, Title 15, Section 3335 Administrative Segregation (p. 180) if an inmate’s presence in general population threatens their safety or that of others (including following an incident of sexual abuse) and the most appropriate placement is non-disciplinary segregation, “the inmate will be afforded all programs, privileges, and education.”

The facility 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. The segregation supervisor stated that inmates in a Non-Disciplinary Segregated status maintain education, property, yard time, access to providers, pay status, and programming.

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 of those inmates identified as being at risk of sexual victimization, zero were involuntarily segregated for longer than 30 days while awaiting alternative placement. The audit team affirmed that zero inmates have been involuntarily segregated in the previous 12-months. According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (p480) an inmate's "retention in segregation should not ordinarily exceed 30 days. If retention continues beyond 30 days, staff shall comply with policies governing segregated housing assignments.

Conversations with the Warden, PCM and staff who supervise inmates in a segregated status affirmed this practice.

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

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

According to DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), if an involuntary segregated housing assignment is made in accordance with the above provisions, a restrictive housing supervisor shall clearly document on an Administrative Segregation Placement Notice chrono the basis for the staff member's concern for inmate safety; the other alternative means of separation that were explored; and the reason why no alternative means of separation can be arranged.

As stated, the Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.

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 no inmates were held in involuntary segregated housing pursuant to this standard. The facility further

	<p>responded that if an involuntary segregated housing assignment was made, the facility would review the inmate's separation every 30 days to determine if a continuing need exists.</p> <p>DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), indicates the Institution Classification Committee shall convene every 30 days to review and determine whether there is a continuing need for separation from the general population.</p> <p>The segregation supervisor informed the auditor that the Institution Classification Committee reviews placement of all inmates in a segregated status on a monthly basis. This was confirmed with the classification supervisor. The Warden, PCM, and staff who supervise inmates in segregated housing report that zero inmates were placed in involuntary segregated status or administrative confinement during the past 12 months as a result of being at a high risk for sexual victimization or when an inmate alleged sexual abuse. As such there are no applicable records to review or inmates to interview.</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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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention, Offender Education (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (revised 5/19/2020) d. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (date unknown) e. CCR, Title 15, Section 3138 Indigent Inmates (date unknown) f. CCR, Title 15, Section 3141 Confidential Correspondence (date unknown) g. CDCR Sexual Violence Awareness brochure; English and Spanish versions (revised 11/2020) h. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish

versions (revised 11/2020)

i. CDC-128B Receipt of Inmate PREA Education (revised 1/1995)

j. Shine the light on Sexual Abuse poster; English and Spanish (date unknown)

k. Prison Rape Elimination Act Office of the Inspector General poster; English and Spanish (date unknown)

l. CDCR Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M (date unknown)

m. Inmate Orientation Handbook; English and Spanish (revised 2016)

n. CDCR, Instructor Text, T4T - PREA Training (date unknown)

o. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499

(approved 2/2020)

p. Mailroom and rape crisis center correspondence instructions email; PREA Confidential Correspondence With Rape Crisis Centers attachment (dated 6/27/2021)

2. Interviews

a. Random Staff

b. Random Inmates

c. PCM

3. Interviews

a. Informal Interviews

b. Posted Information

Findings (By Provision).

115.51 (a). The facility noted in their response to the PAQ that the agency has established multiple internal methods for inmates to privately report sexual abuse; sexual harassment; retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) identifies multiple ways for inmates to report including informing any staff member verbally or in writing, utilizing the Inmate grievance process, through the sexual assault hotline, through a third party or contacting the OIG Ombudsman for Sexual Abuse in Detention Elimination. The same policy further states the facility shall display posters which include reporting hotline numbers.

The facility educates inmates on ways to report through several types of media. The facility distributes a facility-specific Inmate Orientation Handbook and the brochures Sexual Violence Awareness and Sexual Abuse/Assault Prevention & Intervention upon intake. Each outline reporting options which include those outlined in DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480). Each inmate is asked to sign receipt via CDC-128B Receipt of Inmate PREA Education. In addition, the address and phone numbers for the agency's Office of Internal Affairs is included in the materials.

During the site review, posted information was observed throughout. The auditor

tested the reporting hotlines and received the appropriate prompts to leave a voice message but was required to enter an inmate PIN to proceed. See Recommendation.

The audit team held informal conversations and random and targeted interviews with inmates during the onsite portion of the audit. With some prompting, every inmate could identify at least one way to report sexual abuse or sexual harassment. All random staff members interviewed were able to articulate ways for inmates and staff to report.

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

115.51 (b). The facility noted in their response to the PAQ that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) states that inmates may report to the Ombudsman for Sexual Abuse in Detention Elimination in the Office of the Inspector General (OIG). CCR, Title 15, Section 3138. The policy also states that indigent inmates may receive up to five postage paid envelopes per week.

CAL's policy states that letters to OIG will be processed as legal mail and reporters can request to remain anonymous. The inmate handbook and brochures distributed to inmates at intake state that this is the process. The audit team learned, through informal conversations with mailroom staff, that mail addressed to the OIG does not need to include identifying information of the sender and is treated as confidential. The PCM confirmed this process during his interview with the auditor and also stated that inmates may also report anonymously via a third party.

During interviews with random inmates, the audit team recognized that most inmates were unsure if they had the ability to report anonymously. Of the inmates that believed they could report anonymously, most were unaware of the process. It was also demonstrated that the inmates know where reporting information is located and how to access this information. The agency does not house inmates solely for immigration purposes and, as such, does not have a policy or provide inmates detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials.

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

115.51 (c). The facility noted 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. The facility also noted that staff are required to document verbal reports. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) states that staff are responsible for reporting immediately and confidentially to an appropriate supervisor (i.e., hiring authority, unit supervisor, or highest ranking official on duty) any

information that indicates an inmate has experienced sexual abuse or sexual harassment. Thereafter, staff members shall document on CDCR Form 837 Crime Incident Report.

All random staff interviewed articulated their responsibility to accept and document a verbal report of sexual abuse or sexual harassment from an inmate. Only one inmate of the 49 interviewed could not identify an option for reporting sexual abuse or sexual harassment. Most were able to give multiple ways in which to report.

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

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

115.51 (d). The facility noted in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p.480) provides direction on training materials for staff, volunteers and contractors.

The audit team review of submitted materials found that employees/volunteers/contractors are instructed of their responsibility to immediately report as well as their ability to privately report to any supervisor. A review of the Prison Rape Elimination Act Policy Volunteer/Contractor Informational Sheet, Exhibit M also affirmed this reporting option. All random staff stated that they can privately report and provided multiple ways. Most staff confirmed that they would inform their immediate supervisor and were comfortable in doing so.

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.

Recommendations.

115.51 (a). Eliminate the requirement that a reporter enter their respective PIN number when dialing OIG or OIA. This will give an increased confidence to the reporter that the system is confidential and not recorded.

115.51 (b). Consider updating the inmate education process including posted materials and the inmate handbook to include anonymous reporting instruction. Specifically educate inmates on the proper procedure for confidential correspondence when writing to OIG or OIA.

115.52	Exhaustion of administrative remedies
	<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 1382 376">The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> <li data-bbox="256 412 456 443">1. Documents <ol style="list-style-type: none"> <li data-bbox="256 456 632 488">a. Pre-Audit Questionnaire <li data-bbox="256 501 1270 533">b. CCR Title 15, Division 3, Chapter 1, Article 8 Appeals (date unknown) <li data-bbox="256 546 1422 613">c. CDCR, DOM, Chapter 5, Article 44, 54040.7.1 Notification via Inmate Appeals or Form 22 Process (revised 5/19/2020) <li data-bbox="256 627 1461 739">d. CDCR, DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020) <li data-bbox="256 752 1461 864">e. CDCR, DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender (revised 5/19/2020) <li data-bbox="256 878 1406 945">f. CDCR, DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegation (revised 5/19/2020) <li data-bbox="256 958 1230 990">g. Inmate Orientation Handbook; English and Spanish (revised 2016) <li data-bbox="256 1003 1422 1070">h. Sexual Violence Awareness brochure; English and Spanish versions (revised 11/2020) <li data-bbox="256 1084 1477 1151">i. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 11/2020) <li data-bbox="256 1164 975 1196">j. CDCR 602 Inmate/Parolee Appeal (various dates) <li data-bbox="256 1209 1166 1240">k. Claimant Grievance Claims Decision Response (various dates) <li data-bbox="256 1276 440 1308">2. Interviews <ol style="list-style-type: none"> <li data-bbox="256 1321 400 1352">a. Warden <li data-bbox="256 1366 663 1397">b. Sexual Abuse Investigator <li data-bbox="256 1411 512 1442">c. Grievance Staff <p data-bbox="256 1478 584 1509">Findings (By Provision).</p> <p data-bbox="256 1545 1461 2002">115.52 (a). The facility noted in their response to the PAQ that the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. DOM, Chapter 5, Article 44, 54040.7.1 Notification via Inmate Appeals or Form 22 Process (p. 480) states that any staff member receiving a grievance documented on an applicable appeal form shall immediately notify the warden, unit supervisor, or highest-ranking official on duty. CCR, Title 15, Article 8 Appeals (p. 76) states that grievances in whole or in part containing allegations, including imminent risk, of sexual violence or staff sexual misconduct shall be processed as an emergency appeal, which is immediately forwarded to the Hiring Authority and processed at the second level of review. The second level of review shall be conducted by the Chief Deputy Warden or equivalent.</p> <p data-bbox="256 2038 1382 2069">Each inmate receives an inmate handbook which outlines the grievance/appeal</p>

process. During the audit period, seven complaints alleging sexual abuse were received via the grievance process. The auditor reviewed all seven complaints. The PCM describe the process the review, follow-up, and documentation process of complaints received through the grievance procedure. Grievances received that allege sexual abuse or sexual harassment by staff are forwarded to AIMS for review. The auditor contacted AIMS and this process was confirmed.

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

115.52 (b). The facility noted 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. The facility also reported that agency policy does not requires an inmate to use an informal grievance process, or otherwise attempt to resolve with staff, following an incident of sexual abuse. CCR, Title 15, Article 8 (pp. 84-85), states that there should be no time limit for allegations of staff sexual misconduct or inmate-on-inmate sexual violence.

Inmate Orientation Manual (pp. 34-36) encourages inmates to attempt to resolve the issue with appropriate staff before filing an appeal but it is not a requirement. This is consistent with information from specialized staff. Staff confirmed during interviews that no time limits are imposed for allegations of sexual abuse and no requirements are imposed regarding using an informal grievance process prior to making an allegation of sexual abuse.

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

115.52 (c). The facility noted in their response to the PAQ that the agency's policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the person who is the subject of the complaint. The facility also noted that grievances of this nature will not be referred to the staff member who is the subject of the complaint. CCR, Title 15, Article 8 (p. 82) which states that appeal responses shall not be reviewed and approved by a staff person who participated in the event, or the decision being appealed.

Outside of the grievance process, inmates are afforded to opportunity to report sexual abuse or sexual harassment in writing or by phone to the OIG or OIA, in writing to any staff member and through a third party without involving a staff member who is the subject of a complaint. Inmates are notified of the grievance/appeal process through the inmate handbook which states that appeals relating to the reporting of employee sexual misconduct will go directly to the Warden for immediate review and action.

During the onsite portion of the audit, the audit team observed lock boxes for inmates to send grievances. Interviews with the grievance coordinator and staff during the site review confirmed that only the grievance coordinator has the ability to retrieve grievances bypassing the staff member who may be involved in or named as the subject of the grievance.

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

115.52 (d). The facility noted in their response to the PAQ that the agency's policy requires a decision on a grievance alleging sexual abuse within 90 days. When an extension is required, the agency notifies the inmate in writing, includes notice of the date by which a decision will be made, and takes no longer than an additional 70 days to make an appropriate decision. CCR, Title 15, Article 8 Appeals (p. 84) states that grievances in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal and subject to second level of review. Following a risk assessment, which must be completed within 48 hours, a second level response is required within five working days. Immediate corrective action shall be taken if the inmate is deemed at substantial risk of imminent abuse. Exceptions to this time limit are provide in unique, well-defined circumstances; in these events, the inmate shall be provided with an explanation of the reasons for the delay and the estimated completion date. When an exception exists and an extension is warranted, second and third level reviews may be extended in increments of 30 days but shall not exceed 160 days from the date the appeal was received by the facility. The inmate may consider an absence of a timely response at any level, including that of any properly noticed extension, a denial at that level.

The facility reported that 7 sexual abuse-related grievances were filed in the previous 12 months. 1 grievance was disposed of within 90 days. 5 grievances were disposed of during a level-1, 70-day extension, and 1 required another 30-day extension. Auditor review found documentation and notification of extensions.

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

115.52 (e). The facility noted in their response to the PAQ that agency policy allows third parties to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The facility also noted 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. DOM, Chapter 5, Article 44, 54040.7.2 Notification via Third Party Reporting of Misconduct Against an Employee (p. 480), states that inmates are able to report sexual abuse with the assistance of third parties. Further, when a third-party report is received, a supervisor must privately discuss the complaint and assess immediate housing needs, with the alleged victim. Thereafter, the report is forwarded to the Hiring Authority for review and action by an LDI. Inquiry and/or investigative information gathered by the LDI must be documented on a Confidential Memorandum. In conversation with the PCM and locally designated investigators the audit team was able to confirm this process is applied at CAL. Review of investigative files show that there were no instances where inmates declined third-party assistance in the 12-month review period.

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

this provision.

115.52 (f). The facility noted in their response to the PAQ that the agency has a policy and established procedures, which include an initial response within 48 hours, for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. CCR, Title 15, Article 8 Appeals (pp. 84-85) states that all grievances alleging sexual violence of staff sexual misconduct are processed as emergency appeals, which triggers an assessment to determine risk. If the assessment determines that there is an imminent risk, immediate corrective action is required. Policy requires that the imminent risk assessment be documented within 48 hours and the final decision within 5 days. Documentation must contain actions taken in response to the assessment. The facility reported that they received zero grievances or appeals citing substantial risk of imminent sexual abuse in the previous 12 months. As such the auditor did not have any grievances or appeals citing substantial risk of imminent sexual abuse for review. Conversation with The PCM established that he was aware of the requirements per this policy and that it would be followed should a grievance of this nature be received.

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

115.52 (g). The facility noted in their response to the PAQ that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim – False Allegations (p. 485) states the reporter may be subject to disciplinary action if it is determined the allegation was not made in good faith or upon reasonable belief that the alleged conduct occurred. The policy also states that a charge of “making a false report of a crime” is applicable only if evidence indicates the inmate “knowingly” made a false report. This policy instructs that unsubstantiated or unfounded dispositions are not equivalent to false reporting unless evidence also supports that the reporter knowingly provided false information.

The facility noted on the PAQ that in the previous 12 months there were zero grievances alleging sexual abuse that resulted in disciplinary action by the facility against the inmate for having filed the grievance in bad faith. The lieutenant who supervises investigative services at the facility stated that referral for disciplinary action or criminal charges is made only when the evidence clearly shows that the allegation was made in bad faith.

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.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocate for Emotional Support Services (revised 5/19/2020) c. CDCR Sexual Violence Awareness; English and Spanish versions (revised 11/2020) d. CDCR Sexual Abuse/Assault Prevention & Intervention; English and Spanish versions (revised 5/2017) e. PREA Information for Orientation Handbook; English and Spanish versions (date unknown) g. Attachment C, Victims of Sex Crimes form (date unknown) h. Attachment C-1, CDCR Prison Rape Elimination Policy, Victim Restricted Information Deletion form (date unknown) i. CALCASA/JDCI noted in their response to the PAQ that they provide inmates with access to outside victim advocates for j. California Advancing PREA: A Guide to Working with Rape Crisis Centers (date unknown) k. Standard Agreement, Women's Center High Desert l. Mailroom and rape crisis center correspondence instructions email; PREA Confidential Correspondence With Rape Crisis Centers attachment (dated 6/27/2021) 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Random Inmates 3. Site Review <p>Findings (By Provision).</p> <p>115.53 (a). The facility in their response to the PAQ that they provide inmates with access to outside victim advocates for emotional support services related to sexual abuse; provide inmates with access to such services by giving inmates mailing addresses and telephone numbers for victim advocacy or rape crisis organizations; and provide inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The agency does not house inmates solely for civil immigration purposes and, as such, does not provide information for immigrant services agencies.</p> <p>The facility submitted agency policy DOM, Chapter 5, Article 44, 54040.8.2 Victim Advocates for Emotional Support Services (p. 482) which requires publishing the contact information to receive these services in the inmate handbook and brochures</p>

given to all inmates at intake. Review of the brochures found that they contained the contact information for Just Detention International and the local rape crisis center, Sure Helpline Crisis Center. The audit team observed that the information for Sure Helpline Crisis Center was posted on every unit near the inmate phones.

The auditor tested this phone line and found that a PIN was required to proceed. Once a PIN was entered the auditor was connected and was able to leave a voice message. The PREA Coordinator informed the auditor that calls to victim services are tollfree and not recorded.

During the site review, informal conversations with mailroom staff found that instructions are posted which outlines the procedure for correspondence to and from Sure Helpline Crisis Center. It states that this type of correspondence will be treated as confidential and privileged mailing procedures will be adhered to.

During interviews and informal conversations with inmates, the audit team learned that a majority of the inmates knew that victim services were available. However, most of the inmates did not know the name of the crisis center or the procedure to contact the center.

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 communication will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Interviews with both random and targeted inmates revealed that most interviewed did not know if their communication with an advocate would be confidential and none recalled being informed of the expectations provided in this provision. It should be noted that none of the inmates interviewed acknowledged utilizing victim services outside the facility. The auditor contacted the Sure Hotline Crisis Center prior to the onsite portion of the audit. The auditor was informed that prior to providing services for an inmate that the counselor would inform the inmate of the limits of confidentiality.

The auditor found that the facility has documented, in the facility handbook and brochures provided to all inmates at intake, the procedure for inmates to maintain the confidentiality of their correspondence with outside victim services. Both the handbook and brochure state the following. "The outside envelope must state, "Evid. Code 1035.4 Confidential/Privileged Communication." The agency's PREA Compliance Unit circulated notification to mailroom staff via each facility's PCM on 6/27/2021 reminding them that envelopes marked with "Evid. Code 1035.4 Privileged Communication" shall not be read by staff and shall only be opened in the presence of the addressee.

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

	<p>this provision.</p> <p>115.53 (c). The facility noted in their response to the PAQ that the facility maintains a MOU (i.e., Letter of Agreement) with a community service provider for the provision of emotional support services related to sexual abuse experienced by inmates. The auditor reviewed such agreement signed by the facility and Sure Hotline Crisis Center. The agreement describes the respective responsibilities of The facility and the service provider as it relates to facilitating and providing support services for inmates following an experience of sexual abuse in confinement.</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 substantially exceeds compliance with this standard.</p> <p>Recommendations.</p> <ol style="list-style-type: none"> 1. 115.53 (a). To provide confidence that communication with outside victim services is confidential, eliminate or standardize the requirement that a PIN be entered when dialing the local victim service provider. 2. 115.53 (a). Highlight victim services available during PREA education and posted materials to better educate the inmates as to the services.
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020) c. CDCR public website screenshots d. PREA Information for Orientation Handbook; English and Spanish versions 2. Site Review <p>Findings (By Provision).</p> <p>115.54 (a). The facility noted in their response to the PAQ that the agency and facility provide a method, and publicly distribute reporting information on CDCR's website, to</p>

	<p>receive third-party reports of inmate sexual abuse or sexual harassment. DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Sexual Violence or Sexual Harassment Against an Offender (p. 481) states that third party reports may be received on behalf of an inmate and outlines the process by which these reports are investigated.</p> <p>The facility also submitted screenshots from the agency website which supplies contact information for third parties to report directly to the facility, the regional Office of Internal Affairs, or Office of the Inspector General. The auditor searched the agency website and affirmed that this information is available for third parties. the auditor also found that the inmate orientation handbook states, “you may tell a family member or friends, who can report on your behalf.” The facility also has this information posted in public areas including the visiting room. Interviews with random and targeted inmates affirmed that they are aware that they may have a third-party report on their behalf.</p> <p>Evidence indicates the facility is substantially compliant with 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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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.4 Education and Prevention (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 4040.7 Detection, Notification, and Reporting (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.7.2 Notification to Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.7.3 Notification via Third Party Reporting of Misconduct Against an Employee, Contractor, or Volunteer (revised 5/19/2020) g. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (revised 5/19/2020)

- h. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (revised 5/19/2020)
- i. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (revised 5/19/2020)
- j. CCHCS Volume 1, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure (revised 10/2016)
- k. CDCR 7448 Informed Consent for Mental Health Care
- l. Mandatory Reporting of Patient Sexual Abuse or Misconduct (Senate Bill 425) memo (dated 1/3/2020)
- m. CDCR Institutions and Camps Manual, Chapter 1, Policy 1435, Reporting Suspected Child Abuse or Neglect (effective 3/11/2015)
- n. California Department of Social Services, Report of Suspected Dependent Adult/ Elder Abuse form (dated 11/2018)
- o. CDCR In-Service Training, Prison Rape Elimination Act (PREA), Version 1.1, BET Code: 11054378 (approved 9/2015)
- p. CDCR On-the-Job Training (OJT) Module, Prison Rape Elimination Act (PREA), Version 2.0, BET Code: 11053499 (approved 2/2020)
- q. Mailroom and rape crisis center correspondence instructions email (dated 6/27/2021)

2. Interviews

- a. Warden
- b. PREA Coordinator
- c. Medical and Mental Health Staff
- d. Random Staff

Findings (By Provision).

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

The agency submitted policy DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) which requires all employees to immediately and confidentially report any information that indicates an inmate is being, or has been, the victim of sexual abuse or sexual harassment to the appropriate supervisor. Further requirements include assisting the inmate, referring them to medical/mental health, and documenting on a CDCR 837 Crime Incident Report. The agency also submitted policy DOM, Chapter 3, Article 22, 33030.3 Code of Conduct (p. 246) which obligates all staff to report misconduct or any unethical or illegal activity. This expectation, in effect, makes staff responsible for reporting each element of this provision.

The agency's in-service and on-the-job training modules restate the reporting requirement as defined in the agency's code of conduct requiring all staff to report misconduct or any unethical or illegal activity. This requirement effectively covers the expectations of this provision. Informal conversations and interviews with random staff demonstrated that staff are familiar with reporting requirements should an inmate disclose an experience of sexual abuse or sexual harassment.

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

115.61 (b). The facility noted in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. DOM, Chapter 5, Article 44, 54040.8 Response (p. 481) informs staff that incident-based information is confidential and shall only be disclosed on a "need to know" basis or in accordance with law. In this same policy, "need to know" is defined "when the information is relevant and necessary in the ordinary performance of that employee or contractor's official duties." All random staff interviewed were able to articulate their responsibilities in reporting and maintaining the confidentiality of the information except in instances where staff had a need to know.

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

115.61 (c). CCHCS Volume 1, Chapter 16, 1.16.2 Prison Rape Elimination Act Procedure (p. 1) which gives the direction that medical and mental health staff must inform the inmate of their duty to report all allegations of sexual abuse and sexual harassment, and the limitations of confidentiality, at the initiation of services. There was no information found that state laws prohibit such disclosure.

In Interviews conducted with the psychological services and medical services supervisors, it was confirmed that mental health and medical practitioners disclose the limits of confidentiality, including the disclosure of sexual abuse, at the start of services. They affirmed that they are required to immediately report in accordance with agency and CCHCS policy. Each stated the reporting responsibilities and confidentiality requirements of health information pursuant to this standard and policy. The auditor was also given a copy of CDCR 7448 Informed Consent for Mental Health Care and was informed that this is the form that all clinicians utilize when beginning programming/treatment with inmates. CDCR 7448 includes a space for inmate signature of acknowledgement.

CDCR 7448 states in part that information shared in treatment is confidential and will be disclosed only in following situations:

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

2) An assessment and report is required by legal proceedings such as, but not limited to, Board of Parole hearings, mentally Disordered offender Evaluations, Sexually Violent predator Evaluations,

3) My clinician suspects child, elder, or dependent adult abuse (sexual, physical, and/or financial).

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

115.61 (d). As discussed in 115.14, The facility does not house youthful inmates. The facility reported there have been zero youthful inmates at the facility in the past 12 months. The auditor spoke to the Warden, PREA Coordinator, and PCM to confirm no youthful inmates are housed at the facility. CDCR Division of Juvenile Justice (DJJ) maintains custody of youthful inmates.

The auditor reviewed the CDCR Institutions and Camps Manual and California Penal Code, Section 11165.7, California mandatory reporting laws. The auditor found that both state law and agency policy require notification to the appropriate state or local agency. State law also requires healthcare professionals, social workers, teachers, clergy, and peace officers, as mandated reporters, to complete a Report of Suspected Dependent Adult/Elder Abuse; a description of reporting instructions are enclosed in this form.

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

115.61 (e). The facility submitted DOM, Chapter 5, Article 44 which states in various sections that staff are responsible for accepting reports in a multitude of formats from any source and, thereafter, notify a security supervisor for investigation referral. During the onsite review, the audit team examined 19 allegations which were promptly referred to ISU and AIMS. An interview with the Warden 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

	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (revised 5/19/2020) 2. Interviews <ol style="list-style-type: none"> a. Agency Head (designee) b. Warden c. Random staff <p>Findings (By Provision).</p> <p>115.62 (a). The facility noted in their response to the PAQ that when the agency or facility learns an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The facility reported that there have been zero instances of substantial imminent risk in the previous 12 months. The facility submitted agency policy DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) directs all staff to protect offenders in their custody and requires all staff to report immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been the victim of sexual violence, staff sexual misconduct, or sexual harassment.</p> <p>In specialized interviews with the Agency Head (designee) and Warden, both informed the auditor that all staff are responsible for immediately protecting the inmate when they receive information that an inmate may be at imminent risk. Interviews and informal conversations with staff confirmed that staff understood their reporting obligations, and when asked, provided examples of how they could maintain the safety of the reporter until a qualified staff member assessed their circumstances. Some of the examples provided were to separate the individual at risk from the threat, additional monitoring, gather information from the potential victim, notify a supervisor and maintain the individual's safety until a housing decision is made. If a segregated status was the safest, most appropriate location, the inmate would maintain all of his privileges to the extent safely possible.</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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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (revised 5/19/2020)

2. Documents

- a. Agency Head (designee)
- b. Warden

Findings (By Provision).

115.63 (a). The facility noted 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 the sexual abuse is alleged to have occurred. In the previous 12 months, the facility has received 2 allegations of abuse at another confinement facility.

DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) states the expectation to notify. Policy further indicates that the notification between hiring authority or agency head shall be made via telephone contact or electronic mail. Such notification shall be accompanied by a written summary of the alleged victim's statements. The Warden confirmed the process of warden-to-warden notification as outlined by agency policy; specifically, the warden will send a notification of alleged abuse to the warden where the alleged incident occurred within 72 hours of receiving the complaint.

Investigative services employees confirmed that they would conduct an initial interview with the reporter and forward that documentation to the investigating facility. They further stated that they would work collaboratively with the investigating facility. The agency's head (designee) added that notification must occur within 72 hours of receiving the allegation.

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

115.63 (b). The facility noted in their response to the PAQ that agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. CAL submitted agency policy DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) which restates this expectation and further directs such notification to be documented via an emailed summary. The facility reported 2 such notifications in the previous 12 months. The auditor reviewed the notifications and SSV-IA forms while onsite.

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

	<p>115.63 (c). The facility noted 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. CAL submitted agency policy DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) which directs the reporting CDCR facility to document via an emailed summary and, further, complete the SSV-IA form.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.63 (d). The facility noted in their response to the PAQ that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the previous 12 months, CAL has received 2 notifications from other confinement facilities.</p> <p>The facility submitted agency policy According to DOM, Chapter 5, Article 44, 54040.7.4 Notification from/to Other Confinement Facilities (p. 481) which states that upon receiving an allegation from another facility that an inmate was sexually abused while confined at that location, the facility manager/designee at the receiving facility shall document the receipt of the allegation in summary format and email such notification to the head of the confinement facility where the alleged abuse occurred. After receiving such notification, the respective hiring authority is responsible for assigning the investigation and ensuring it's managed in accordance with DOM, Chapter 5, Article 44, 54040.12 Investigation.</p> <p>The auditor reviewed the 2 investigations which began with notification from another facility. The auditor found that the investigations were completed in the same manner as any investigation originating from the facility. The Agency Head (designee) and Warden both accurately described appropriate follow-up actions, up to and including investigation.</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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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.8 Initial Contact (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (revised 5/19/2020)
- d. CDCR Operations Manual Supplement, Chapter 5, Article 44, 54040 Prison Rape Elimination Act (PREA)
- e. CDCR Initial Contact Guide (PREA) (date unknown)
- f. CDCR Custody Supervisor Checklist (PREA) (date unknown)
- g. CDCR Watch Commander Notification Checklist (PREA) (date unknown)
- h. CDCR Transportation Guide (PREA) (date unknown)
- i. First responder pocket cards

2. Interviews

- a. Random Staff

Findings (By Provision).

115.64 (a). The facility noted in their response to the PAQ that the facility has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report must separate the alleged victim and abuser and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Moreover, if the abuse occurred within a time period that allows for the collection of physical evidence, the first security staff member to respond shall request that the alleged victim and ensure that the alleged suspect not take any actions that could destroy physical evidence. In the past 12 months, the facility indicated they received 19 allegations of sexual abuse. Per the facility's responses to the PAQ, a security staff member was the first to respond to each allegation and activate the first responder duties required by this provision. The facility reported that none of the reports were received in time to collect physical evidence and preserve the crime scene.

The facility submitted agency policy DOM, Chapter 5, Article 44, 54040.8 Initial Contact (p. 481) which directs all employees to take the alleged victim to a private secure location and follow the response steps described in the Initial Contact Guide (PREA). Steps include notifying a security supervisor, requesting the alleged victim not take any actions that may destroy physical evidence and preventing the alleged abuser from taking actions that may destroy evidence.

The facility also submitted agency policy DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (p. 481) which outlines the responsibilities of the custody supervisor. This policy includes the Watch Commander Notification Checklist (PREA) which includes the first responder steps required of the supervisor along with other supervisory responsibilities. This policy also includes evidence preservation and retention guidelines in the section titled, Custody Supervisor Responsibilities. Pages 481-482 define crime scene preservation and evidence procedures for first responders and custody supervisors.

	<p>This policy contains supplementary guides, one of which is Operational Procedure #47, Crime Scene Preservation and Preservation of Physical Evidence. Staff, during informal conversations and formal interviews, demonstrated an understanding of all their first responder duties. They articulated the following steps: separating the victim and abuser; notifying a supervisor and medical staff; preserving and protecting the crime scene; requesting the alleged victim not take any actions that might destroy physical evidence; and ensuring the alleged abuser not take any actions that might destroy physical evidence. The audit team found that first responder duties were also outlined on pocket cards that staff carried on their person.</p> <p>A final analysis of the evidence indicates the facility exceeds substantial compliance with this provision.</p> <p>115.64 (b). The facility noted in their response to the PAQ the agency has a policy that requires non-security staff first responders to request the alleged victim not take any actions that could destroy physical evidence and notify security staff. The facility reported that in the last 12 months zero non-security staff members were the first to respond to a report of sexual abuse. The facility submitted agency policy DOM, Chapter 5, Article 44, 54040.8 Initial Contact (p. 481) which directs all employees to take the alleged victim to a private secure location and follow the response steps described in the Initial Contact Guide (PREA), which includes notifying a security supervisor and requesting the alleged victim not take any actions that may destroy physical evidence. Interviews with non-security staff members indicate all are well-versed in their first responder duties.</p> <p>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 exceeds substantial compliance with this standard. There is no corrective action to take.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8 Response (revised 5/19/2020) c. CDCR Operations Manual Supplement, Chapter 5, Article 44, 54040 Prison Rape Elimination Act (PREA) d. CDCR Initial Contact Guide (PREA) (date unknown)

	<p>e. CDCR Custody Supervisor Checklist (PREA) (date unknown)</p> <p>f. CDCR Watch Commander Notification Checklist (PREA) (date unknown)</p> <p>g. CDCR Transportation Guide (PREA) (date unknown)</p> <p>h. First responder pocket cards</p> <p>2. Interviews</p> <p>a. Warden</p> <p>Findings (By Provision).</p> <p>115.65 (a). The facility noted in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility submitted DOM, Chapter 5, Article 44, 54040.8 Response (pp. 481-483) describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers.</p> <p>The auditor, while onsite asked the watch commander to walk him through the plan upon receiving an allegation of sexual abuse. The watch commander went through the custody supervisor checklists, and watch commander notification checklists which serve to structure staff response. The watch commander demonstrated thorough knowledge of the plan to include the responsibilities of other disciplines. The auditor also learned that the facility utilizes first responder pocket cards and initial contact guides to assist staff receiving an allegation of sexual abuse or sexual harassment. An interview with the Warden affirmed that the response plan is regularly updated, and that staff receive training regarding their responsibilities annually.</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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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>1. Documents</p> <p>a. Pre-Audit Questionnaire</p> <p>b. Agreement Between The State of California and California Correctional Peace</p>

	<p>Officers Association (CCPOA) Covering Bargaining Unit 6 Corrections (effective 7/3/2020)</p> <p>2. Interviews</p> <p>a. Agency Head (designee)</p> <p>Findings (By Provision).</p> <p>115.66 (a). The facility noted in their response to the PAQ that the agency or facility has entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. The auditor reviewed CDCR Collective Bargaining Agreement (CBA), which is effective 7/3/2020 - 7/2/2023, and verified that it does not contain language limiting the agency’s ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In addition to a host of scope and scheduling latitudes, CBA section 4.01 (p. 8) states that the agency has the authority “to hire, transfer, promote and demote employees; to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons; to suspend, discharge or discipline employees; to alter, discontinue or vary past practices and otherwise to take such measures as the employer may determine to be necessary for the orderly, efficient and economical operation of CDCR.” CBA Section 9.09 (p. 52-53) details employee rights pending a personnel investigation.</p> <p>Finally, the collective bargaining agreements are silent regarding suspensions pending investigation. When the contract is silent on issues, policy governs. An interview with the Agency Head (designee) agreed that the agency is permitted to remove alleged staff sexual abusers from contact with any inmate pending an investigation for a determination of whether and to what extent discipline is warranted.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.66 (b). The auditor is not required to audit this provision of the standard.</p> <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
	The following evidence was analyzed in making a determination of compliance:

1. Documents

a. Pre-Audit Questionnaire

- a. CCR, Title 15, Section 3335 Administrative Segregation (updated 10/2016)
- b. CCR, Title 15, Section 3401.5 Staff Sexual Misconduct
- c. CDCR DOM, Chapter 5, Article 44, 54040.1 Policy (revised 5/19/2020)
- d. CDCR DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-up (revised 5/19/2020)
- e. CDCR 2304 Protection Against Retaliation (PAR) – Inmate; blank and completed samples (revised 2/2018)
- f. CDCR 2305 Protection Against Retaliation (PAR) – Staff; blank and completed samples (revised 2/2018)
- g. Institutional PREA Review Committee form

2. Interviews

- a. Agency Head (designee)
- b. Warden
- c. Staff Charged with Retaliation Monitoring

Findings (By Provision).

115.67 (a). The facility noted in their response to the PAQ that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The facility submitted agency policy DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477) which states that “retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.” The policy statement goes on to describe types/examples of retaliation.

The facility also submitted agency policy DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484), designates the PCM as the retaliation monitor for the facility. The PCM is given the latitude to delegate monitoring responsibilities to ISU or a supervisory staff member and, additionally, expand monitoring functions to incidents of sexual harassment, when a volunteer/contractor reports, or if any person fear retaliation for cooperating with an investigation. This policy requires documenting monitoring efforts on CDCR 2304 or 2305 Protection Against Retaliation (PAR) form series.

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

115.67 (b). DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484) directs the facility to employ multiple protection measures, including housing or program changes, for those who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. This mandate is reiterated in the agency’s PREA policy statement. An interview with the Agency Head (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.

CAL's Warden affirmed that the facility would take reports of retaliation seriously and ensure that a thorough investigation is completed. He further stated that retaliation monitoring has been delegated to the ISU supervisor who implements the CDCR 2304 or 2305 Protection Against Retaliation (PAR) form series. Conversations with the ISU supervisor and PCM showed that the facility will protect the alleged victim from real or perceived retaliation by separating from the suspect from the threat and offering supportive resources. The PCM stated that housing or program changes as well as transfer may be implemented to mitigate the threat. Staff and inmates who engage in retaliation are subject to progressive discipline and consequences, respectively.

The auditor reviewed 5 completed PAR forms which included allegations of sexual abuse and sexual harassment). None of the cases showed that reporters or alleged victims expressed concerns or fears of retaliation. The cases reflected that monitoring continued for a full 90 days and that no follow-up actions were necessary. CAL indicated that there were zero reports of retaliation in the previous 12 months.

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

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

DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484) which tasks the PCM (or designee) with ensuring that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. The facility noted that there were zero instances of reported retaliation in the previous 12 months. The facility has delegated the responsibility of retaliation monitoring to the supervisor of the ISU. In conversation with the ISU supervisor and the PCM, the following process for retaliation monitoring was relayed. ISU investigators are assigned to monitor their cases for a period of 90 days unless the allegation is deemed unfounded. Monitoring includes reporters, alleged victims and cooperating individuals. Assigned investigators document their retaliation monitoring efforts on CDCR 2304 or 2305 Protection Against Retaliation (PAR) form series. Investigators update their supervisor as well as the PCM on a periodic basis and immediately if any semblance of retaliation is present. The PCM will take measures to remedy any such retaliation. Both the ISU supervisor and the PCM affirmed that retaliation monitoring may continue beyond 90 days if a continuing need is identified. The ISU supervisor stated that monitoring would continue until the retaliation or threat is no longer viable. In informal conversation with ISU investigators, the auditor was informed that the inmate's

perception of threat is taken into consideration.
with monitoring efforts applied.

In review of the Protection Against Retaliation form, the auditor found that the following is required by retaliation monitors; review of disciplinary reports; housing reports; program changes; negative performance reviews; and reassignments of staff. The ISU supervisor stated that, beyond these efforts, monitors may review phone calls, have contact by family members or outside agencies, make mental health referrals, and assist in setting up outside victim services. The PCM stated that all measures will be implemented to protect a victim from a specific individual or threat to include housing changes or transfer to separate the victim from the threat. The auditor was informed that, although not required, victims of sexual harassment are also monitored unless the allegation is deemed unfounded.

The auditor reviewed 5 completed Protection Against Retaliation forms connected to allegations of sexual abuse and sexual harassment. The auditor found that all alleged victims were contacted within 15 days of receiving the allegation. The auditor found that monitoring efforts documented on this form include periodic meetings with the victim, actions taken to separate the victim from the threat (Housing change, post reassignment or facility transfer to remove the alleged staff abuser from contact with victim(s), and emotional support services referrals (Inside and outside the facility).

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

115.67 (d). According to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484) the PCM or designee is responsible for conducting periodic status checks as part of retaliation monitoring. If the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days. This was affirmed during conversations and interviews with the ISU Supervisor, PCM and individual monitors. A review of completed Protection Against Retaliation forms illustrates there are spaces to record check-ins with inmate victims/reporters and staff reporters every 15 days for a period of 90 days.

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

116.67 (e). DOM, Chapter 5, Article 44, 54040.1 Policy (p. 477) states that "retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution." This policy also describes types/examples of retaliation.

CCR, Title 15, Section 3401.5 Staff Sexual Misconduct (p. 271), restates those retaliatory actions against inmate or staff reporters shall not be tolerated" and met with the consequences stated above. Discussion above in relation to DOM, Chapter 5, Article 44, 54040.13 Allegation Follow-Up (p. 484), demonstrates that the agency and facility will take measures to protect any reporter, alleged victim or cooperating

	<p>individual. This was affirmed by the Agency Head (designee) as well as the warden and PCM. who all stated that the situation 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, the facility has not received any reports of retaliation, or fears of retaliation, from an inmate or staff in the last 12 months.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.67 (f). The auditor is not required to audit this provision of the standard.</p> <p>Corrective Action.</p> <p>A final analysis of the evidence indicates the facility substantially exceeds compliance with this standard and there is no corrective action to take.</p>
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.6 Offender Housing (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (revised 5/19/2020) d. CCR, Title 15, Section 3335 Administrative Segregation (updated 10/2016) 2. Interviews <ol style="list-style-type: none"> a. Warden b. Staff who Supervise Inmates in Segregated Housing <p>Findings (By Provision).</p> <p>115.68 (a). The facility noted 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. DOM, Chapter 5, Article 44, 54040.6 Offender Housing (pp. 479-480), states that inmates “at a high risk for sexual victimization, as identified on the PREA Screening Form, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available means of separation from likely abusers.” If the facility cannot conduct the assessment immediately, the facility may hold the inmate in segregated housing for less than 24</p>

hours while completing the assessment. In the event segregated housing is appropriate, the inmate shall be issued an Administrative Segregation Placement Notice, which must state that the reason for segregation is related to a pending housing assessment in response to their high risk for sexual victimization. Thereafter, the inmate's placement will be reviewed by Institution Classification Committee. The inmate's retention in segregation should not ordinarily exceed 30 days. If placement exceeds 30 days, it must be reviewed at the same interval regularly.

The facility noted that in the previous 12 months that zero inmates who allege to have suffered sexual abuse were held in involuntary segregated housing for any time period. Therefore, the audit team was unable to review any documentations outlining the facility's concern for the inmate's safety and reasoning for housing the alleged victim in segregation other than arranging for an alternative means of separation. Agency policy DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (NDS) (p. 485) does allow for housing alleged sexual abuse victims in segregation during the investigative process provided the alleged victim is afforded "all programs, privileges, and education."

While onsite the auditor held informal conversations with segregated housing staff which affirmed that the facility does not place alleged sexual abuse victims in segregated housing unless there is an imminent risk, and no other options exist. Conversation with the segregation supervisor confirmed that no inmates had been placed in segregated housing after reporting to have been sexually abused. In conversations with the warden and PCM, the auditor was informed that all options will be explored including facility transfer before utilizing segregated housing to mitigate the threat to an alleged victim.

The auditor also learned that inmates on an NDS status maintain work status (or pay if they are unable to attend), education, property, yard time, access to providers, and programming. Review of sexual abuse allegations and movement reports demonstrated that no inmates had been moved into an NDS segregated status as a result of reporting sexual abuse or imminent threat of sexual abuse.

Corrective Action.

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

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: 1. Documents

- a. Pre-Audit Questionnaire
- b. CCR, Title 15, 3316 Referral for Criminal Prosecution
- c. CDCR DOM, Chapter 1, Article 20 Polygraph (revised 8/9/2011)
- d. CDCR DOM, Chapter 5, Article 44, Prison Rape Elimination Policy; various sections (revised 5/19/2020)
- e. CDCR, Office of Internal Affairs, Investigator's Field Guide, Version 2 (updated 5/2008)
- f. Sexual Assault Interview Guidelines (PREA) (date unknown)
- g. PREA Allegation LDI Guide (date unknown)
- h. Initial Contact Guide (PREA) (date unknown)
- i. State of California, Office of Emergency Services, Forensic Medical Report: Acute (<72 Hours) Adult/Adolescent Sexual Assault Examination, CAL OES 2-923 (2001)
- j. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Version 1.0, BIC ID:11055853 (approved 7/2017)
- k. PREA - Instructions for Record Retention Schedule (RRS) Update (date unknown)
- l. Sexual abuse and sexual harassment investigation files

2. Interviews

- a. Sexual Abuse Investigators (ISU and OIA)
- b. Warden
- c. PCM

Findings (By Provision).

115.71 (a). The facility noted in their response to the PAQ that the agency/facility has a policy related to criminal and administrative agency investigations. DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 483) which asserts that every allegation of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated, and findings documented in writing. During interviews with locally designated investigators and members of the investigative services unit, the audit team was informed how allegations are processed for inmate on inmate and staff on inmate allegations. Investigation findings are documented on a confidential memorandum and maintained in the file.

Effective January 1, 2022, the agency began phasing in emergency regulation that established organizational changes related to the response and investigation of allegations of staff sexual misconduct. Policy change is proposed for Title 15. Allegations received through the grievance and appeals process will be routed through newly formed units within OIA. These organizational and process changes are intended to remove bias from local institutions when screening complaints for staff misconduct. All allegations of staff sexual misconduct must now be routed to a division of OIA called Allegation Inquiry Management Section (AIMS) within five business days of discovery. Please see discussion of 115.52 for additional details related to allegations received through the grievance and appeal system.

Inmate-on-inmate allegations are not elevated to OIA; LDI is responsible for following standard investigative procedures and completing the investigation. Locally Designated Investigators may use the Sexual Assault Interview Guidelines (PREA)

form to guide their interviews with victims of sexual abuse and the PREA Allegation LDI Guide to structure a complete investigation. All information, whether an initial inquiry or investigation, is documented on a Confidential Memorandum, which is maintained in the investigatory file. Upon conclusion, the alleged victim is to receive written notification of the investigation findings as described in 115.73.

In conversations with ISU and OIA the above discussed process was confirmed. Conversations revealed a knowledge of crime scene preservation, evidence collection, interviewing techniques and the referral process. The auditor was informed that following the completion of an investigation that the file is sent to the PCM and Warden for review.

The auditor reviewed 19 investigation files and found that 9 cases were ongoing. All 9 cases had been referred to OIA and the facility was unsure of the status of the cases. While onsite, the auditor requested that ISU check on the status of a specific case. ISU reported that OIA stated they had returned the case to the facility. ISU stated that they had no record of the case being returned to the facility.

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

115.71 (b). DOM, Chapter 5, Article 44, 54040.4, Education and Prevention, Staff Training (p. 479) which states that “all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516(c). Facility-based staff are, specifically, deemed “locally designated investigators” after receiving training to conduct investigations into allegations of sexual violence and/or staff sexual misconduct.

DOM, Chapter 5, Article 44, 54040.3, Definitions, which defines a Locally Designated Investigator (LDI) (p. 478). The Hiring Authority or PCM are responsible for ensuring those tasked with sexual abuse or sexual harassment investigations are properly trained.

The auditor reviewed the training records for 5 LDIs employed with the facility. The auditor found that all 5 had received specialized investigator training per standard 115.34.

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

115.71 (c). DOM, Chapter 5, Article 44, 54040.8.1 Custody Supervisor Responsibilities (pp. 481-482) which outlines the responsibilities for staff when an incident of sexual abuse occurs. This policy states that the custody supervisor is immediately responsible for establishing and maintaining a perimeter around the crime scene. ISU staff are responsible for collecting and securing direct and circumstantial evidence, including physical and DNA evidence; when necessary, a designated evidence officer is called upon to collect evidence that may be destroyed if not preserved. The agency’s specialized investigator training, Specialized PREA Training for Locally Designated Investigators, includes this content, in addition to instruction on

interviewing alleged victims, suspected perpetrators (abusers), and witnesses.

New investigators are also trained to review prior complaints and reports of sexual abuse involving the suspected perpetrator (abuser). Training records for each LDI were provided, reviewed by the auditor and found consistent with the specialized training expectation of 115.34. Interviews with investigative staff found that they were well trained and understood the expectations of this provision. The auditor reviewed Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse. A review of these materials found that investigations are completed with inclusion of all the expectations of this provision.

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

115.71 (d). CCR, Title 15, Section 3316 Referral for Criminal Prosecution which states that all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the hiring authority or designee to appropriate authorities for possible investigation and prosecution, when there is evidence substantiating each of the elements of the crime to be charged.

Office of Internal Affairs, Investigator's Field Guide, Version 2, which directs investigators to Mirandize employees involved in suspected criminal conduct prior to asking any questions. If the employee waives their rights afforded under this decision, questioning may proceed. Further, "any and all statements made by the employee waiving the Miranda warning rights can be used in both criminal and administrative proceedings. Should the employee invoke his/her rights under the Miranda decision, the Agent (i.e. OIA) shall consult with the Senior, SAC, and the local DA in the county that the case will be referred to regarding the decision to take a compelled statement." The field guide further describes the respective processes depending upon the district attorney's decision to compel an interview. Miranda and Lybarger rights "protect any statements made by the employee from being used against him/her in criminal proceedings.

However, the Miranda/Lybarger warning specifically advises the employee that they do not have the right to refuse to answer questions for the administrative proceedings." Information revealed during the course of a compelled interview may not be shared with the prosecutor conducting the criminal investigation. The auditor conducted a pre-onsite interview with the ISU supervisor and IAO investigator; they confirmed this process.

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

115.71 (e). According to DOM, Chapter 1, Article 20 Polygraph (pp. 50-51) states that no person shall be ordered to take a polygraph examination. No coercion or offer of reward shall be used to induce any person to take a polygraph examination. In review of investigative files and in discussion with investigative staff it was demonstrated that the facility has not utilized any truth-telling devices or polygraph examinations during an investigation.

In Interviews with investigative staff, the auditor was informed that they do not employ polygraph examinations. They further explained that credibility determinations are made on an individualized basis in conjunction with the evidence collected. The auditor was informed that it is imperative that an investigator remain objective. One investigator stated, "You must develop an approach in which you compare statements of witnesses, victims, and perpetrators and how do they hold up versus the evidence you collected." One investigator, when asked how they determine credibility stated, "Past experiences with individuals involved is very important." "Has this individual been found to have lied in the past or have they provided reliable information?" In review of investigative files, the auditor did not find any bias of status revealed within the documentation.

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

115.71 (f). DOM, Chapter 5, Article 44, 54040.12 Investigation (p. 483), which provides direction for the documentation concluding an investigation of sexual abuse and sexual harassment. Per this policy, administrative investigations, the investigator is required per to prepare a "Confidential Memorandum," which includes an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

In conversations with investigators, it was confirmed that determinations are made as to whether staff actions or failures to act contributed to the sexual abuse or harassment being reported. Investigators described the use of video evidence, log books, timelines and witness testimony as tools utilized in making these determinations. The auditor was also informed that when the evidence calls into question staff actions or inactions, the investigator notifies that PCM. The PCM informed the auditor that when the sexual abuse incident review is conducted that the investigator from that case sits on the panel. This provides another manner in which investigators share investigative information and any conclusions or opinions whether and how staff may have contributed to the abuse.

DOM, Chapter 3, Article 14, 31140.37 Administrative Misconduct Discovered During an Investigation/Inquiry (p. 197) which provides direction when any potential work rule violations are uncovered during the investigative process. This policy states that when an investigation uncovers potential employee misconduct, the findings are forwarded to the hiring authority for their review and action. The policy further states that when an investigation or inquiry of alleged employee misconduct reveals possible additional misconduct, the OIA investigator shall present the facts of the case to the Special Agent in Charge who is, thereafter, responsible for notifying the Hiring Authority and consulting with the Vertical Advocate.

Review of the facility investigative records demonstrated that investigations are conducted in a professional and organized manner and that all requirements of this

provision were completed.

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

115.71 (g). A review of 19 investigations revealed that all were documented in a templated fashion and contained a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence was attached where feasible. Agency policy and training curriculum include how investigations are to be documented and content of documentation which include the expectations of this provision.

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

115.71 (h). The facility noted in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. DOM, Chapter 3, Article 14, 31140.20 Criminal Investigation (p. 196) which states that after a sexual abuse investigation has been completed "if probable cause exists to believe that a crime has been committed, the investigation shall be referred to the appropriate agency for prosecution." Investigators for CDCR are sworn peace officers and as such conduct criminal investigations. The ISU supervisor informed the auditor that his unit request and serve search warrants, conduct criminal investigations and work directly with the District Attorney's Office for referrals for prosecution.

Since August 20, 2012, or the facility's last PREA audit, whichever is later, the facility reports there has been one substantiated allegation of sexual abuse which was referred for prosecution.

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

115.71 (i). The facility noted in their response to the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. An update to the agency's record retention schedule indicates the investigatory file is to be retained in ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.

The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.

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

115.71 (j). DOM, Chapter 4, Article 44, 54040.12 Investigation (p. 483) which states that the departure of an alleged victim or abuser from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. In

	<p>conversations and interviews with investigators and the PCM, the auditor was informed that the investigation would proceed if a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation. The auditor was also informed that CAL investigators would coordinate with investigators from another facility in instances where an inmate victim or abuser had transferred from the facility.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.71 (k). The auditor is not required to audit this provision of the standard.</p> <p>115.71 (l). CDCR and CAL conduct administrative and criminal investigations. This provision does not apply as stated.</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> <p>Recommendations:</p> <p>115.71 (a) Consider developing a streamlined process for tracking cases referred to OIA/AIMS. The facility needs to be appraised of cases/recommendations returned to the facility.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings (effective 1/2006) c. CDCR DOM, Chapter 5, Article 44, 54040.12 Investigation (revised 5/19/2020) d. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Instructor Text, version 1.0, BIC ID: 11055853 (date approved 3/2017) e. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Participant Workbook, version 1.0, BIC ID: 11055853 (date approved 3/2017) f. Institution, DAPO, CST, and AIU Responsibilities; All Staff-on-Offender Prison Rape

	<p>Elimination Act (PREA) Allegations (effective 1/1/2023 g. Sexual abuse and sexual harassment investigation files</p> <p>2. Interviews a. Sexual Abuse Investigator</p> <p>Findings (By Provision)</p> <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. DOM, Chapter 3, Article 22, 33030.13.1 Investigative Findings (p. 252) indicates that a “sustained” or substantiated investigation demonstrated a “preponderance of evidence to prove the allegation(s) made in the complaint.”</p> <p>DOM, Chapter 4, Article 44, 54040.12 Investigation (p. 469) further states that no standard higher than the preponderance of evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are sustained.</p> <p>The agency’s basic investigator course curriculum reviews the definition of preponderance of evidence (slide 7.23 and workbook p. 56). during interviews with investigative staff, investigators were able to accurately articulate the weighing of evidence and what constitutes a preponderance of evidence. The auditor reviewed 19 administrative investigations and the application of this burden of proof was demonstrated.</p> <p>Of note, in the review period, the agency’s PREA Unit hosted a technical assistance phone conference with PREA compliance managers and Investigative Services Unit investigators during which time they discussed the application of preponderance of evidence and assignment of substantiated, unsubstantiated, and unfounded when disposing of inmate-on-inmate investigations.</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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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (revised 5/19/2020)
- c. CDCR Basic Investigators Course, Specialized PREA Training for Locally Designated Investigators, Participant Workbook, version 1.0, BIC ID: 11055853 (date approved 3/2017)
- d. CDC-128B PREA Closure Chrono; blank and complete (various dates)
- e. Sexual abuse and sexual harassment investigation files

2. Interviews

- a. Sexual Abuse Investigator

Findings (By Provision)

115.73 (a). The facility indicated in their response to the PAQ that the agency has a policy requiring that any inmate who alleges they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the 12-month review period, seven sexual abuse investigations were completed (two ongoing).

Although not required, the auditor learned that the agency notifies those who allege sexual harassment of the investigative outcome. Review of investigation files found outcome notifications within the file.

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

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

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

115.73 (c). The facility indicated in their response to the PAQ that following an inmate's allegation that a staff member committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the disposition is unfounded) whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (p. 11) recites the applicable provisions.

Review of applicable investigation files found evidence of notification to the inmate of changes in the staff member's work location, work status and applicable legal changes.

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 they have been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

DOM, Chapter 5, Article 44, 54040.12.5 Reporting to Offenders (p. 11) recites the applicable provisions. During the reporting period, there was no inmate-on-inmate sexual abuse allegations which were referred for prosecution. While there were no indictments applicable allegations that resulted in this action for the auditor to review, CDC-128B PREA Closure Chrono reserves a space for such communication; this chrono was found in the completed inmate-on-inmate sexual abuse investigation reviewed.

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 documented. In the 12-month review period, five sexual abuse investigations were completed. The auditor reviewed all completed sexual abuse and harassment investigations during the onsite review period. Each contained documentation (i.e. CDC-128B PREA Closure Chrono) of such notification however the dispositions were misapplied as described in 115.73 (a).

DOM, Chapter 5, Article 44, 54040.8.1 (p. 481) states that alleged victims shall be provided written notification of investigative findings as described in the Reporting to Offenders section of the DOM. As stated above, the facility takes an additional measure to notify and, thereafter, document notification to those alleging sexual harassment; five investigation records were reviewed which demonstrate this commitment.

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

115.73 (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 in substantial compliance with this standard and there is no corrective action to take.

115.76	Disciplinary sanctions for staff
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. 115.76(a)(c)-1 Employee Sexual Misconduct Discipline Matrix Title 15 3401.5 & DOM 33030.13.pdf
- b. 115.76(a)-1 DOM 33030-Disciplinary sanctions for staff.pdf
- c. 115.76(d)-1 DOM 54040.12.4 - Reporting to Outside Contractors.pdf

2. Interviews

- a. None

3. Site Review

Findings (By Provision).

11.76 (a). The facility noted in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Employee Sexual Misconduct Discipline Matrix Title 15 3401.5 & DOM 33030.13.pdf states under section 33030.19: Employee Disciplinary Matrix "The following list of charges and causes for disciplinary action is representative only and is not all inclusive." #17 "Sexual misconduct involving staff, up to and including harassment." #18 "Over-familiarity with an inmate(s)/parolee(s)." #19 "Sexual misconduct with an inmate(s)/parolees(s). 33030.15: Types of Adverse Action Penalties include the following: 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.

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

11.76 (b). The facility noted in their response to the PAQ that the facility has not had a staff member in the past 12 months who have violated agency sexual abuse or sexual harassment policies. Employee Sexual Misconduct Discipline Matrix Title 15 3401.5 & DOM 33030.13.pdf states under section 33030.19(D)(19) that Sexual misconduct with an inmate(s)/parolee(s) has a base disciplinary level of, "Dismissal from State Service".

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

11.76 (c). The facility noted in their response to the PAQ disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the

	<p>sanctions imposed for comparable offenses by other staff with similar histories. Employee Sexual Misconduct Discipline Matrix Title 15 3401.5 & DOM 33030.13.pdf identifies progressive discipline for sexual misconduct involving staff, up to and including dismissal.</p> <p>The facility noted in their response to the PAQ that they have not had in the previous 12 months a staff from the facility who had been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse)</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.76 (d). The facility noted in their response to the PAQ that the agency ensures 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. DOM 54040.12.4 - Reporting to Outside Contractors.pdf, section 54040.12.4 states, "Reporting to Outside Agencies for Contractors - 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." The facility noted in their response to the PAQ that they have not had in the previous 12 months a staff from the facility that had been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</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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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors (revised 5/19/2020)

- c. CDCR DOM, Chapter 10, Article 9, 101090.9 Termination (revised 7/23/2018)
- d. CDCR Contractor Special Terms and Conditions, Exhibit D (date unknown)

2. Interviews

a. Warden

Findings (By Provision).

115.77 (a). The facility noted in their response to the PAQ that agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with inmates. DOM, Chapter 5, Article 5, 54040.12.4 Reporting to Outside Agencies for Contractors (p. 484) which prohibits any contractor or volunteer who engages in staff sexual misconduct from contact with inmates. DOM, Chapter 10, Article 9, 101090.0 Termination (p. 847); specifically, "the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation of the institution." Any such contractor or volunteer is reported by the hiring authority to the relevant licensing body. CDCR Contractor Special Terms and Conditions, Exhibit D adds that the contractor "shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal. The facility reported that in the previous 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of inmates. As there were no incidents of contractor or volunteer sexual abuse of inmates in the past 12 months, there was no documentation of discipline for the auditor to review.

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

115.77 (b). The facility noted in their response to the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the onsite phase of the audit, the Warden was interviewed. The Warden stated that the same processes for an employee investigation would take place. The investigation would be handled through investigative services and at any point he has the authority to deny access of the contractor or volunteer to the facility. Based on the outcome of the investigation and the evidence collected, a final decision of the overall status of the contractor or volunteer will be made. Likewise, a determination of whether to refer for prosecution will be considered.

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.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 23, 52080.5.8 Special Consideration of Rules Violation Related to Mental Illness or Participation in the Developmental Disability Program (revised 4/24/2017) c. CDCR DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.14 Classification Process (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.14.1 PREA Victims Non-Disciplinary Segregation (revised 5/19/2020) f. CDCR DOM, Chapter 5, Article 44, 54040.14.2 Transgender Biannual Reassessment for Safety in Placement and Programming (revised 5/19/2020) g. CDCR DOM, Chapter 5, Article 44, 54040.15 Disciplinary Process (5/19/2020) h. CDCR DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim - False Allegations (5/19/2020) i. CCR, Title 15, Section 3007 Sexual Behavior (date unknown) j. CCR, Title 15, Section 3315 Serious Rule Violations (date unknown) k. CCR, Title 15, Section 3316 Referral for Criminal Prosecution (date unknown) l. CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Proceedings (date unknown) m. CCR, Title 15, Section 3320 Hearing Procedures and Time Limitations (date unknown) n. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedule (date unknown) o. CCR, Title 15, Section 3326 Records of Disciplinary Matter (date unknown) p. Sexual abuse investigation files 2. Interviews <ol style="list-style-type: none"> a. Warden b. Medical/Mental Health Staff <p>Findings (By Provision).</p> <p>115.78 (a). The facility noted in their response to the PAQ that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. DOM, Chapter 5, Article 44, 54040.15 (p. 485) states that inmates shall be subject to the disciplinary process, which includes referral for criminal prosecution and classification determinations, upon completion of the investigative process. Further, "If the allegation of sexual violence warrants a disciplinary/criminal charge, a</p>

CDCR Form 115 Rules Violation Report shall be initiated. The facility also submitted CCR Section 3320 regarding hearing procedures and time limitations and CCR Section 3316, Referral for Criminal Prosecution” (p. 485) which describe the hearing process and sanctions. Sanctions are described in detail in DC-ADM 801, Inmate Discipline Procedures Manual. In the past 12 months, the facility reported that zero inmates have been found to have engaged in inmate-on-inmate sexual abuse.

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

115.78 (b). The facility follows a uniform code for discipline outlined by the agency in CCR, Title 15, Section 3215 Serious Rule Violations. A review found that the code requires that disciplinary sanctions 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.

In a specialized interview with the Warden, he described a practice consistent with code and this provision. He stated that sanctions range from minor sanctions such as cell restriction to loss of credit and possibly criminal charges if warranted. Since there were no findings of inmate-on-inmate sexual abuse, the auditor did not have the opportunity to review a substantiated inmate-on-inmate sexual abuse investigation and subsequent sanctions given. The audit team was able to verify through agency policy that a process is in place to commensurately hold abusers accountable.

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

115.78 (c). CCR, Title 15, Section 3317 Mental Health Assessments for Disciplinary Procedures outlines the process to be utilized for inmates in the Mental Health program or any persons who exhibit bizarre, unusual or uncharacteristic behavior at the time of the rule's violation. The process calls for a mental health review utilizing the CDC 115 MH, Rules Violation Report: Mental Health Assessment. Policy requires that the hearing officer consider the mental health assessments and mitigating factors during the disciplinary proceedings and penalty phase of the hearing. Policy also requires that if an inmate is found guilty of the charge, the hearing officer shall consider any dispositional recommendations provided by mental health staff or other relevant information regarding the relationship between the inmate’s mental illness and/or developmental disability/cognitive or adaptive functioning deficits, and his or her misconduct. In a specialized interview with the Warden, he described a practice consistent with code and this provision.

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

115.78 (d). The facility noted in their response to the PAQ that the facility offers therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for abuse. Moreover, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

The facility submitted agency policy DOM, Chapter 5, Article 44, 54040.7 Screening for Appropriate Placement (p. 480) which states that the facility is to refer the inmate to mental health if they report previously perpetrating sexual abuse in the community or confinement. The audit team interviewed Medical/mental health staff onsite. The auditor was informed that the facility would refer the individual found to have perpetrated sexual abuse for individual sex offender treatment. However, participation would be encouraged but not required. Review of policies and the processes in place at CAL, the auditor found that the facility provides and considers perpetrators for treatment but does not always require participation in these interventions.

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

115.78 (e). The facility noted in their response to the PAQ that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. CCR, Title 15, Section 3323 Disciplinary Credit Forfeiture Schedules (p. 170) states that inmates are subject to credit forfeiture if found to have engaged in a serious rule violation to include rape, attempted rape, sodomy, attempted sodomy, oral copulation, and attempted oral copulation against the victim's will. The facility reported that there were no cases in the previous 12 months of substantiated staff on inmate sexual abuse or of sexual conduct with staff in which the staff person did not consent. In review of investigations and grievances, the audit team did not find any instances of an inmate being disciplined for sexual contact with a staff member.

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

115.78 (f). The facility noted in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the aged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. DOM, Chapter 5, Article 44, 54040.15.1 Alleged Victim - False Allegations (p. 485) uses the exact language as found in this provision and requires that there must be evidence that an offender "knowingly" made a false report before issuing discipline. Policy states that Unsubstantiated or unfounded allegations based upon a lack of evidence do not constitute false reporting.

The facility reported that no inmates in the previous 12 months were disciplined for making an allegation in bad faith. Review of the 19 investigations completed in the previous 12 months did not reveal any such instances.

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

115.78 (g). The facility noted in their response to the PAQ that the agency prohibits all sexual activity between inmates and disciplines inmates for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between

	<p>inmates is prohibited, and inmates are subject to disciplinary action for such behavior under CCR, Title 15, Section 3007 Sexual Behavior (p. 25).</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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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.7 Referral for Mental Health Screening (revised 5/19/2020) d. CCHCS Chapter 3, Health Care Transfer Process (dated 1/2010) e. Mental Health Delivery System Program Guide Overview (revised 2009) f. CDCR 128-MH5 Mental Health Referral Chrono; completed (revised 4/2019) g. CDCR MH-7448 Informed Consent for Mental Health Care form; blank (4/2016) h. CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information (dated 10/2016) i. Medical and Mental Health screenings; history of sexual abuse memo (dated 12/5/2017) j. PREA Screening form; blank (date unknown) k. SOMS screenshot 2. Interviews <ol style="list-style-type: none"> a. Inmates Who Disclosed Sexual Victimization at Risk Screening b. Staff Responsible for Risk Screening c. Medical/Mental Health Staff <p>Findings (By Provision).</p> <p>115.81 (a, c). The facility noted in their response to the PAQ that all inmates who disclose prior sexual victimization during risk screening are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. DOM, Chapter 5, Article 44, 54040.7 Initial Custody Intake or Subsequent Screening Information Regarding Prior Sexual Victimization and/or Prior Perpetration</p>

of Sexual Abuse (p. 480) restates this expectation and details the referral process. In interviews with staff who complete screenings for risk of victimization and abusiveness, the process for medical and mental health referral was discussed. The auditor was informed that when an inmate discloses prior abuse that the PCM is notified and a CDCR 128-MH5 Mental Health Referral Chrono is completed. The inmate is then seen by medical or mental health staff within 14 days. Medical and mental health staff maintain secondary materials documenting the above services. The facility reported that only one inmate disclosed sexual victimization during risk screening and that inmate had subsequently transferred prior to the onsite portion of the audit. Therefore, the auditor was unable to interview any inmates who disclosed sexual victimization during risk screening.

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

115.81 (b). The facility noted in their response to the PAQ that all inmates who previously perpetrated sexual abuse, as indicated during the risk screening, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. 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. 480) which states that if an inmate reveals prior perpetration during the screening process, they shall be offered a follow-up meeting with mental health staff and referred using the CDCR 128-MH5 chrono. Thereafter, inmates shall be seen in a confidential environment within 12 calendar days of the referral. In the past 12 months, 15 inmates who previously perpetrated sexual abuse were received in the facility. One hundred percent of inmates who previously perpetrated sexual abuse during risk screening were offered a follow-up meeting with a mental health practitioner; all declined.

The facility risk screeners stated that the process for victims and abusers is very similar. Notify the PCM and start the referral process. Interviews with Medical and mental health supervisors affirmed that secondary materials are maintained documenting the above services.

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

115.81 (d). The facility noted in their response to the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. If information is shared with other staff, it is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. The facility indicated such information is shared to the extent to ensure the inmate's safety. DOM, Chapter 5, Article 44, 54040.7 Detection, Notification, and Reporting (p. 480) reiterates this provision verbatim.

A memo dated 12/5/2017 reiterated this expectation and emphasized that "medical

and mental health information related to sexual victimization and abusiveness that occurred in an institutional setting, is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (EUHR).”

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

115.81 (e). The facility noted 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. Specifically, CDCR 7552 Prison Rape Elimination Act Authorization for Release of Information is completed in advance of such disclosure. The preamble states that the form shall be used to disclose community-based sexual violence experienced by an inmate over the age of 18 to law enforcement, prosecutor, or appropriate agency; only when all sections of the form are completed may the authorization to disclose be honored.

One such section requests authorization to release information to the facility’s ISU who is, in turn, responsible for reporting to the above jurisdictions/agencies. The auditor also reviewed CDCR MH-7448 Informed Consent for Mental Health Care which states that “information shared in treatment is confidential and will be discussed only with the treatment team except under the following situations: 1. I pose a threat to the safety of myself and/or others or I am unable to care for myself, and/or I engage in acts of sexual misconduct, or I have been sexually assaulted or harassed by other inmates or staff...” Disclosures of child, elder, or dependent adult abuse may also be reported without consent. The form, further, leaves space for the inmate to indicate they give consent to the conditions as set forth on the form, decline consent, or are unable/unwilling to sign but have been informed. Interviews with a medical practitioner and mental health practitioner affirm this practice.

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

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
	The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54010.9 Forensic Medical Examination (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.10 Return to Triage and Treatment Area/ Receiving & Release and Mental Health Responsibilities (revised 5/19/2020)
- d. Mental Health Delivery System Program Guide Overview (revised 2009)
- e. Division of Correctional Health Care Services, Chapter 4 Access to Primary Care (dated 1/2006)
- f. CCHCS Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy (revised 7/2/2012)
- g. CCHCS Health Care Department Operations Manual, 4.1.6 Prison Rape Elimination Act (revised 7/2017)
- h. CCHCS Care Guide: Sexually Transmitted Infections (dated 3/2021)
- i. CCHCS Volume 1, Chapter 10, 1.10 Copayment Program Policy (revised 12/2015)
- j. SOMS screenshot
- k. Health Care Application screenshot

2. Interviews

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

Findings (By Provision).

115.82 (a). The facility noted in their response to the PAQ that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical staff document their response and service provision within the agency's electronic Health Care Application; appointments are tracked in SOMS. CCHCS, Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy (pp. 1-5) generally states that agency "shall ensure that medically necessary emergency medical response, treatment, and transportation is available, and provided twenty-four (24) hours per day to patient-inmates..." The same policy outlines service provision. DOM Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 482) restates that CCHCS medical staff will provide emergency medical response and, further, in accordance with the same policy, 54010.10 Mental Health Responsibilities (p. 483), mental health staff must provide a face-to-face emergency mental health evaluation (i.e. Suicide Risk and Self-Harm Evaluation) in a confidential location within four hours of an alleged victim's return from a SANE examination. Procedurally, these processes are described in the facility's Operations Manual Supplement. Interviews with medical staff, mental health staff, and PCM confirmed that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, as quickly as possible, and if the abuse happened within 72-hours the inmate is transported to the local medical center upon direction from the on-call medical forensic nurse examiner for a SANE examination. A SANE examination following abuse occurring more than 72 hours ago is

subject to consultation with the medical forensic nurse examiner.

The auditor spoke to three inmates during the onsite review who previously alleged sexual abuse at the facility; none stated they were in need of emergency services. During the previous 12 months, the facility had one reports of sexual abuse that required emergency services including transport for a forensic examination. In review of investigative files, the auditor found that all inmates who reported sexual abuse were referred to medical even for cases that did not require emergency services.

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

115.82 (b). CCHCS, Volume 4, Chapter 12, 4.12.1 Emergency Medical Response System Policy (pp. 1-5) states that health care staff must respond to emergencies within eight minutes. While security staff first responders shall take preliminary steps to protect the alleged victim and immediately notify the appropriate medical and mental health practitioners following an emergency, there is never a time wherein qualified medical or mental health practitioners are not on duty. All staff members successfully articulated their protection and first responder duties pursuant to 115.62 and 115.64, respectively (as noted in those discussions).

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

115.82 (c). The facility noted in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. DOM, Chapter 5, Article 44, 54010.9 Forensic Medical Examination (p. 482-483) which cites Penal Code Section 2638, which requires the local hospital or facility to provide immediate HIV/AIDS prophylactic measures. Victims of sexual abuse shall also receive information regarding sexually transmitted infections, HIV and pregnancy options (to include testing). An interview with medical staff confirmed inmates receive information about sexually transmitted prophylaxis. The facility does not house female inmates and, as such, does not by practice offer information about emergency contraception. The auditor spoke to three inmates during the onsite review who previously alleged sexual abuse at the facility. None were in need of sexually transmitted infections prophylaxis.

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

115.82 (d). The facility noted in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CCHCS, Volume 1, Chapter 10, 1.10 Copayment Program 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." Treatment related to sexual

	<p>abuse or sexual assault is listed as a condition wherein a copayment shall not be charged.</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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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.10 Mental Health Responsibilities (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.11 Suspect Processing (revised 5/19/2020) e. CDCR DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – More than 72 Hours Post-Incident (revised 5/19/2020) f. Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview (revised 2009) g. CDCR CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (date unknown) h. CCHSC Volume 1 Governance and Administration, Chapter 16, 1.16.1 Prison Rape Elimination Act Policy (revised 7/2015) 2. Interviews Documents <ol style="list-style-type: none"> a. Medical and Mental Health Staff <p>Findings (By Provision).</p> <p>115.83 (a, b, c). The facility noted in their response to the PAQ that the facility offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care. DOM, Chapter 5, Article 44, 54040.12.2 Investigation of Sexual Violence or Staff Sexual Misconduct – More than</p>

72 Hours Post-Incident (p. 484), 54040.8.3 Medical Services Responsibilities and 54040.10 Mental Health Responsibilities (pp. 482-483) restates this provision and describes procedural expectations, which includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Evaluation and treatment guidelines are further described in CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act and Mental Health Services Delivery System (MHSDS), Chapter 1 Program Guide Overview. Inmates, including those who experienced sexual abuse, may be seen on an emergent, urgent, or routine basis wherein they will be evaluated, treated, and followed-up with. A mental health clinician confirmed inmates receive follow up mental health evaluations and treatment following a disclosure of sexual abuse in confinement. An interview with a medical health staff member affirmed inmates will receive ongoing treatment in accordance with hospital discharge instructions, when applicable. Both affirmed that services are consistent with community-based care. Interviews with a medical and a mental health supervisor clinician affirmed that care is provided in accordance with the community level of care. In review of sexual abuse investigations by the audit team, each included evidence of a medical referral post-allegation.

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

115.83 (d, e). The facility noted in their response to the PAQ that the facility does not offer pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration because the facility does not house female. The facility does not house female inmates as confirmed through conversations with the PREA Coordinator, PCM, and medical staff. During the onsite review, the auditor did not observe any female inmates. However, DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 482) and CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act states that the facility shall ensure that testing of the alleged victim for sexually transmitted infections is completed, in addition to pregnancy testing for female victims. If pregnancy results from the sexual abuse, alleged victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

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

115.83 (f). The facility noted in their response to the PAQ that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. CCI submitted agency policy DOM, Chapter 5, Article 44, 54040.8.3 Medical Services Responsibilities (p. 482) and CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (p. 7) which restates the provision. The facility did not have any cases in the previous 12 months which required sexually transmitted infection testing.

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

	<p>115.83 (g). The facility noted 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 CCHCS Health Care Department Operations, 4.1.6 Prison Rape Elimination Act (p. 1) services shall be provided to alleged victims without cost regardless of whether they name the abuser or cooperate with any investigation arising from the incident. Interview with medical and mental health practitioners confirmed copayment is not assessed for treatment under these circumstances.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.83 (h). The facility noted 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. 483) directs the custody supervisor to complete a referral to mental health for an evaluation and assessment of treatment needs. An interview with a mental health clinician indicated psychology staff will conduct a mental health evaluation of known inmate abusers.</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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (revised 5/19/2020) c. PREA 2021 Yearly Tracking Report d. Institutional PREA Review Committee (IPRC) – DOM Section 54040.17 form; blank and completed (date unknown) e. CDC-128B PREA Closure Chrono; completed (dated 4/2/2020) f. Sexual abuse investigation files

2. Interviews

a. Warden

b. PCM

c. Sexual Abuse Incident Review Team Member

Findings (By Provision).

115.86 (a). The facility noted 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. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (IPRC) (p. 485) which requires each hiring authority to conduct an incident review at the conclusion of every substantiated and unsubstantiated sexual abuse incident investigation.

The facility reported 19 total allegations which were investigated in the previous 12-months. While onsite the audit team reviewed all 19 investigations. The auditor found that 8 of those allegations have been classified as sexual abuse. 2 were determined to be unfounded and 2 were classified as ongoing. The auditor determined that 4 cases required an IPRC. In conversation with the PCM, the auditor was informed that the facility had not completed a sexual abuse incident review in the previous 12-months. The PCM informed the auditor that he was just appointed to this position 4-weeks prior to the onsite audit. The PCM provided IPRC reports for all 8 of the cases involving allegations of sexual abuse, including the 2 cases decided as unfounded and the 2 ongoing cases. The PCM stated that he had completed all of the reviews in the last few weeks. A review of the reports found that all 8 were completed in January of 2023 and not within 30 days of the investigation completion. Inspection of the reviews found that they did not contain the level of information you would expect from this type of review.

CORRECTIVE ACTION: During the corrective action period, the PCM established the facility provided monthly minutes from the Institutional PREA Review Committee (IPRC), including completed incident reviews. The facility also provided Completed

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

115.86 (b). The facility noted 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. DOM, Chapter 5, Article 44, 54040.17 Institutional PREA Review Committee (p. 485) which states that the PCM shall schedule a review within 60 days of the date of incident discovery. This is contradictory to a previous section of the same policy outlined in discussion for 115.86 (a), which requires each hiring authority to conduct an incident review at the CONCLUSION of every substantiated and unsubstantiated sexual abuse incident investigation.

This same policy directs the IPRC "to review these PREA related 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." Institutional PREA Committee (IPCR) – DOM Section 54040.17 form (blank and completed) includes a prompt, "Was PREA Incident referred to the IPRC within 60 days from date of discovery?" The direction given by agency policy as well as directions supplied for completing the review form appears to be in conflict with the maximum period of review required by this provision and does not ensure that the investigation is completed prior to the review.

The optimal requirement of this standard is that a review is conducted following the conclusion of the investigation. The use of the word "Ordinarily" in 115.86 (b) does not remove or diminish this requirement found in 115.86 (a). It does allow for auditor discretion when a facility hasn't completed all of its reviews within the 30-day limit, as set forth in the provision. It doesn't allow for the IPRC to be completed prior to the completion of the investigation.

The auditor found that the facility has 9 ongoing investigations that are all over the 60-day time limit in which to complete the IPRC. 2 of these investigations are designated as sexual abuse and have had an IPRC completed yet the outcome of the investigation has yet to be determined. The Warden, PCM, and ISU investigators, all articulated the need for such reviews and stated that cases are reviewed on a monthly basis. The standard and provision do not prohibit or discourage additional reviews to be conducted by the facility but do require that the review be conducted following the conclusion of the investigation and ordinarily within 30 days of the conclusion of the investigation.

A final analysis of the evidence indicates the facility is not in substantial compliance with this provision. (See recommendation below)

115.86 (c). The facility noted in their response to the PAQ that the sexual abuse incident review includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. DOM, Chapter 5, Article 44, 54010.17 Institutional PREA Review Committee (p. 485) which states that the committee shall normally include the hiring authority (specifically, the "chairperson and final decision maker"), PCM, at least one other manager, in-service training manager, health care clinician, mental health clinician, and ISU incident commander. Discussions with the facility's Warden, PCM, and ISU investigators stated a multidisciplinary team including the professionals listed above attend CCI's IPRCs.

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

115.86 (d). The facility noted in their response to the PAQ that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement and submits such report to the facility head and PCM. DOM, Chapter 5, Article 44 54040.17 Institutional PREA Review Committee (p. 485) restates this provision. A form, Institutional PREA Committee (IPCR) – DOM Section 54040.17, assists the committee in considering all necessary items. The same policy section states that the review committee must consider the following: (a) whether the allegation or investigation indicates a need to change policy or practice

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

Interviews with the Warden, PCM, and ISU investigators confirmed that each understood the objectives of the sexual assault incident review which include identifying incident causes or motivations, trends, physical plant needs, changes in staffing levels and improving technology or tools upgrades. The PCM further stated that the review is used to identify training needs and ways that the facility can improve to make the facility safer. A review of IPRC DOM Section 54040.17 form demonstrates that the facility completes a report with consistent content required by this provision.

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

115.86 (e). The facility noted 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. 485) which states the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. In practice, the agency employs the form, Institutional PREA Committee (IPCR) – DOM Section 54040.17, to record its recommendations. The reports reviewed by the audit team for the previous 12 months shows that the facility considers recommendations and documents reasons for why improvements are not implemented.

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

Corrective Action.

115.86 (a) Ensure that at the conclusion of every criminal or administrative sexual abuse investigation that a sexual assault incident review is completed.

115.86 (b) Ensure that at the conclusion of every criminal or administrative sexual abuse investigation that a sexual assault incident review is completed ordinarily within 30 days of the conclusion of the investigation.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

1. Documents

- a. Pre-Audit Questionnaire
- b. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring (revised 5/19/2020)
- c. CDCR DOM, Chapter 5, Article 44, 54040.3 Definitions (revised 5/19/2020)
- d. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year (years 2015 - 2020)
- e. USDOJ, BJS, Survey of Sexual Victimization 2017, Substantiated Incident Form (Adult); blank (dated 9/25/2018)
- f. USDOJ, BJS, Survey of Sexual Victimization, 2020 Summary Form
- g. CDCR PREA Incident Log
- h. CDCR Public Website

2. Interviews

- a. Agency Contract Administrator

Findings (By Provision).

115.87 (a, c). The facility noted 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, which includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by DOJ. DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring (p. 486) which states that the PREA Compliance Manager is responsible for reporting allegations of sexual violence and staff sexual misconduct to the PREA Coordinator monthly using a standardized tracking report. This information is also provided to the agency's Offender Information Systems Branch for compilation and tracking. Further, ISU is responsible for completing the incident based SSV report within two business days of receiving the allegation. During onsite review of investigation files, the audit team found that ISU completes a second, updated incident based SSV form at the conclusion of each investigation.

Finally, Office of Internal Affairs must also report standardized data consistent with the SSV data elements. The auditor also reviewed agency annual reports from 2016 - 2021. All included a uniform standard of measuring sexual abuse and sexual harassment incidents.

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

115.87 (b). The Facility noted 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. 486) which directs the agency to aggregate data annually and include, at minimum the data necessary to answer all of questions from the most recent version of DOJ's SSV. The auditor reviewed aggregated data from 2016 – 2021 to confirm that the agency, indeed, aggregates incident-based data annually so as to complete the Survey of Sexual Victimization, State Prison Systems, Summary Form.

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

115.87 (d). The facility noted 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. 486) restates this provision. Review of annual reports confirmed this practice.

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

115.87 (e). The facility noted 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. Moreover, the data from private facilities complies with SSV reporting requirements. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) which directs the agency to collect such information from every facility the agency contracts with for the confinement of inmates. The auditor spoke to the agency's contract administrator who affirmed that such data is collected and recorded.

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

115.87 (f). The facility noted in their response to the PAQ that the agency provided DOJ with data from the previous calendar year upon request. DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (p. 486) which states that the agency shall provide data from the previous calendar year to DOJ by June 30. The auditor confirmed through review of the agency's completed Survey of Sexual Victimization, 2020 Summary Form that CDCR submitted data to DOJ for the previous calendar year (i.e. 2021) in advance of their November 15, 2022 deadline.

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.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.17.1 Annual Review of Staffing Plan (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking - Data Collection and Monitoring (revised 5/19/2020) e. CDCR PREA Annual Data Collection Tool and Staff Plan Review worksheet (dated 1/31/2020) f. CDCR public website screenshots g. CDCR Prison Rape Elimination Act (PREA) Annual Report - Calendar Year (years 2015 - 2020) 2. Interviews <ol style="list-style-type: none"> a. Agency Head (designee) b. PREA Coordinator c. PCM <p>Findings (By Provision).</p> <p>115.88 (a). The facility noted 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, 54040.17.20 Tracking - Data Collection and Monitoring (p. 486) restates this expectation.</p> <p>DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (pp. 484-486) which directs the agency's PREA Coordinator to take data collection actions annually in order to assess and improve the effectiveness of the items listed above. Each facility based PCM is required to return the PREA Annual Data Collection Tool and Staff Plan Review worksheet to the agency's PREA Coordinator annually. A review of this form revealed it prompts PCMs to describe any staffing, video monitoring, policies and procedures that were considered and/or modified in the preceding year. The compilation of this qualitative data, in addition to incident-based data described in 115.87, is then used to craft the agency's annual report. The auditor reviewed the agency's most recently completed and posted annual report (i.e., 2021) and confirmed it includes the following components: zero tolerance statement; review of</p>

critical definitions; summary data; compliance efforts and corrective action steps; and a summary statement.

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 noted 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. Moreover, the annual report provides an assessment of the agency's progress in addressing sexual abuse. CCI submitted agency policy DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (p. 486) which states that the annual report shall include comparative data, including a description of corrective action. The auditor reviewed annual reports from 2016 - 2021. All included comparative data, corrective action, and a discussion of progress.

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

115.88 (c). The facility noted in their response to the PAQ that the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

DOM, Chapter 5, Article 44, 54040.17 Departmental PREA Coordinator (p. 486), which requires that the annual report shall be routed through the agency's chain of command to the Secretary for review and approval. Thereafter, the Office of Public and Employee Communication is responsible for placing the report on the CDCR website. The auditor reviewed annual reports from 2016 - 2021.

The Agency Head (designee) affirms the agency head reviews and approves the annual reports and the auditor found that reviewed annual reports had been signed by CDCR's Secretary.

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

115.88 (d). The facility noted in their response to the PAQ that when the agency

	<p>redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. When redactions are necessary, the agency indicates the nature of the material redacted. DOM, Chapter 5, Article 44, 54040.17.20 Tracking – Data Collection and Monitoring (p. 486) which expresses this protection.</p> <p>The auditor reviewed annual reports from 2016 – 2021. There was no data enclosed that required redaction. The PREA Coordinator stated the agency does not include any personal identifying information in their annual reports. However, if they could not avoid such an inclusion the information would be redacted and the nature of the redaction would be described.</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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. CDCR DOM, Chapter 5, Article 44, 54040.17 Records Retention (revised 5/19/2020) c. CDCR DOM, Chapter 5, Article 44, 54040.20 Tracking – Data Collection and Monitoring (revised 5/19/2020) d. CDCR DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction (revised 5/19/2020) e. Public website screenshots f. CDCR Prison Rape Elimination Act (PREA) Annual Report – Calendar Year (years 2015 – 2020) 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision).</p> <p>115.89 (a). The facility noted in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p.</p>

486), which requires the agency to securely retain “all case records associated with such reports including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, recommendation for post-release treatment and/or counseling” in accordance with CDCR records retention schedule.

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

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

115.89 (b). The facility noted in their response to the PAQ that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486), which directs the agency to make all aggregated sexual abuse data information from facilities under its direct control and contracted facilities, readily available to the public through the agency’s website, at least annually.

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

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

115.89 (c). The facility noted in their response to the PAQ that the agency removes all personal identifiers before making aggregated sexual abuse data publicly available. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486), which restates this provision. By review of Prison Rape Elimination Act (PREA) Annual Report – Calendar Year 2021 posted to CDCR’s public website, the auditor confirmed that no personally identifying information is listed in the contents of either report.

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

115.89 (d). The facility noted in their response to the PAQ that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. DOM, Chapter 5, Article 44, 54040.21 PREA Data Storage and Destruction and 54040.17 Records Retention (p. 486) which directs the agency to maintain aggregated PREA data for a period of 10 years after the date of the initial collection.

	<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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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making a determination of compliance:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. CDCR public website PREA Audit Report CDCR, Calipatria State Prison 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision).</p> <p>115.401 (a). The auditor confirmed by review of CDCR’s public website that beginning in Audit Cycle II, and during each three-year period thereafter, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was and is audited at least once. The public website 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 PREA Coordinator indicated the CDCR has 34 state correctional institutions operated by the state. The auditor reviewed the agency’s public website, including the Western State Audit Consortium schedule for past and future audits, which affirmed the agency was unable to achieve the one third requirement in year II of Audit Cycle III due to auditing and travel complications caused by COVID-19. The agency, however, navigated around this highly unique, exigent circumstance and rescheduled each of their respective year II audits to take place during the final year of the audit cycle. A third of facilities are scheduled to be audited during Year I of Cycle IV.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.401 (h). During the onsite review, the audit team had unrestricted access to all areas of the facility. The audit team was invited and allowed to observe any area or</p>

operation within the facility upon request.

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

115.401 (i). During all phases of the audit, CAL made available to the audit team all requested documents, records, files, photographs, etc. in a timely manner. The audit team was allowed to photograph specific items and areas within the facility upon request for use and reference in preparing the audit findings. During the onsite phase of the audit, the auditors had unrestricted access to files, reports, and automated information systems at the agency and facility levels.

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

115.401 (m). The facility and the PCM provided support staff and private locations for conducting interviews of staff and inmates. The cooperation between the audit team and facility was a benefit that allowed the audit team to complete the site review and interviews in a timely manner. The facility assisted in scheduling to allow the audit team to witness aspects of the screening and education processes while maintaining the flow of the site review.

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

115.401 (n). During the pre-onsite portion of the audit, the auditor and PCM had several conversations discussing topics such as communications and logistics of the onsite portion of the audit. It was decided that the auditor would provide an audit notice translated in both English and Spanish. The auditor distributed these notices via email to the PCM and the PCM provided photographs of these notices posted in strategic areas throughout the facility. The 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. Informal conversations with mail room staff demonstrated that they were knowledgeable about and complied with the processing of any correspondence to the PREA auditor. Specifically, the envelope would remain sealed and handled in accordance with legal mail. The auditor did not receive any correspondence from an inmate or staff member during any phase of the audit.

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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

1. Documents

a. CDCR public website PREA Audit Report Page 88 of 88 CDCR, Calipatria State Prison

2. Interviews

a. PREA Coordinator

Findings (By Provision).

115.403 (f). The agency's website has a link dedicated to PREA-related information, including applicable policies and procedures; directions to report an allegation of sexual abuse or sexual harassment; draft audit schedule; and archived audit reports. This is CAL's third US DOJ PREA audit. An interview with the PREA Coordinator and internet search confirmed that final audit reports are posted to the agency's public website.

Corrective Actio.

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

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

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

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

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	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

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	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 non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	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.)	yes
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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	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